ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Maria

2. Surname (Last Name)
   Alu

3. Date
   09-August-2019

4. Are you the corresponding author? ☑ Yes    ☐ No
   Corresponding Author’s Name
   Raj Makkar

5. Manuscript Title
   Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement

6. Manuscript Identifying Number (if you know it)
   19-10555

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☑ Yes    ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the "X" button.

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<td>☐</td>
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Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest? ☑ Yes    ☐ No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✔ No

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Dr. Alu reports grants from Edwards Lifesciences, during the conduct of the study; personal fees from Cardiac Dimensions, personal fees from Claret Medical, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Vasilis
2. Surname (Last Name) Babaliaros
3. Date 18-August-2019
4. Are you the corresponding author? Yes No ✔
5. Manuscript Title Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement
6. Manuscript Identifying Number (if you know it) 19-10555

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No ✔

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Dr. Babaliaros reports personal fees from Edwards Lifesciences, equity from Transmural Systemts, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Brown

3. Date  
   16-August-2019

4. Are you the corresponding author?  
   [ ] Yes  [ ] No

   Corresponding Author’s Name  
   Raj Makkar

5. Manuscript Title  
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Institutional research support to Baylor as an enrolling site

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Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Cohen

3. Date  
   06-January-2020

4. Are you the corresponding author?  
   Yes ☑️   No

   Corresponding Author’s Name  
   Raj J. Makkar

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Dr. Cohen reports grants and personal fees from Edwards Lifesciences, grants and personal fees from Medtronic, grants and personal fees from Boston Scientific, grants and personal fees from Abbott Vascular, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Todd

2. Surname (Last Name)  
   Dewey

3. Date  
   18-August-2019

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Raj Makkar, MD

5. Manuscript Title  
   Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement

6. Manuscript Identifying Number (if you know it)  
   19-10555

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   Yes

If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
<th>Other?</th>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Dewey reports personal fees from Edwards Lifesciences, outside the submitted work.

Evaluation and Feedback

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   Fearon

3. Date  
   12-December-2019

4. Are you the corresponding author?  
   [ ] Yes  
   [ ] No  
   Corresponding Author’s Name  
   Raj Makkar

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Are there any relevant conflicts of interest?  
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   [ ] No

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<td>✔</td>
<td>Minor stock options</td>
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Dr. Fearon reports grants from Edwards Life Sciences, during the conduct of the study; grants from Abbott, grants from Medtronic, other from HeartFlow, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kevin
2. Surname (Last Name) Greason
3. Date 16-August-2019
4. Are you the corresponding author? ☑ No
5. Manuscript Title
   Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement
6. Manuscript Identifying Number (if you know it)
   19-10555

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Dr. Greason has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Rebecca  

2. Surname (Last Name)  
   Hahn  

3. Date  
   16-August-2019  

4. Are you the corresponding author?  
   Yes  ✔  No  

5. Manuscript Title  
   Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement  

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<td>🗑️</td>
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<td>Institutional Research Support for participation as an enrolling site for and for Echocardiographic Core Lab services (no direct physician compensation)</td>
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<td>Speaker, Consultant. Other: Chief Scientific Officer for the Echocardiography Core Laboratory at the Cardiovascular Research Foundation for multiple industry-sponsored trials, for which she receives no direct industry compensation.</td>
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1. Given Name (First Name)  
   Howard  
2. Surname (Last Name)  
   Herrmann  
3. Date  
   14-August-2019  
4. Are you the corresponding author?  
   ✔ Yes  
   No  
   Corresponding Author’s Name  
   Raj Makkar, MD  
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<tr>
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<td>✔</td>
<td></td>
<td></td>
<td>Personal fees = consulting</td>
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</table>

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
✔ Yes  
No  
If yes, please fill out the appropriate information below.

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<td>Bayer</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments
--- | --- | --- | --- | --- | ---
Medtronic | ✓ | ✓ | □ | □ | Personal fees = Consulting

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  □ Yes  ✓ No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

□ Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest

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Dr. Herrmann reports grants and personal fees from Edwards Lifesciences, during the conduct of the study; grants from Abbott Vascular, grants from Boston Scientific, grants from Bayer, grants and personal fees from Medtronic, outside the submitted work.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Robert

2. Surname (Last Name)  
Hodson

3. Date  
30-December-2019

4. Are you the corresponding author?  

   Yes  ✔  No

   Corresponding Author’s Name  
   Raj Makkar, MD

5. Manuscript Title  
Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement

6. Manuscript Identifying Number (if you know it)  
19-10555

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  

   Yes  ✔  No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  

   ✔ Yes  ✔ No

If yes, please fill out the appropriate information below.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

   Yes  ✔  No
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Dr. Hodson reports personal fees from Edwards Life Sciences, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Wael
2. Surname (Last Name) Jaber
3. Date 14-August-2019

4. Are you the corresponding author? □ Yes ✔ No
   Corresponding Author’s Name Raj Makkar

5. Manuscript Title
   Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement

6. Manuscript Identifying Number (if you know it)
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Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ✔ Yes □ No

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<td>Edwards Lifesciences</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>✔</td>
<td>Core lab contracts during the conduct of the study with institutional compensation but no direct or indirect compensation.</td>
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Are there any relevant conflicts of interest? □ Yes ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? □ Yes ✔ No

Jaber
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Dr. Jaber reports other from Edwards Lifesciences during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Samir

2. Surname (Last Name)  
   Kapadia

3. Date  
   16-August-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

   Corresponding Author’s Name  
   Raj Makkar

5. Manuscript Title  
   Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement

6. Manuscript Identifying Number (if you know it)  
   19-10555

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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   ✔ Yes  
   No

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<td>Research support to Cleveland Clinic for participation as an enrolling site (no direct physician compensation)</td>
</tr>
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   No

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ Yes  
   No

Kapadia
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
  - Unpaid member of the steering committee of the trial

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dean
2. Surname (Last Name) Kereiakes
3. Date 16-August-2019
4. Are you the corresponding author? Yes ☐ No ☑
Corresponding Author’s Name Raj Makkar

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes ☐ No ☑

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<td>Consultant</td>
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<tr>
<td>Boston Scientific Corporation</td>
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<td>☐</td>
<td>Consultant; Scientific Advisory Board</td>
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Dr. Kereiakes reports personal fees from HLT, Inc., personal fees from JC Medical, Inc., personal fees from Boston Scientific Corporation, outside the submitted work.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Susheel

2. Surname (Last Name)  
Kodali

3. Date  
14-August-2019

4. Are you the corresponding author?  
✔ Yes  
No

Corresponding Author’s Name  
Raj Makkar

5. Manuscript Title  
Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement

6. Manuscript Identifying Number (if you know it)  
19-10555

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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
✔ Yes  
No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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<td>☐</td>
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<td>Research support to institution (Columbia University Medical Center) for participation as an enrolling site</td>
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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

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✔ Yes  
No

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<td>SAB - Equity (options)</td>
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<td>☐</td>
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<td>Consulting honorarium</td>
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Martin

2. Surname (Last Name)  
   Leon

3. Date  
   07-August-2019

4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No  
   Corresponding Author’s Name  
   Raj Makkar

5. Manuscript Title  
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   ☐ No

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<td>Edwards Lifesciences</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
<td>Columbia University-NYP received site payments for participating as an enrolling site. Martin B. Leon was co-PI of the trial, without financial payments from the sponsor.</td>
</tr>
</tbody>
</table>

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<tr>
<td>Medtronic</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td>Columbia University-NYP received site payments for participating as an enrolling site in TAVR clinical trials. Martin B. Leon attended medical advisory board meetings on behalf of Medtronic</td>
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<tr>
<td>Boston Scientific</td>
<td>✔</td>
<td>✔</td>
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<td></td>
<td>Columbia University-NYP received site payments for participating as an enrolling site in the REPRISE 3 TAVR clinical trial and the Sentinel trial. Martin B. Leon attended medical advisory board meetings on behalf of Boston Scientific and received equity payments for work performed on behalf of Sentinel.</td>
</tr>
<tr>
<td>Gore Medical</td>
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<td></td>
<td>Martin B. Leon attended a medical advisory board meeting on behalf of Gore Medical</td>
</tr>
<tr>
<td>Meril Lifescience</td>
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<td></td>
<td>Martin B. Leon was a strategic advisor on behalf of Meril Lifescience</td>
</tr>
<tr>
<td>Abbott</td>
<td>✔</td>
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<td></td>
<td>Columbia University-NYP received site payments for participating as an enrolling site in the COAPT clinical trial. Martin B. Leon attended medical advisory board meetings on behalf of Abbott</td>
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- [X] No

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Section 1. Identifying Information

1. Given Name (First Name)  Michael
2. Surname (Last Name)  Mack
3. Date  14-August-2019
4. Are you the corresponding author?  Yes ☑ No
   Corresponding Author’s Name  Raj Makkar
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<td>✓</td>
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<td>Trial Co-PI</td>
</tr>
<tr>
<td>Gore</td>
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<td></td>
<td>Scientific Advisory Board</td>
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</table>

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✔ No

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Raj  

2. Surname (Last Name)  
   Makkar  

3. Date  
   09-December-2019  

4. Are you the corresponding author?  
   ✔ Yes  
   □ No  

5. Manuscript Title  
   Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement  

6. Manuscript Identifying Number (if you know it)  
   19-10555  

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

Are there any relevant conflicts of interest?  

✔ Yes  

□ No  

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the "X" button.

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## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  

✔ Yes  

□ No  

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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

☐ Yes  ✔ No

**Section 5. Relationships not covered above**

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Makkar reports grants from Edwards Lifesciences, during the conduct of the study; grants, personal fees and other from Abbott, grants, personal fees and other from Edwards Lifesciences, grants and personal fees from Boston Scientific, grants and personal fees from Medtronic, outside the submitted work.

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   David Craig

2. Surname (Last Name)  
   Miller

3. Date  
   14-August-2019

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Raj Makkar, MD

5. Manuscript Title
   Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement

6. Manuscript Identifying Number (if you know it)
   19-10555

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Are there any relevant conflicts of interest?  
   Yes  ✔  No

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Dr. Miller reports grants and personal fees from Medtronic, grants and non-financial support from Edwards Lifesciences, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Philippe
2. Surname (Last Name)  Pibarot
3. Date  14-August-2019
4. Are you the corresponding author?  Yes ☑  No

Corresponding Author’s Name  Raj Makkar

5. Manuscript Title
Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement

6. Manuscript Identifying Number (if you know it)
19-10555

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes ☑  No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Erin
2. Surname (Last Name) Rogers
3. Date 16-August-2019
4. Are you the corresponding author? ☑ Yes ☐ No
5. Manuscript Title
Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement
6. Manuscript Identifying Number (if you know it)
19-10555

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Russo

3. Date  
15-August-2019

4. Are you the corresponding author?  
Yes [✓]  No [ ]

Corresponding Author’s Name  
Raj Makkar

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Are there any relevant conflicts of interest?  
Yes [✓]  No [ ]

If yes, please fill out the appropriate information below.

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</table>
Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Russo reports grants from Edwards Life Sciences, during the conduct of the study; personal fees from Abbott, personal fees from Edwards, outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Lowell  

2. Surname (Last Name)  
   Satler  

3. Date  
   15-August-2019  

4. Are you the corresponding author?  
   ✔ Yes  

   No  

Corresponding Author’s Name  
Raj Makkar, MD  

5. Manuscript Title  
Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement  

6. Manuscript Identifying Number (if you know it)  
19-10555

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fish Yes  

No  

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Yes  

No  

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Yes  

No
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1. Given Name (First Name)  
   Craig  
2. Surname (Last Name)  
   Smith  
3. Date  
   16-August-2019  
4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
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   Raj Makkar, MD  
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Dr. Smith reports non-financial support from Edwards Lifesciences during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name) Lars
2. Surname (Last Name) Svensson
3. Date 18-August-2019
4. Are you the corresponding author? Yes No ✔
   Corresponding Author’s Name Raj Makkar, MD
5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Vinod

2. Surname (Last Name)  
Thourani

3. Date  
14-August-2019

4. Are you the corresponding author?  
☑️ Yes  ☐ No

Corresponding Author’s Name  
Raj Makkar, MD

5. Manuscript Title  
Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement

6. Manuscript Identifying Number (if you know it)  
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Dr. Thourani reports grants and personal fees from Edwards Lifesciences, grants and personal fees from Boston Scientific, grants and personal fees from Abbott Vascular, personal fees from Gore Vascular, grants and personal fees from Jenavalve, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Alfredo

2. Surname (Last Name)  
Trento

3. Date  
18-August-2019

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Raj Makkar, MD

5. Manuscript Title  
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Dr. Trento has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   John

2. Surname (Last Name)
   Webb

3. Date
   14-August-2019

4. Are you the corresponding author?
   ☑ No
   Corresponding Author’s Name
   Raj Makkar

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Jaime
2. Surname (Last Name) Wheeler
3. Date 18-August-2019
4. Are you the corresponding author? ☑ Yes
5. Manuscript Title
   Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement
6. Manuscript Identifying Number (if you know it) 19-10555

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<tr>
<td>Brian</td>
<td>Whisenant</td>
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4. Are you the corresponding author? [ ] Yes [x] No
   Corresponding Author’s Name
   Raj Makkar, MD

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [x] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Whisenant reports personal fees from Edwards Lifesciences, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Mathew

2. Surname (Last Name)  
   Williams

3. Date  
   16-August-2019

4. Are you the corresponding author?  
   [ ] Yes  ✔ [ ] No  
   Corresponding Author’s Name  
   Raj Makkar

5. Manuscript Title  
   Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement

6. Manuscript Identifying Number (if you know it)  
   19-10555

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   [ ] Yes  ✔ [ ] No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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1. Given Name (First Name)  
   Ke

2. Surname (Last Name)  
   Xu

3. Date  
   16-August-2019

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Raj Makkar, MD

5. Manuscript Title  
   Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement

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   19-10555

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<td>Yoon</td>
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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name

Raj Makkar

5. Manuscript Title

Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement

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Dr. Yoon has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Alan
2. Surname (Last Name)  Zajarias
3. Date  15-August-2019
4. Are you the corresponding author?  ☑ Yes  ☐ No
5. Manuscript Title  Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement
6. Manuscript Identifying Number (if you know it)  19-10555

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