

## ICMJE DISCLOSURE FORM

Date: January 2, 2024

Your Name: Orlando R. Suero MD

Manuscript Title: Postoperative atrial fibrillation (POAF) after cardiac surgery: Clinical practice review

Manuscript number (if known): JTD-23-1626

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)	Disclosures/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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.

Orlando R. Suero MD  
January 2, 2024

## ICMJE DISCLOSURE FORM

Date: January 2, 2024

Your Name: Ahmed K. Ali MD

Manuscript Title: Postoperative atrial fibrillation (POAF) after cardiac surgery: Clinical practice review

Manuscript number (if known): JTD-23-1626

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ 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	___ None	
11	Stock or stock options	___ None	
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13	Other financial or non-financial interests	___ None	

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Ahmed K. Ali MD  
January 2, 2024

## ICMJE DISCLOSURE FORM

Date: January 2, 2024

Your Name: Lauren R. Barron MD

Manuscript Title: Postoperative atrial fibrillation (POAF) after cardiac surgery: Clinical practice review

Manuscript number (if known): JTD-23-1626

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	none	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Abiomed	Honoraria for lectures
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ 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	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

*Sam Bern*



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Lauren R. Barron MD  
January 2, 2024

## ICMJE DISCLOSURE FORM

Date: January 2, 2024

Your Name: Matthew W. Segar MD

Manuscript Title: Postoperative atrial fibrillation (POAF) after cardiac surgery: Clinical practice review

Manuscript number (if known): JTD-23-1626

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	
3	Royalties or licenses	<u>  X  </u> None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Merck	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ 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	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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Matthew W. Segar MD  
January 2, 2024

## ICMJE DISCLOSURE FORM

Date: January 2, 2024

Your Name: Marc R. Moon MD

Manuscript Title: Postoperative atrial fibrillation (POAF) after cardiac surgery: Clinical practice review

Manuscript number (if known): JTD-23-1626

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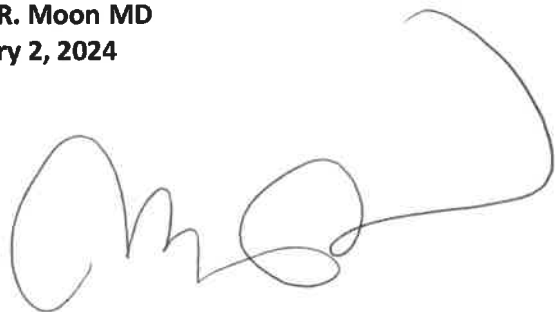
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	Edwards Lifesciences Medtronic	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<i>none</i>	
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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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:

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Marc R. Moon MD  
January 2, 2024

A handwritten signature in black ink, appearing to read "MR Moon", with a long, sweeping horizontal stroke extending to the right.

## ICMJE DISCLOSURE FORM

Date: January 2, 2024

Your Name: Subhasis Chatterjee MD

Manuscript Title: Postoperative atrial fibrillation (POAF) after cardiac surgery: Clinical practice review

Manuscript number (if known): JTD-23-1626

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	



4	Consulting fees	Edwards Lifesciences (Chatterjee)	Relationship terminated; service on Advisory Board
		La Jolla Pharmaceutical Company (Chatterjee)	Relationship terminated; service on Advisory Board
		Baxter Pharmaceuticals (Chatterjee)	Relationship terminated; service on Advisory Board
		Eagle Pharmaceuticals (Chatterjee)	Relationship terminated; service on Advisory Board
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Edwards Lifesciences (Chatterjee)	Relationship terminated; service on Advisory Board
		La Jolla Pharmaceutical Company (Chatterjee)	Relationship terminated; service on Advisory Board
		Baxter Pharmaceuticals (Chatterjee)	Relationship terminated; service on Advisory Board
		Eagle Pharmaceuticals (Chatterjee)	Relationship terminated; service on Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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



Subhasis Chatterjee MD  
January 5, 2024