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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ **None**                                                                 |
|   | **No time limit for this item.**                                                                |                                                                                  |
|   | **Time frame: Since the initial planning of the work**                                         |                                                                                  |
| 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**                                                                    |
|   | **Time frame: past 36 months**                                                                  |                                                                                  |
|   | 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:

_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:______ 2021-10-25
Your Name:___Yuan Li__________________________________________________________
Manuscript Title:__The surgical outcomes of aortic valve replacement in patients with aortic valve lesions caused by Behcet’s disease: lessons we learned__________
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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| **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. | _X_ None                                                                            |
| **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 | _X_ None                                                                            |
| 4 | Consulting fees | _X_ None                                                                            |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X  | None |
| 6 | Payment for expert testimony                                               | X  | None |
| 7 | Support for attending meetings and/or travel                                |   | None |
| 8 | Patents planned, issued or pending                                          | X  | 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                                                      | 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 |

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:

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: ______ 2021-10-25
Your Name: Liu Junjiang
Manuscript Title: The surgical outcomes of aortic valve replacement in patients with aortic valve lesions caused by Behcet’s disease: lessons we learned

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| 3 | Royalties or licenses | __ X __ None<br><br>Time frame: past 36 months |
| 4 | Consulting fees | __ X __ None<br><br>Time frame: past 36 months |
|   | Description                                                                 | X | _ | None |
|---|------------------------------------------------------------------------------|---|---|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |   | X | None |
| 6 | Payment for expert testimony                                                 |   | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | _ | None |
| 8 | Patents planned, issued or pending                                          | X | _ | None |
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| 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 |

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ICMJE DISCLOSURE FORM

Date: 2021-10-25
Your Name: Yang Quanlin
Manuscript Title: The surgical outcomes of aortic valve replacement in patients with aortic valve lesions caused by Behcet’s disease: lessons we learned
Manuscript number (if known):

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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). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Description                                                                 | X | Note |
|---|-----------------------------------------------------------------------------|--|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
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ICMJE DISCLOSURE FORM

Date: ______ 2021-10-25

Your Name: Liu Huan

Manuscript Title: The surgical outcomes of aortic valve replacement in patients with aortic valve lesions caused by Behcet's disease: lessons we learned

Manuscript number (if known):

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| 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                                                                       |
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| 6 | Payment for expert testimony                                                | ___X__ None |   |
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| 8 | Patents planned, issued or pending                                          | ___X__ None |   |
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| 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 |   |

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None.

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ICMJE DISCLOSURE FORM

Date: ______ 2021-10-25
Your Name: Zhang Hongqiang

Manuscript Title: The surgical outcomes of aortic valve replacement in patients with aortic valve lesions caused by Behcet’s disease: lessons we learned
Manuscript number (if known):

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| 1    | **Time frame: Since the initial planning of the work**                       |                                                                                |
| All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **X** None                                                                     |
| No time limit for this item.                                                                                               |                                                                                |
| 2    | **Time frame: past 36 months**                                              |                                                                                |
| 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

- [X] None

6 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

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ICMJE DISCLOSURE FORM

Date: ______ 2021-10-25
Your Name: __Wang Chunsheng______________________________
Manuscript Title: __The surgical outcomes of aortic valve replacement in patients with aortic valve lesions caused by Behcet's disease: lessons we learned__
Manuscript number (if known): __________________________________________________________________________

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| 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                                                                         |

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**Specifications/Comments**

- If payments were made to you or to your institution

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**Time frame:** Since the initial planning of the work

**Time frame:** past 36 months
|   | Conflict of Interest | Response |
|---|----------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
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