

## ICMJE DISCLOSURE FORM

Date: 25 July 24, 2023

Your Name: Doug A Gouchoe

Manuscript Title: The Role of CD38 in Ischemia Reperfusion Injury in Cardiopulmonary Bypass and Thoracic Transplantation: A Narrative Review

Manuscript number (if known): JTD-23-725-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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

**Please summarize the above conflict of interest in the following box:**

No conflicts of interest to declare

**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

Date: 25 July 24, 2023

Your Name: Ammu Vijayakumar

Manuscript Title: The Role of CD38 in Ischemia Reperfusion Injury in Cardiopulmonary Bypass and Thoracic Transplantation: A Narrative Review

Manuscript number (if known): JTD-23-725-CL

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
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11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
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## ICMJE DISCLOSURE FORM

Date: 25 July 24, 2023

Your Name: Ahmed Aly

Manuscript Title: The Role of CD38 in Ischemia Reperfusion Injury in Cardiopulmonary Bypass and Thoracic Transplantation: A Narrative Review

Manuscript number (if known): JTD-23-725-CL

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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13	Other financial or non-financial interests	___ None	

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No conflicts of interest to declare

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## ICMJE DISCLOSURE FORM

Date: 25 July 24, 2023

Your Name: Ervin Y Cui

Manuscript Title: The Role of CD38 in Ischemia Reperfusion Injury in Cardiopulmonary Bypass and Thoracic Transplantation: A Narrative Review

Manuscript number (if known): JTD-23-725-CL

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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

**Please summarize the above conflict of interest in the following box:**

No conflicts of interest to declare
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**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**

Date: 07/25/2023  
 Your Name: MICHAEL ESSANDON  
 Manuscript Title: The Role of CD38 in Ischemia Reperfusion in Gravidipulmonary  
 Manuscript number (if known): JTB-23-725-26 bypass and thoracic transplantation:  
 A narrative review.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None
3	Royalties or licenses	None
4	Consulting fees	BOSTON SCIENTIFIC CORPORATION Consulting fees paid to me.


5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> None	
6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	<u>    </u> None	
8	Patents planned, issued or pending	<u>    </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
11	Stock or stock options	<u>    </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
13	Other financial or non-financial interests	<u>    </u> None	

Please summarize the above conflict of interest in the following box:

I serve as a consultant for Boston Scientific

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

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

Date: July 26, 2023

Your Name: Richard J Gumina

Manuscript Title: The Role of CD38 in Ischemia Reperfusion Injury in Cardiopulmonary Bypass and Thoracic Transplantation: A Narrative Review

Manuscript number (if known): JTD-23-725-CL

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	NIH Grant	U54CA260582
		Robert J. Anthony Fund for Cardiovascular Research	
		JB Cardiovascular Research Fund	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

**Please summarize the above conflict of interest in the following box:**

I am supported through the NIH grant U54CA260582, Robert J. Anthony Fund for Cardiovascular Research, JB Cardiovascular Research Fund

**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

Date: 25 July 24, 2023

Your Name: Sylvester M Black

Manuscript Title: The Role of CD38 in Ischemia Reperfusion Injury in Cardiopulmonary Bypass and Thoracic Transplantation: A Narrative Review

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	National Diabetes and Digestive and Kidney Diseases	R01DK123475
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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

**Please summarize the above conflict of interest in the following box:**

I am supported through the National Diabetes and Digestive and Kidney Diseases R01DK123475.

**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

Date: 25 July, 2023

Your Name: Bryan A Whitson

Manuscript Title: The Role of CD38 in Ischemia Reperfusion Injury in Cardiopulmonary Bypass and Thoracic Transplantation: A Narrative Review

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	NIH Grant	R01HL143000
		The Jewel and Frank Benson Family Endowment and The Jewel and Frank Benson Research Professorship	NA
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

**Please summarize the above conflict of interest in the following box:**

I am supported through the National Institutes of Health (NIH) National Heart Lung and Blood Institute grant R01HL143000.

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