

ICMJE DISCLOSURE FORM

Date: 4/3/2022

Your Name: Hassan Kobeissi

Manuscript Title: Early neurological improvement as a predictor of outcomes after endovascular thrombectomy for stroke: A systematic review and meta-analysis

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.

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.

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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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3	Royalties or licenses	<input checked="" type="checkbox"/> None <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> </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	
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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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="418 342 1437 436"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="418 535 1437 630"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="418 728 1437 823"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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Date: 4/3/2022

Your Name: Sherief Ghozy

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ICMJE DISCLOSURE FORM

Date: 3/30/2022

Your Name: Cem Bilgin

Manuscript Title: Early neurological improvement as a predictor of outcomes after endovascular thrombectomy for stroke: A systematic review and meta-analysis

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

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ICMJE DISCLOSURE FORM

Date: 3/31/2022

Your Name: [Ramanathan Kadirvel

Manuscript Title: [Click or tap here to enter text.

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

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ICMJE DISCLOSURE FORM

Date: 4/1/2022

Your Name: [David F. Kallmes

Manuscript Title: [Click or tap here to enter text.

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		Vesalio	DSMB
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		Nested Knowledge, LLC	Stockholder
		Superior Medical Experts, LLC	Founder/stockholder
		Marblehead Medical, LLC	Founder/stockholder
		Conway Medical, LLC	Founder/stockholder
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		Brainomix	Software use
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