ICMJE DISCLOSURE FORM

Date:____Dec. 2\textsuperscript{th}, 2021____
Your Name:___Kun Liu___
Manuscript Title: Transapical mitral valve-in-valve implantation for failed bioprosthetic valve using the J-valve system with locator device: early and mid-term outcomes
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.

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) |
|---|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 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**

|   | 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) |
|---|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 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**
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__ None |
|---|------------------------------------------------------------------------------------------------------------|---------|
|   | Payment for expert testimony                                                                                | __X__ None |
|   | Support for attending meetings and/or travel                                                                | __X__ None |
|   | Patents planned, issued or pending                                                                          | __X__ None |
|   | Participation on a Data Safety Monitoring Board or Advisory Board                                           | __X__ None |
|   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid           | __X__ None |
|   | Stock or stock options                                                                                      | __X__ None |
|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services                            | __X__ None |
|   | 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: _____ Dec. 2th, 2021 _____
Your Name: ___ Jinglun Shen ___
Manuscript Title: Transapical mitral valve-in-valve implantation for failed bioprosthetic valve using the J-valve system with locator device: early and mid-term outcomes
Manuscript number (if known): ___

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| 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: 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                                                                            |
|   | Financial or Non-Financial Interest                                                                 | 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 |

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

None.

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ICMJE DISCLOSURE FORM

Date: _____Dec. 2th, 2021____
Your Name: ___ Kaisheng Wu ___
Manuscript Title: Transapical mitral valve-in-valve implantation for failed bioprosthetic valve using the J-valve system with locator device: early and mid-term outcomes
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                                                                      |
|   |                                                                                               |                                                                                |
|   |                                                                                               |                                                                                |
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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                                                                        | _X_ None                                                                      |
| 4 | Consulting fees                                                                              | _X_ None                                                                      |
|   |                                      |   |
|---|--------------------------------------|---|
| 5 | Payment or honoraria for lectures,   | _X_ None |
|   | presentations, speakers bureaus,     |   |
|   | manuscript writing or educational    |   |
|   | events                               |   |
| 6 | Payment for expert testimony         | _X_ None |
| 7 | Support for attending meetings and/  | _X_ None |
|   | or travel                            |   |
| 8 | Patents planned, issued or pending   | _X_ None |
| 9 | Participation on a Data Safety      | _X_ None |
|   | Monitoring Board or Advisory Board   |   |
| 10| Leadership or fiduciary role in      | _X_ None |
|   | other board, society, committee or   |   |
|   | advocacy group, paid or unpaid       |   |
| 11| Stock or stock options               | _X_ None |
| 12| Receipt of equipment, materials,     | _X_ None |
|   | drugs, medical writing, gifts or     |   |
|   | other services                       |   |
| 13| Other financial or non-financial     | _X_ None |
|   | interests                            |   |

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.
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Date: Dec. 2nd, 2021
Your Name: Fei Meng
Manuscript Title: Transapical mitral valve-in-valve implantation for failed bioprosthetic valve using the J-valve system with locator device: early and mid-term outcomes
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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|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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

Time frame: past 36 months

|   | X None |
|---|--------|
| 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 |
|   | Question                                                                 | Response |
|---|--------------------------------------------------------------------------|----------|
| 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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Date:______Dec. 2th, 2021____
Your Name:___ Shengxun Wang___
Manuscript Title: Transapical mitral valve-in-valve implantation for failed bioprosthetic valve using the J-valve system with locator device: early and mid-term outcomes
Manuscript number (if known):__

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| 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: 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                                 | 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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Date:______Dec. 2th, 2021____
Your Name:___ Shuai Zheng ___
Manuscript Title: Transapical mitral valve-in-valve implantation for failed bioprosthetic valve using the J-valve system with locator device: early and mid-term outcomes
Manuscript number (if known):__

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|   | *No time limit for this item.*                                                                                                   |                                                                                                                                  |

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| 3 | Royalties or licenses                                                                                                          | _X_ None backlog date |
| 4 | Consulting fees                                                                                                                | _X_ None backlog date |

**Time frame: past 36 months**
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 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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Date: _____ Dec. 2th, 2021 _____
Your Name: _____ Haibo Zhang _____
Manuscript Title: Transapical mitral valve-in-valve implantation for failed bioprosthetic valve using the J-valve system with locator device: early and mid-term outcomes
Manuscript number (if known): __

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| _X_ None | _X_ None |
| Specifications/Comments (e.g., if payments were made to you or to your institution) | Royalties or licenses |
| _X_ None | _X_ None |
| | |
| | Consulting fees |
| _X_ None | |

Name all entities with whom you have this relationship or indicate none (add rows as needed)
|   |                                                                                     |   |
|---|-------------------------------------------------------------------------------------|---|
| 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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