# ICMJE DISCLOSURE FORM

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|---|---|
| **Date:** | 9/17/2021 |
| **Your Name:** | Richard Flood |
| **Manuscript Title:** | Endovascular treatment for vaccine-induced cerebral venous sinus thrombosis and thrombocytopaenia following ChAdOx1 nCoV-19 vaccination: report of three cases and review of the literature |
| **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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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.** | ☒ **None** Click the tab key to add additional rows. | |
| **Time frame: past 36 months** | | |
| **2** Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
| **3** Royalties or licenses | ☒ **None** | |

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| | #1 above). | |
| **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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| | other board, society, committee or advocacy group, paid or unpaid | |
| **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 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.

1 8/26/2021 ICMJE Disclosure Form

# ICMJE DISCLOSURE FORM

| | |
|---|---|
| **Date:** | 9/17/2021 |
| **Your Name:** | Alex Mortimer |
| **Manuscript Title:** | Endovascular treatment for vaccine-induced cerebral venous sinus thrombosis and thrombocytopaenia following ChAdOx1 nCoV-19 vaccination: report of three cases and review of the literature |
| **Manuscript Number (if known):** | neurintsurg-2021-018238 |

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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| **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.** | ☒ **None** Click the tab key to add additional rows. | |
| **Time frame: past 36 months** | | |
| **2** Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
| **3** Royalties or licenses | ☒ **None** | |

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| | #1 above). | |
| **3** | Royalties or licenses | ☒ **None** |
| **4** | Consulting fees | ☒ **None** |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ **None**<br><br>Medtronic for chairing a session on Pipeline |
| **6** | Payment for expert testimony | ☐ **None**<br><br>Cerenovus for partaking in a market research session. |
| **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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| | fiduciary role in other board, society, committee or advocacy group, paid or unpaid | |
| **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 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:** | 9/17/2021 |
| **Your Name:** | Hamish D Morrison |
| **Manuscript Title:** | Endovascular treatment for vaccine-induced cerebral venous sinus thrombosis and thrombocytopaenia following ChAdOx1 nCoV-19 vaccination: report of three cases and review of the literature |
| **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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| **2** Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
| **3** Royalties or licenses | ☒ **None** | |

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| | #1 above). | |
| **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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| | other board, society, committee or advocacy group, paid or unpaid | |
| **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 place an "X" next to the following statement to indicate your agreement:**

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1 8/26/2021 ICMJE Disclosure Form

# ICMJE DISCLOSURE FORM

| | |
|---|---|
| **Date:** | 9/17/2021 |
| **Your Name:** | Jonathan Cleaver |
| **Manuscript Title:** | Endovascular treatment for vaccine-induced cerebral venous sinus thrombosis and thrombocytopaenia following ChAdOx1 nCoV-19 vaccination: report of three cases and review of the literature |
| **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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| **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.** | ☒ **None** Click the tab key to add additional rows. | |
| **Time frame: past 36 months** | | |
| **2** Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
| **3** Royalties or licenses | ☒ **None** | |

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| | #1 above). | |
| **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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| | other board, society, committee or advocacy group, paid or unpaid | |
| **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 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.

1 8/26/2021 ICMJE Disclosure Form

# ICMJE DISCLOSURE FORM

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|---|---|
| **Date:** | 9/20/2021 |
| **Your Name:** | Rose Bosnell |
| **Manuscript Title:** | Endovascular treatment for vaccine-induced cerebral venous sinus thrombosis and thrombocytopaenia following ChAdOx1 nCoV-19 vaccination: report of three cases and review of the literature |
| **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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| **3** Royalties or licenses | ☒ **None** | |

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| | #1 above). | |
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| **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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| | other board, society, committee or advocacy group, paid or unpaid | |
| **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 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:** | 19/09/2021 |
| **Your Name:** | Dr. Richard Ibitoye |
| **Manuscript Title:** | Endovascular treatment for vaccine-induced cerebral venous sinus thrombosis and thrombocytopenia following ChAdOx1 nCoV-19 vaccination: report of three cases and review of the literature |
| **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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|---|---|---|
| **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.** | ☒ **None** Click the tab key to add additional rows. | |
| **Time frame: past 36 months** | | |
| **2** Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
| **3** Royalties or licenses | ☒ **None** | |

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| | #1 above). | |
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| **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** |
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| **11** | Stock or stock options | ☒ **None** |

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1 8/26/2021 ICMJE Disclosure Form

# ICMJE DISCLOSURE FORM

| | |
|---|---|
| **Date:** | 9/17/2021 |
| **Your Name:** | Robert Crossley |
| **Manuscript Title:** | Endovascular treatment for vaccine-induced cerebral venous sinus thrombosis and thrombocytopaenia following ChAdOx1 nCoV-19 vaccination: report of three cases and review of the literature |
| **Manuscript Number (if known):** | Manuscript ID neurintsurg-2021-018238 |

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| **3** Royalties or licenses | ☒ **None** | |

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| | #1 above). | |
| **3** | Royalties or licenses | ☒ **None** |
| **4** | Consulting fees | □ **None**<br><br>Cerenovus Consulting<br>Microvention Consulting<br>Stryker Consulting<br>Phenox Consulting |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | □ **None**<br><br>Cerenovus Lectures<br>Stryker Lectures<br>Microvention Lectures |
| **6** | Payment for expert testimony | ☒ **None** |
| **7** | Support for attending meetings and/or travel | □ **None**<br><br>Microvention |
| **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**<br><br>Honorary Secretary UKNG unpaid |
| **11** | Stock or stock | ☒ **None** |

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|---|---|
| **10** Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | □ **None**<br><br>Honorary Secretary UKNG unpaid |
| **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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# ICMJE DISCLOSURE FORM

| | |
|---|---|
| **Date:** | 9/17/2021 |
| **Your Name:** | Aidan Marsh |
| **Manuscript Title:** | Endovascular treatment for vaccine-induced cerebral venous sinus thrombosis and thrombocytopaenia following ChAdOx1 nCoV-19 vaccination: report of three cases and review of the literature |
| **Manuscript Number (if known):** | neurintsurg-2021-018238 |

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| **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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|---|---|---|
| | other board, society, committee or advocacy group, paid or unpaid | |
| **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**<br><br>I am related by marriage to David Walters, Director of Flynn Pharma, a pharmaceutical company. |

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|---|---|
| **Date:** | 9/20/2021 |
| **Your Name:** | Kate Crewdson |
| **Manuscript Title:** | Endovascular treatment for vaccine-induced cerebral venous sinus thrombosis and thrombocytopaenia following ChAdOx1 nCoV-19 vaccination: report of three cases and review of the literature |
| **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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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)** |
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| **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.** | ☒ **None** Click the tab key to add additional rows. | |
| **Time frame: past 36 months** | | |
| **2** Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
| **3** Royalties or licenses | ☒ **None** | |

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|---|---|---|
| | #1 above). | |
| **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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| | other board, society, committee or advocacy group, paid or unpaid | |
| **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 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.

1 8/26/2021 ICMJE Disclosure Form

# ICMJE DISCLOSURE FORM

**Date:** 9/22/2021

**Your Name:** Kumar Abhinav

**Manuscript Title:** Endovascular treatment for vaccine-induced cerebral venous sinus thrombosis and thrombocytopaenia following ChAdOx1 nCoV-19 vaccination: report of three cases and review of the literature

**Manuscript Number (if known):** neurintsurg-2021-018238.

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| | | | |
| | | | |
| | | Click the tab key to add additional rows. | |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **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** | |
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