ICMJE DISCLOSURE FORM

Da	te:July. 9 th , 2023			
Yo	ur Name: Tao Yang			
Ma	nuscript Title: Clinica	l implication of coronary a	artery bypass grafting with surgical ventricular reconst	ruction in
cli	nical practice			
Ma	nuscript number (if known)):		_
rel pa to rel The ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply inuscript only.	manuscript. "Related" mee affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh ivities/interests should be ension, you should declare	ips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript perfect the properties of antihypertenses.	nt
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other i	items,
		Name all entities with	Specifications/Comments	1
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	al planning of the work	
	All support for the present	X None		-
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
				†
		Time frame: pas	t 36 months	
)	Grants or contracts from	X None		
	any entity (if not indicated			1
	in item #1 above).			1
}	Royalties or licenses	XNone		

Consulting fees

_X__None

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	13 Other financial or non-	X None	
	financial interests		
DI	ease summarize the above c	onflict of interest in the fol	lowing hox:
rit	case summarize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Please place an "X" next to the following statement to indicate your agreement:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Da	te:July. 9 th , 2023			
Yo	ur Name: Han-Song Sun			
Ma	anuscript Title: Clinica	l implication of coronary a	artery bypass grafting with surgical ventricular reconstru	ction in
cli	nical practice			
Ma	anuscript number (if known)):		
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d		
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declar ation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other ite	/e
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initial	al planning of the work	
L	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone		
		Time from our	t 26 months	
)	Grants or contracts from	Time frame: pas	t 50 months	
_	any entity (if not indicated in item #1 above).			
3	Royalties or licenses	XNone		

Consulting fees

_X__None

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	X_None	
_			
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
_	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
12	materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
12		V None	
13	Other financial or non-	XNone	
	financial interests		
- ומ	Please summarize the above conflict of interest in the following box:		
PIE	ease summarize the above c	ominica of interest in the fol	iowing box:
	None		
	None.		

Please place an "X" next to the following statement to indicate your agreement:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Da	te:July. 9 th , 2023			
Yo	ur Name:Min-Jie Lu_			
Ma	anuscript Title: Clinica	l implication of coronary a	rtery bypass grafting with surgical ventricular reconstru	ction in
cli	nical practice			
Ma	anuscript number (if known)):		
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the current	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare eation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertension the manuscript. d in this manuscript without time limit. For all other ite	⁄e
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate none (add rows as needed)	institution)	
		Time frame: Since the initial	planning of the work	
	All of d			
L	All support for the present manuscript (e.g., funding,	XNone		
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			

Time frame: past 36 months

_X__None

X__None

X__None

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

any entity (if not indicated

2

3

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy	XNone	
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:
	None.		

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