

## ICMJE DISCLOSURE FORM

Date: May 27<sup>th</sup>, 2022

Your Name: Marijana Matejic-Spasic

Manuscript Title: Management of perioperative bleeding risk in patients on antithrombotic medications undergoing cardiac surgery – A systematic review

Manuscript number: JTD-22-428-CL

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)
<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>	CytoSorbents Europe GmbH (CSE)	MMS is a full-time consultant to CytoSorbents Europe GmbH (CSE).
<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	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	
12	Receipt of equipment, materials, drugs, medical writing, gifts, or other services	None	
13	Other financial or non-financial interests	None	

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

MMS is a full-time consultant to CytoSorbents.

**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: July 4<sup>th</sup>, 2022

Your Name: Matthias Thielmann

Manuscript Title: Management of perioperative bleeding risk in patients on antithrombotic medications undergoing cardiac surgery – A systematic review

Manuscript number: JTD-22-428-CL

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	CytoSorbents	Honoraria for lectures
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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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	

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

KH received honoraria for lectures by CytoSorbents.

**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: July 5<sup>th</sup>, 2022

Your Name: Matthias Thielmann

Manuscript Title: Management of perioperative bleeding risk in patients on antithrombotic medications undergoing cardiac surgery – A systematic review

Manuscript number: JTD-22-428-CL

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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).	CytoSorbents	Clinical Trial Research Agreement (institution)
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	CytoSorbents	Honoraria for lectures
6	Payment for expert testimony	None	
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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	

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

MT received honoraria for lectures by CytoSorbents. MT is the investigator in the STAR Registry (Clinical.Trials.gov, NCT05077124), sponsored by CytoSorbents.

**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: July 5<sup>th</sup>, 2022

Your Name: Stephan Geidel

Manuscript Title: Management of perioperative bleeding risk in patients on antithrombotic medications undergoing cardiac surgery – A systematic review

Manuscript number: JTD-22-428-CL

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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	CytoSorbents	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	

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

<p>SG received honoraria for lectures by CytoSorbents.</p>
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**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: July 7<sup>th</sup>, 2022

Your Name: Robert F. Storey

Manuscript Title: Management of perioperative bleeding risk in patients on antithrombotic medications undergoing cardiac surgery – A systematic review

Manuscript number: JTD-22-428-CL

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	CytoSorbents	Clinical Trial Research Agreement (institution)
3	Royalties or licenses	None	
4	Consulting fees	CytoSorbents	Consultancy Agreement

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	CytoSorbents	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	

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

RS received honoraria for lectures and consultancy fees by CytoSorbents. RS is the investigator in the STAR Registry (Clinical.Trials.gov, NCT05077124), sponsored by CytoSorbents.

**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: July 4<sup>th</sup>, 2022

Your Name: Michael Schmoeckel

Manuscript Title: Management of perioperative bleeding risk in patients on antithrombotic medications undergoing cardiac surgery – A systematic review

Manuscript number: JTD-22-428-CL

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3	Royalties or licenses	None	
4	Consulting fees	CytoSorbents	Consultancy Agreement

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	CytoSorbents	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	

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

MS received honoraria for lectures and consultancy fees by CytoSorbents. MS is the investigator in the STAR Registry (Clinical.Trials.gov, NCT05077124), sponsored by CytoSorbents.

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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.

## ICMJE DISCLOSURE FORM

Date: May 27<sup>th</sup>, 2022

Your Name: Harriet Adamson

Manuscript Title: Management of perioperative bleeding risk in patients on antithrombotic medications undergoing cardiac surgery – A systematic review.

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.) <b>No time limit for this item.</b>	CytoSorbents	Full time employee
<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	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> <b>None</b>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> <b>None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> <b>None</b>	
11	Stock or stock options	<input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> <b>None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> <b>None</b>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> <b>None</b>	

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

HA is a full-time employee of CytoSorbents.
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**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: May 27<sup>th</sup>, 2022

Your Name: Efthymios Deliargyris, MD

Manuscript Title: Management of perioperative bleeding risk in patients on antithrombotic medications undergoing cardiac surgery – A systematic review.

Manuscript number (if known):

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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).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	AMCA	

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

ED is a full-time employee of CytoSorbents.
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**Please place an "X" next to the following statement to indicate your agreement:**

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## ICMJE DISCLOSURE FORM

Date: May 27<sup>th</sup>, 2022

Your Name: Daniel Wendt

Manuscript Title: Management of perioperative bleeding risk in patients on antithrombotic medications undergoing cardiac surgery – A systematic review

Manuscript number: JTD-22-428-CL

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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	

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7	Support for attending meetings and/or travel	None	
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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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