

ICMJE DISCLOSURE FORM

Date: 6/8/2023

Your Name: Lamia Harik

Manuscript Title: Sex Differences in Coronary Artery Bypass Graft Surgery Outcomes- A Narrative Review

Manuscript Number (if known): Click or tap here to enter text.

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 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)
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.	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: right; font-size: small; color: gray;">Click the tab key to add additional rows.</div>
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px;"> <i>LH is partially supported by a T-32 Multidisciplinary Research Training Grant in Cardiovascular Disease from the National Heart, Lung, and Blood Institute (1 T32 HL160520-01A1)."</i> </div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>							

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	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

X 

Lamia Harik
MD

ICMJE DISCLOSURE FORM

Date: 5/28/2023

Your Name: Roberto Perezgrovas Olaria

Manuscript Title: Sex Differences in Coronary Artery Bypass Graft Surgery Outcomes- A Narrative Review

Manuscript Number (if known): Click or tap here to enter text.

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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X



ICMJJE DISCLOSURE FORM

Date: 6/7/2023

Your Name: Giovanni Jr Soletti

Manuscript Title: Sex Differences in Coronary Artery Bypass Graft Surgery Outcomes- A Narrative Review

Manuscript Number (if known): Click or tap here to enter text.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

X

Giovanni Jr Soletti
MD

ICMJE DISCLOSURE FORM

Date: 5/27/2023

Your Name: [Arnaldo Dimagli]

Manuscript Title: [Sex Differences in Coronary Artery Bypass Graft Surgery Outcomes- A Narrative Review]

Manuscript Number (if known): Click or tap here to enter text.

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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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

X 

Arnaldo Dimagli
MD

ICMJE DISCLOSURE FORM

Date: 5/29/2023

Your Name: Talal Alzghari

Manuscript Title: Sex Differences in Coronary Artery Bypass Graft Surgery Outcomes- A Narrative Review

Manuscript Number (if known): Click or tap here to enter text.

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Talal Alzghari, MD



ICMJE DISCLOSURE FORM

Date: 5/29/2023

Your Name: Kevin An

Manuscript Title: Sex Differences in Coronary Artery Bypass Graft Surgery Outcomes- A Narrative Review

Manuscript Number (if known): Click or tap here to enter text.

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

X 

Kevin An
MD

ICMJJE DISCLOSURE FORM

Date: 5/28/2023

Your Name: Gianmarco Cancelli

Manuscript Title: Sex Differences in Coronary Artery Bypass Graft Surgery Outcomes- A Narrative Review

Manuscript Number (if known): Click or tap here to enter text.

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 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.

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Gianmarco Cancelli

Gianmarco Cancelli
MD

ICMJE DISCLOSURE FORM

Date: 6/1/2023

Your Name: Mario Gaudino

Manuscript Title: Sex Differences in Coronary Artery Bypass Graft Surgery Outcomes- A Narrative Review

Manuscript Number (if known): Click or tap here to enter text.

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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