Dat	e:3/10/2023					
You	r Name:Armin Kiankhoo	Y				
Mai	nuscript Title: Hybrid Abla	tion of Atrial Fibrillation is	n Patients with Prior Coronary Artery Bypass Grafting _			
	Manuscript number (if known):VATS 22-34					
rela part to t rela The man	ted to the content of your naties whose interests may be ransparency and does not not it it it is following questions apply the content only.  author's relationships/active dication, even if that medication, even if that medication.	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. It is preferable that you do to the author's relationship wities/interests should be on insion, you should declare a tion is not mentioned in the	s/activities/interests as they relate to the <u>current</u> lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive			
tne	time frame for disclosure is					
		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	l 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.	None	This work was supported by an institutional (Adventist Health – Saint Helena) research grant from AtriCure and provided salary support for our hospital employed research assistants (SB,MD,AP).			
		Time frame: past	36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone				

I provide consultation for AtriCure, which includes the discussion of Hybrid Procedures

Royalties or licenses

Consulting fees

4

\_x\_\_None

None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	I provide teaching at Ablation courses for AtriCure, which includes the discussion of Hybrid Procedures
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	None	I provide proctoring for AtriCure of Hybrid Procedures
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	

This work was supported by an institutional (Adventist Health – Saint Helena) research grant from AtriCure and provided salary support for our hospital employed research assistants (SB,MD,AP). I also provide consultation, teaching and proctoring of Hybrid procedures for AtriCure.

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

Date	e:3/10/2023		
	r Name:Carrie Pierce		
Mar	nuscript Title:Hybrid Abla	tion of Atrial Fibrillation i	in Patients with Prior Coronary Artery Bypass Grafting _
Mar	nuscript number (if known):	VATS 22-34	
rela part to t	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to ti med In it	he epidemiology of hypertendication, even if that medica	nsion, you should declare tion is not mentioned in to port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.  d in this manuscript without time limit. For all other items
		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	al 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.	None	This work was supported by an institutional (Adventist Health – Saint Helena) research grant from AtriCure and provided salary support for our hospital employed research assistants (SB,MD,AP).
		Time frame: pas	t 36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	x_None	

Consulting fees

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

This work was supported by an institutional (Adventist Health – Saint Helena) research grant from AtriCure and provided salary support for our hospital employed research assistants (SB,MD,AP).

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

Date:3/10/2023	
Your Name:Susan Eisenberg	
Manuscript Title:Hybrid Ablation of Atrial Fibrillation in Patients with Prior Coronary Artery Bypass Grafting	<i>J</i> _
Manuscript number (if known):VATS 22-34	
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	

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

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 author's relationships/activities/interests should be <u>defined broadly</u>. 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)
		Time frame: Since the initial	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.	None	This work was supported by an institutional (Adventist Health – Saint Helena) research grant from AtriCure and provided salary support for our hospital employed research assistants (SB,MD,AP).
		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	None	I provide consultation for AtriCure, which includes the discussion of Hybrid Procedures
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	I provide teaching at Ablation courses for AtriCure, which includes the discussion of Hybrid Procedures
	educational events		
6	Payment for expert testimony	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	x None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
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		

This work was supported by an institutional (Adventist Health – Saint Helena) research grant from AtriCure and provided salary support for our hospital employed research assistants (SB,MD,AP). I also provide consultation and teaching of Hybrid procedures for AtriCure.

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

Date	e:3/10/2023				
	r Name:Shelby Burke				
			n Patients with Prior Coronary Artery Bypass Grafting _		
Mar	Manuscript number (if known):VATS 22-34				
relat part to tr	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.		
	following questions apply touscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>		
to the	ne epidemiology of hypertentication, even if that medica	nsion, you should declare tion is not mentioned in to port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.  d in this manuscript without time limit. For all other items,		
		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	al 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.	None	This work was supported by an institutional (Adventist Health – Saint Helena) research grant from AtriCure and provided salary support for our hospital employed research assistants (SB,MD,AP).		
		Time frame: pas	t 26 months		
2	Grants or contracts from	x None	t 56 months		
	any entity (if not indicated	XNONE			
	in item #1 above).				
3	Royalties or licenses	xNone			

Consulting fees

		1	T
5	Payment or honoraria for	x None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
_			
6	Payment for expert	x_None	
	testimony		
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	
10	in other board, society,		
	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-	x None	
	financial interests		

This work was supported by an institutional (Adventist Health – Saint Helena) research grant from AtriCure and
provided salary support for our hospital employed research assistants (SB,MD,AP).

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

Date	e:3/10/2023		
You	r Name:Michaela Daw		
		-	n Patients with Prior Coronary Artery Bypass Grafting _
rela part to to rela The mar The to to med In it	ted to the content of your name ies whose interests may be ransparency and does not not itionship/activity/interest, it following questions apply to auscript only.  author's relationships/activity epidemiology of hypertendication, even if that medications.	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do the author's relationship rities/interests should be on sion, you should declare a tion is not mentioned in the	os/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initia	I 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.	None	This work was supported by an institutional (Adventist Health – Saint Helena) research grant from AtriCure and provided salary support for our hospital employed research assistants (SB,MD,AP).
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastxNone	t 36 months

Royalties or licenses

Consulting fees

x\_\_None

		1	T
5	Payment or honoraria for	x None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
_			
6	Payment for expert	x_None	
	testimony		
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	
10	in other board, society,		
	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-	x None	
	financial interests		

This work was supported by an institutional (Adventist Health – Saint Helena) research grant from AtriCure and
provided salary support for our hospital employed research assistants (SB,MD,AP).

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

Date	e:3/10/2023			
	r Name:Andrew Phillips			
			n Patients with Prior Coronary Artery Bypass Grafting _	
Man	Manuscript number (if known):VATS 22-34			
relat part to tr	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.	
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>	
to the med	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  In this manuscript without time limit. For all other items,	
			1	
		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 initial	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.	None	This work was supported by an institutional (Adventist Health – Saint Helena) research grant from AtriCure and provided salary support for our hospital employed research assistants (SB,MD,AP).	
		Time frame: past	36 months	
2	Grants or contracts from	xNone		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	xNone		

Consulting fees

		1	
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	_xNone	
	meetings and/or travel		
_	Detects planted issued as	v. Nana	
8	Patents planned, issued or	x_None	
	pending		
	5		
9	Participation on a Data	x_None	
	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	x_None	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		
Please summarize the above conflict of interest in the following box:			

This work was supported by an institutional (Adventist Health – Saint Helena) research grant from AtriCure and
provided salary support for our hospital employed research assistants (SB,MD,AP).

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

Date:3/10/2023			
	n in Patients with Prior Coronary Artery Bypass Grafting		
Manuscript number (if known):VATS 22-34			
related to the content of your manuscript. "Related" me	of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a		

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	None	This work was supported by an institutional (Adventist Health – Saint Helena) research grant from AtriCure and provided salary support for our hospital employed research assistants (SB,MD,AP).
	Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	

4	Consulting fees	None	I provide consultation for AtriCure, which includes the discussion of Hybrid Procedures
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	I provide teaching at Ablation courses for AtriCure, which includes the discussion of Hybrid Procedures
6	Payment for expert testimony	x_None	
7	Support for attending meetings and/or travel	None	I provide proctoring for AtriCure of Hybrid Procedures
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	_xNone	
11	Stock or stock options	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	x_None	

This work was supported by an institutional (Adventist Health – Saint Helena) research grant from AtriCure and provided salary support for our hospital employed research assistants (SB,MD,AP). I also provide consultation, teaching and proctoring of Hybrid procedures for AtriCure.

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