

ICMJE DISCLOSURE FORM

Date: 4/28/2022

Your Name: Andrew Garton

Manuscript Title: Intra-arterial Chemotherapy for Retinoblastoma

Manuscript Number (if known): neurintsurg-2022-018957.R1

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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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.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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Date: 4/28/2022

Your Name: Alexandra Giantini Larsen

Manuscript Title: Intra-arterial Chemotherapy for Retinoblastoma

Manuscript Number (if known): neurintsurg-2022-018957.R1

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Your Name: Alexander Ramos

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Your Name: David H. Abramson MD

Manuscript Title: Intra-arterial Chemotherapy for Retinoblastoma

Manuscript Number (if known): neurintsurg-2022-018957.R1

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Date: 4/28/2022

Your Name: Gary Kocharian

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Date: 4/28/2022

Your Name: Joseph Carnevale

Manuscript Title: Intra-arterial Chemotherapy for Retinoblastoma

Manuscript Number (if known): neurintsurg-2022-018957.R1

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Your Name: Jasmine Francis

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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	

		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)
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	
<p>Please place an "X" next to the following statement to indicate your agreement:</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>			

ICMJE DISCLOSURE FORM

Date: 4/28/2022

Your Name: Jacob Goldberg

Manuscript Title: Intra-arterial Chemotherapy for Retinoblastoma

Manuscript Number (if known): neurintsurg-2022-018957.R1

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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)						
Time frame: Since the initial planning of the work									
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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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="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>							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="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>							

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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	
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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
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ICMJE DISCLOSURE FORM

Date: 4/28/2022

Your Name: Maricruz Rivera

Manuscript Title: Intra-arterial Chemotherapy for Retinoblastoma

Manuscript Number (if known): neurintsurg-2022-018957.R1

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ICMJE DISCLOSURE FORM

Date: 4/28/2022

Your Name: Yves P Gobin

Manuscript Title: Intra-arterial Chemotherapy for Retinoblastoma

Manuscript Number (if known): neurintsurg-2022-018957.R1

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Serenity Medical	CEO and Medical Director

		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)
11	Stock or stock options	<input type="checkbox"/> None	
		Serenity Medical, Inc	Clinical trial on IIH
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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