

## ICMJE DISCLOSURE FORM

Date: 10.01.2024 \_\_\_\_\_

Your Name: Sebastian Feickert \_\_\_\_\_

Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT: Results from the German DEVICE Registry \_\_\_\_\_

Manuscript number (if known): JTD-23-274-R2 \_\_\_\_\_

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.

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

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

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

No conflicts of interest
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**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: 12.01.2024 \_\_\_\_\_

Your Name: Niels Christian Ewertsen \_\_\_\_\_

Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT: Results from the German DEVICE Registry \_\_\_\_\_

Manuscript number (if known): JTD-23-274-R2 \_\_\_\_\_

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

NONE

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: 16-01-2024 \_\_\_\_\_

Your Name: Julia Köbe \_\_\_\_\_

Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with implantable cardioverter defibrillator or cardiac resynchronization therapy with defibrillator: Results from the German DEVICE

Registry Manuscript number (if known): \_\_\_\_\_

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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

Julia Köbe has received honoraria for lectures and travel grants from Abbott, Boston Scientific and Biotronik.

**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: 15.01.2024  
 Your Name: Thomas Kleemann  
 Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with implantable cardioverter defibrillator or cardiac resynchronization therapy with defibrillator: Results from the German DEVICE Registry  
 Manuscript number (if known): \_\_\_\_\_

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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3	Royalties or licenses	None	
4	Consulting fees	None	

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6	Payment for expert testimony	None	
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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:

None

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.

15.1.2024 Thomas Allen



## ICMJE DISCLOSURE FORM

Date: 17.01.2024

Your Name: Joachim Jehle

Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT

Manuscript number (if known):

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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3	Royalties or licenses	None	
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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	
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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:**

None
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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: 16.01.2024

Your Name: Jochen Senges

Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT

Manuscript number (if known): JTD-23-274-R2

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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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	
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11	Stock or stock options	None	
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13	Other financial or non-financial interests	None	

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

None
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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: 16.01.2024

Your Name: Matthias Hochadel

Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT

Manuscript number (if known): JTD-23-274-R2

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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	
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13	Other financial or non-financial interests	None	

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None
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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: 15.01.2024 \_\_\_\_\_  
 Your Name: Dietrich Andresen \_\_\_\_\_  
 Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT: Results from the German DEVICE Registry \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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

None
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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: 16.01.2024 \_\_\_\_\_  
 Your Name: Christoph Stellbrink \_\_\_\_\_  
 Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT: Results from the German DEVICE Registry \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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None
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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.

## ICMJE DISCLOSURE FORM

Date: 17.01.2024 \_\_\_\_\_

Your Name: Lars Eckardt \_\_\_\_\_

Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT: Results from the German DEVICE Registry

Manuscript number (if known): \_\_\_\_\_

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None
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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: 16.01.2024  
 Your Name: Prof. Dr. med. Stefan G. Spitzer  
 Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT-D:  
 Manuscript number (if known): Results from the German DEUCE Registry

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 13.01.2024

Your Name: Johannes Brachmann

Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT: Results from the German DEVICE Registry

Manuscript number (if known): JTD-23-274-R2

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

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

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

No conflicts of interest

**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: 14.01.2024 \_\_\_\_\_

Your Name: Hüseyin Ince \_\_\_\_\_

Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT: Results from the German DEVICE Registry \_\_\_\_\_

Manuscript number (if known): JTD-23-274-R2 \_\_\_\_\_

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.

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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>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> ___	Institutional research grant from Boston Scientific (3000 €).
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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

Hüseyin Ince received an institutional research grant from Boston Scientific.

**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: 12.01.2024 \_\_\_\_\_

Your Name: Giuseppe D’Ancona \_\_\_\_\_

Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT: Results from the German DEVICE Registry \_\_\_\_\_

Manuscript number (if known): JTD-23-274-R2 \_\_\_\_\_

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	x	GD serves as a current Editorial Team member of Journal of Thoracic Disease from February 2023 to January 2025

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

GD serves as a current Editorial Team member of Journal of Thoracic Disease from February 2023 to January 2025

**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.**