Yo Ma fac of		fied aortic valve disease, 19	ds in disability-adjusted life years, mortality, and variable risk 1990-2019: an age-period-cohort analysis of the Global Burden
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment lf you are in doubt about whether to list a so.
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to me	the epidemiology of hypertedication, even if that medic	ension, you should declare ation is not mentioned in t pport for the work reporte	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 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.	<u>X</u> None	

Time frame: past 36 months

X\_None

X None

X\_None

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any entity (if not indicated

5	Payment or honoraria for	X None	
	lectures, presentations,		and the fact which there is a second of the second of
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or	_X_None	
	pending		
			Promise and the second of the
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	None	
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	V N	
12	materials, drugs, medical	_X_None	
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
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None.			

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

You Ma fac of		fied aortic valve disease, 19	ds in disability-adjusted life years, mortality, and variable risk 990-2019: an age-period-cohort analysis of the Global Burden			
rela par to	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.					
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>			
to to	the epidemiology of hypertodication, even if that medic	ension, you should declare ration is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the 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	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

X\_None

X\_None

X\_None

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any entity (if not indicated in item #1 above).

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X_None	
	testimony		
7	Comment for all and the	V 50	
/	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or	_X_None	
	pending		
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9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
10	Leadership or fiduciary role in other board, society,	_X None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Descript of annium and	V	
12	Receipt of equipment, materials, drugs, medical	_X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:

None.	

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

Date: 2023-3-24				
Your Name: Wenchas Lf				
Manuscript Title: Global, regional, and national time trends in disability-adjusted life years, mortality, and variable risk				
factors of non-rheumatic calcified aortic valve disease, 1990-2019: an age-period-cohort analysis of the Global Burden				
of Disease 2019 study				
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 <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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	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.	_X_None	
		Time frame: pas	t 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	_XNone	

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5	Payment or honoraria for lectures, presentations, speakers bureaus,	X None	
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending meetings and/or travel	_X_None	
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8	Patents planned, issued or	_XNone	
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9	Participation on a Data Safety Monitoring Board or	X_None	
	Advisory Board		10. 有效是自然的基础的类似的数据的表示。
10	Leadership or fiduciary role in other board, society,	_XNone	
	committee or advocacy		
	group, paid or unpaid		2 CCC / MDD CC MANAGE (MANAGE CCC) (4944) 4 CCC (474 MANAGE CCC) (474 MANA
11	Stock or stock options	X_None	
12	Receipt of equipment,	_X_None	
	materials, drugs, medical writing, gifts or other		
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None.			

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

You Ma fac of I	Date: 2023-3-24  Your Name: Fergiven Thing  Manuscript Title: Global, regional, and national time trends in disability-adjusted life years, mortality, and variable risk factors of non-rheumatic calcified aortic valve disease, 1990-2019: an age-period-cohort analysis of the Global Burden of Disease 2019 study  Manuscript number (if known):					
rela par to t	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.					
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>			
to t	the epidemiology of hypert dication, even if that medic	ension, you should declar cation is not mentioned in pport for the work report	e defined broadly. For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive the manuscript.  The 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 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

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X\_None

Grants or contracts from

Royalties or licenses

Consulting fees

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any entity (if not indicated in item #1 above).

5	Payment or honoraria for	X None	
	lectures, presentations, speakers bureaus,	X_None	
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
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7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or	_XNone	
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9	Participation on a Data Safety Monitoring Board or	_X_None	
10	Advisory Board		
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,	_X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

None.			

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The to me	nuscript only.  e author's relationships/act the epidemiology of hypertedication, even if that medic	ivities/interests should be ension, you should declare cation is not mentioned in t	
	tem #1 below, report all su time frame for disclosure i		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)
1	All support for the present	Time frame: Since the initial  X None	planning of the work
-	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Anone	

Time frame: past 36 months

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X None

X\_None

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5	Payment or honoraria for	X None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
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7	Support for attending meetings and/or travel	_X_None	
	meetings and/or traver		
8	Patents planned, issued or	V Nene	
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	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role	X None	[4] [1] (1) [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]
10	in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_X_None	
	financial interests		

None.	

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nuscript Title:Global, region		
	<u>nal, and national time tren</u>	ds in disability-adjusted life years, mortality, and variable risk
ors of non-rheumatic calci	ied aortic valve disease, 19	990-2019: an age-period-cohort analysis of the Global Burden
Disease 2019 study		
nuscript number (if known)	:	
ted to the content of your ties whose interests may be ransparency and does not i	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	
following questions apply	to the author's relationshi	ps/activities/interests as they relate to the current
he epidemiology of hyperto dication, even if that medic em #1 below, report all su	ension, you should declare ation is not mentioned in toport for the work reporter	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the 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 initial	planning of the work
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.	<u>X</u> None	
	nuscript number (if known) ne interest of transparency ted to the content of your ties whose interests may be ransparency and does not a tionship/activity/interest, following questions apply nuscript only.  author's relationships/activity of hyperted dication, even if that medic em #1 below, report all sup time frame for disclosure is time frame for disclosure is manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	nuscript number (if known):  ne interest of transparency, we ask you to disclose all ted to the content of your manuscript. "Related" meaties whose interests may be affected by the content of ransparency and does not necessarily indicate a bias. Itionship/activity/interest, it is preferable that you do following questions apply to the author's relationship nuscript only.  author's relationships/activities/interests should be the epidemiology of hypertension, you should declare dication, even if that medication is not mentioned in the m#1 below, report all support for the work reported 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 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)

Time frame: past 36 months

X\_None

X None

X\_None

Grants or contracts from

in item #1 above).

Consulting fees

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any entity (if not indicated

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 meetings and/or travel	_XNone	
8	Patents planned, issued or	_X_None	
	pending		
9	Participation on a Data Safety Monitoring Board or	_X_None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	_X_None	
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	_X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X_None	
	financial interests		

None.	

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

You Ma fac of Ma	tors of non-rheumatic calcif Disease 2019 study nuscript number (if known)	ied aortic valve disease, 1	nds in disability-adjusted life years, mortality, and variable risk 990-2019: an age-period-cohort analysis of the Global Burden
rela par to	ated to the content of your ties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	I relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to me	the epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reported the past 36 months.	ed 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)
	<b>2007年11日 1997年11日 1997年11日 1997</b>	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.	_X_None	

Time frame: past 36 months

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X None

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any entity (if not indicated in item #1 above).

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5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
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6	Payment for expert	X_None	
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7	Support for attending meetings and/or travel	_X_None	
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8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	X None	
	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	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

None.			

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