

## ICMJE DISCLOSURE FORM

**Date:** 11/17/2021

**Your Name:** Nanthiya Sujjantarat

**Manuscript Title:** Higher Hospital Frailty Risk Score is Associated with Increased Complications and Healthcare Resource Utilization After Endovascular Treatment of Ruptured Intracranial Aneurysms

**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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**Your Name:** Josiah Sherman

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**Your Name:** Margot Sarkozy

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**Your Name:** Daniela Renedo

**Manuscript Title:** Higher Hospital Frailty Risk Score is Associated with Increased Complications and Healthcare Resource Utilization After Endovascular Treatment of Ruptured Intracranial Aneurysms

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## ICMJE DISCLOSURE FORM

**Date:** 11/17/2021

**Your Name:** Benjamin C. Reeves

**Manuscript Title:** Higher Hospital Frailty Risk Score is Associated with Increased Complications and Healthcare Resource Utilization After Endovascular Treatment of Ruptured Intracranial Aneurysms

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

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## ICMJE DISCLOSURE FORM

**Date:** 11/17/2021

**Your Name:** Charles C. Matouk

**Manuscript Title:** Higher Hospital Frailty Risk Score is Associated with Increased Complications and Healthcare Resource Utilization After Endovascular Treatment of Ruptured Intracranial Aneurysms

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

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### ICMJE DISCLOSURE FORM

**Date:** 11/17/2021

**Your Name:** Ajay Malhotra

**Manuscript Title:** Higher Hospital Frailty Risk Score is Associated with Increased Complications and Healthcare Resource Utilization After Endovascular Treatment of Ruptured Intracranial Aneurysms

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

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## ICMJE DISCLOSURE FORM

**Date:** 11/17/2021

**Your Name:** Andrew B. Koo

**Manuscript Title:** Higher Hospital Frailty Risk Score is Associated with Increased Complications and Healthcare Resource Utilization After Endovascular Treatment of Ruptured Intracranial Aneurysms

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

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## ICMJE DISCLOSURE FORM

**Date:** 11/17/2021

**Your Name:** Ryan Hebert

**Manuscript Title:** Higher Hospital Frailty Risk Score is Associated with Increased Complications and Healthcare Resource Utilization After Endovascular Treatment of Ruptured Intracranial Aneurysms

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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4	Consulting fees	<input checked="" type="checkbox"/> None  <table border="1" data-bbox="403 436 1406 555"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None  <table border="1" data-bbox="403 633 1406 719"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
6	Payment for expert testimony	<input type="checkbox"/> None  <table border="1" data-bbox="403 931 1406 1025"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None  <table border="1" data-bbox="403 1122 1406 1216"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None  <table border="1" data-bbox="403 1312 1406 1406"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None  <table border="1" data-bbox="403 1503 1406 1597"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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### ICMJE DISCLOSURE FORM

**Date:** 11/17/2021

**Your Name:** John Havlik

**Manuscript Title:** Higher Hospital Frailty Risk Score is Associated with Increased Complications and Healthcare Resource Utilization After Endovascular Treatment of Ruptured Intracranial Aneurysms

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

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## ICMJE DISCLOSURE FORM

**Date:** 11/17/2021

**Your Name:** Aladine A. Elsamadicy

**Manuscript Title:** Higher Hospital Frailty Risk Score is Associated with Increased Complications and Healthcare Resource Utilization After Endovascular Treatment of Ruptured Intracranial Aneurysms

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

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## ICMJE DISCLOSURE FORM

**Date:** 11/17/2021

**Your Name:** Joseph P. Antonios

**Manuscript Title:** Higher Hospital Frailty Risk Score is Associated with Increased Complications and Healthcare Resource Utilization After Endovascular Treatment of Ruptured Intracranial Aneurysms

**Manuscript Number (if known):** Unknown

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<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	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"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <small>Click the tab key to add additional rows.</small>						
<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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)						
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
6	Payment for expert testimony	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

		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>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			