Date: 29/1/2024

**Your Name: Chi Ying Simon Chow** 

Manuscript Title: Individualized Treatment of Type A intramural hematoma – upfront surgery is not always necessary

Manuscript number (if known): JTD-23-1837

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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		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)
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.	Time frame: Since the initial XNone	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

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.

Date: 30/01/2024 Your Name: Kevin Lim

Manuscript Title: Individualized Treatment of Type A intramural hematoma – upfront surgery is not always necessary

Manuscript number (if known): JTD-23-1837

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony	XNoneXNone
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	_XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	_XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone
13	Other financial or non- financial interests	XNone
		·

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.

Date: 30/1/2024

Your Name: Tak Wai Lum

Manuscript Title: Individualized Treatment of Type A intramural hematoma – upfront surgery is not always necessary

Manuscript number (if known): JTD-23-1837

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3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None

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Date: 29/1/2024

Your Name: Yan Kit Jacky Ho

Manuscript Title: Individualized Treatment of Type A intramural hematoma – upfront surgery is not always necessary

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4	Consulting fees	XNone	

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	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V. Name	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fo	llowing box:
N	lone.		

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Date: 29 Jan 2024 Your Name: Song Wan

Manuscript Title: Individualized Treatment of Type A intramural hematoma – upfront surgery is not always neccessary.

Manuscript number (if known): JTD-23-1837

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4	Royalties or licenses  Consulting fees	<u>x_None</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	_x_None	
7	Support for attending meetings and/or travel	_x_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	_x_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	_x_None	

None

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

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Date: 30/01/2024

Your Name: Takuya Fujikawa

Manuscript Title: Individualized Treatment of Type A intramural hematoma – upfront surgery is not always neccessary

Manuscript number (if known): JTD-23-1837

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	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
_			
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
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	services		
13	Other financial or non-	_XNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the fol	lowing box:
l N	lone.		

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

5 Payment or honoraria for

\_X\_\_\_None

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

Date: 29 Jan 2024

Your Name: Randolph Wong

Manuscript Title: Individualized Treatment of Type A intramural hematoma – upfront surgery is not always necessary

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

No	ne		

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