

## ICMJE DISCLOSURE FORM

Date: 18<sup>th</sup> April 2021

Your Name: Clovis Nkoke

Manuscript Title: Differences in socio-demographic and risk factor profile, clinical presentation and outcomes between patients with and without RHD heart failure in Sub-Saharan Africa: results from the THESUS-HF registry

Manuscript number (if known): CDT-21-112.

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>	__X__ None	
<b>Time frame: past 36 months</b>			
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		

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:

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.

## ICMJE DISCLOSURE FORM

Date: 15/04/2021

Your Name: Albertino Damasceno

Manuscript Title: Differences in socio-demographic and risk factor profile, clinical presentation and outcomes between patients with and without RHD heart failure in Sub-Saharan Africa: results from the THESUS-HF registry

Manuscript number (if known): CDT-21-112

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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	

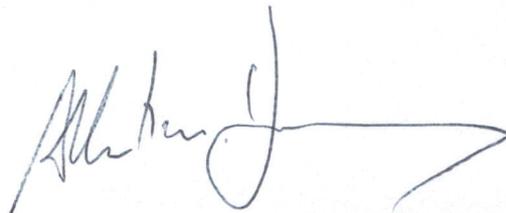
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or 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	
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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:

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: 4/16/2021

Your Name: Christopher Edwards

Manuscript Title: Differences in socio-demographic and risk factor profile, clinical presentation and outcomes between patients with and without RHD heart failure in Sub-Saharan Africa: results from the THESUS-HF registry

Manuscript number (if known): CDT-21-112

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<b>Time frame: past 36 months</b>			
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		Amgen Inc.	
		Celyad	
		Cirius Therapeutics Inc.	
		Sanofi	
		Roche Diagnostics Inc.	
		Trevena Inc.	

		Ventrix	
		WindtreeTherapeutics Inc.	
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:**

Christopher Edwards reports grants from Abbott Laboratories, Amgen Inc., Celyad, Cirius Therapeutics Inc., Sanofi, Roche Diagnostics Inc., Trevena Inc., Ventrix, and WindtreeTherapeutics Inc.

**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: 4/16/2021

Your Name: Beth Davison

Manuscript Title: Differences in socio-demographic and risk factor profile, clinical presentation and outcomes between patients with and without RHD heart failure in Sub-Saharan Africa: results from the THESUS-HF registry

Manuscript number (if known): CDT-21-112

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.

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		Amgen Inc.	
		Celyad	
		Cirus Therapeutics Inc.	
		Sanofi	
		Roche Diagnostics Inc.	
		Trevena Inc.	

		Ventrix	
		WindtreeTherapeutics Inc.	
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:**

Beth Davison reports grants from Abbott Laboratories, Amgen Inc., Celyad, Cirus Therapeutics Inc., Sanofi, Roche Diagnostics Inc., Trevena Inc., Ventrix, and WindtreeTherapeutics Inc.

**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: 4/16/2021

Your Name: Gad Cotter

Manuscript Title: Differences in socio-demographic and risk factor profile, clinical presentation and outcomes between patients with and without RHD heart failure in Sub-Saharan Africa: results from the THESUS-HF registry

Manuscript number (if known): CDT-21-112

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		Celyad	
		Cirus Therapeutics Inc.	
		Sanofi	
		Roche Diagnostics Inc.	
		Trevena Inc.	

		Ventrix	
		WindtreeTherapeutics Inc.	
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	
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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:**

Gad Cotter reports grants from Abbott Laboratories, Amgen Inc., Celyad, Cirius Therapeutics Inc., Sanofi, Roche Diagnostics Inc., Trevena Inc., Ventrix, and WindtreeTherapeutics Inc.

**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: 16/04/2021

Your Name: Mahmoud U. Sani

Manuscript Title: Differences in socio-demographic and risk factor profile, clinical presentation and outcomes between patients with and without RHD heart failure in Sub-Saharan Africa: results from the THESUS-HF registry

Manuscript number (if known): CDT-21-112

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3	Royalties or licenses	_____	

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

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

No conflict of interest in all the items

**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: 19<sup>th</sup> April 2021

Your Name: Lauren Gaeta

Manuscript Title: Differences in socio-demographic and risk factor profile, clinical presentation and outcomes between patients with and without RHD heart failure in Sub-Saharan Africa: results from the THESUS-HF registry

Manuscript number (if known): CDT-21-112.

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4	Consulting fees		

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	
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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:**

No conflicts of interest.
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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.

## ICMJE DISCLOSURE FORM

Date: 27<sup>th</sup> April, 2021

Your Name: Okechukwu S Ogah

**Manuscript Title:** Differences in socio-demographic and risk factor profile, clinical presentation and outcomes between patients with and without RHD heart failure in Sub-Saharan Africa: results from the THESUS-HF registry

**Manuscript number (if known):** \_\_\_\_\_

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3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	

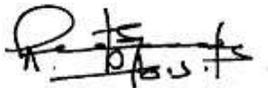
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	NO	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	NO	
11	Stock or stock options	NO	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	No	
13	Other financial or non-financial interests	None	

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

I, Dr Okechukwu S Ogah does not have any conflicts of interest

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.



Dr Okechukwu S Ogah

## ICMJE DISCLOSURE FORM

Date: April 22, 2021

Your Name: MONDO CHARLES KIIZA

Manuscript Title: Differences in socio-demographic and risk factor profile, clinical presentation and outcomes between patients with and without RHD heart failure in Sub-Saharan Africa: results from the THESUS-HF registry.

Manuscript number (if known): CDT-21-112

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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	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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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:**

None
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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: 28/04/21

Your Name: Dike Ojji

**Manuscript Title:** Differences in socio-demographic and risk factor profile, clinical presentation and outcomes between patients with and without RHD heart failure in Sub-Saharan Africa: results from the THESUS-HF registry

Manuscript number (if known): \_\_\_\_\_

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

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6	Payment for expert testimony	None	
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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:

None
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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: April 27<sup>th</sup>, 2021

Your Name: Ahmed Suliman

Manuscript Title: Differences in socio-demographic and risk factor profile, clinical presentation and outcomes between patients with and without RHD heart failure in Sub-Saharan Africa: results from the THESUS-HF registry

Manuscript number (if known): CDT-21-112

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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>	None_	
<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:

None
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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.

## ICMJE DISCLOSURE FORM

**Date:** 29/4/2021

**Your Name:** Gerald Yonga

**Manuscript Title:** Differences in socio-demographic and risk factor profile, clinical presentation and outcomes between patients with and without RHD heart failure

**Manuscript number (if known):** CDT-21-112

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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13	Other financial or non-financial interests	None	

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

No conflicts of interest.
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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 : 29/04/2021

Your Name: Serigne Abdou BA

Manuscript Title: Differences in socio-demographic and risk factor profile, clinical presentation and outcomes between patients with and without RHD heart failure in Sub-Saharan Africa: results from the THESUS-HF registry

Manuscript number (if known): CDT-21-112

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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13	Other financial or non-financial interests	NONE	

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

I have no conflict of interest.

**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: 15/04/2021

Your Name: Anastase Dzudie

Manuscript Title: Differences in socio-demographic and risk factor profile, clinical presentation and outcomes between patients with and without RHD heart failure in Sub-Saharan Africa: results from the THESUS-HF registry

Manuscript number (if known): CDT-21-112

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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NONE
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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: 15/04/2021

Your Name: Karen Sliwa

Manuscript Title: \_\_\_\_\_

Manuscript number (if known): **Differences in socio-demographic and risk factor profile, clinical presentation and outcomes between patients with and without RHD heart failure in Sub-Saharan Africa: results from the THESUS-HF registry**

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