Date: Vov. 27. 2023	
Your Name: Shohe; Katanka	
Manuscript Title: Hybrid Ablation for Persistent Atrial Fibrillation: A Narrative Review	
Manuscript number (if known): JTD-23-1671-R1	

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		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)
		Time frame: Since the initia	planning of the work
1	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.	_X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	_X_None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	X_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	

11	I have no conflicts of inter	est to declare rega	rding this article.	
		4 · · · ·		

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

Date:	Nov 27.	2023			
Your Name:		MORIO.	SHOPA	Mahada	
Manuscript Title	e: <u>Hybrid Ablat</u> i	on for Persistent Atria	ıl Fibrillation: A N	<u> Varrative Review</u>	
Manuscrint nur	nhar (if known)	· ITD-23-1671-R1			

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

I	have no conflicts of interest	to declare regard	ing this article.	

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

Date:	Nov	.27.2023		
Your N	ame:_	Koichiro	Ejima	
Manus	cript T	itle: <u>Hybrid Abla</u>	tion for Persistent Atrial Fibrillation: A Narrative Review	

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93	1 7 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Time frame: pas	t 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	None	
5	Payment or honoraria for lectures, presentations,	None	

6	speakers bureaus, manuscript writing or educational events Payment for expert testimony	<b>X</b> None
7	Support for attending meetings and/or travel	
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	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	None

I have no conflicts of interest to declare regarding this article.				

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Date:	Nov	27.	2023	
Your N	ame:	Ken	Kato	
Manus	cript Titl	e: <u>Hybr</u> i	id Ablation fo	Persistent Atrial Fibrillation: A Narrative Review

Manuscript number (if known): JTD-23-1671-R1

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3	Royalties or licenses	_X_None	
4	Consulting fees	<b>X</b> None	
5	Payment or honoraria for lectures, presentations,	None	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	<b>X</b> None	
8	Patents planned, issued or pending	None	
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9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	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	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		Hard to the first of the first
		.1.	

I have no conflicts of interest to declare regarding this article.

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

Date: Nov. 27.	2023		
Your Name:		Yazak	
Manuscript Title: Hybrid /	Ablation for Persistent Atrial	Fibrillation: A Narı	rative Review
Manuscript number (if kn	iown): <u>JTD-23-1671-R1</u>		

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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,	None	

	speakers bureaus, manuscript writing or educational events		
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	X_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	
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Please place an "X" next to the following statement to indicate your agreement:

Date:	V, 27, 2025
Your Name:	Shun Hasegawa
Manuscript Title:	Hybrid Ablation for Persistent Atrial Fibrillation: A Narrative Review
Manuscript numb	per (if known): JTD-23-1671-R1

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued or pending	None	
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		<del></del>
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
7.7	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services	<b>V</b>	<del></del>
13	Other financial or non- financial interests	None	
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I have no conflic	ts of interest to o	declare regarding	g this article.	

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

Date:	2023/11/27	,		
Your Name:	Minsayuki	Salcaj		
Manuscript Ti	tle: <u>Hybrid Ablation f</u>	<u>or Persistent Atria</u>	l Fibrillation: A Narrative Review	
Manuscript no	umber (if known): JT	D-23-1671-R1		

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	

	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	X None
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_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	_X None
13	Other financial or non- financial interests	None

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Date: $\sqrt{\sqrt{2}}$	7, 2023				
Your Name:	Satoshi	Highdi			
Manuscript Title: Hyb	rid Ablation for	Persistent Atri	al Fibrillation: A	Narrative Review	
Manuscript number (	if known): JTD-	23-1671-R1			

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	

6	speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None
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13	Other financial or non- financial interests	None

I have	e no conflicts of inte	rest to declare r	egarding this artic	le.	
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11/27/2023
Date: (Z) Zor J
Your Name: DALGO YAGISHITA
Manuscript Title: Hybrid Ablation for Persistent Atrial Fibrillation: A Narrative Review
Manuscript number (if known): JTD-23-1671-R1

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Date:	ووصو	3 . 11	, 27	
Your Name	: 5	unid	n'	Tamagachi
Manuscript	Title: Hy	/brid Abl	ation for	Persistent Atrial Fibrillation: A Narrative Review
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