ICMJE DISCLOSURE FORM

Date: 6/14/2022

Your Name: Josje Brouwer

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.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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Time frame: Since the initial planning of the work			
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			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**	

		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	☒ **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**	

van Voorst H, *et al. J NeuroIntervent Surg* 2022;0:1–7. doi: 10.1136/jnis-2022-019085

		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	☒ **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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☒ 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: 6/15/2022

Your Name: Matthan Caan

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		Shareholder of Nico-lab International Ltd.	
3	Royalties or licenses	☐ **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)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Philips, lecture	To me
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 6/28/2022

Your Name: Aad van der Lugt

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.R1

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ICMJE DISCLOSURE FORM

Date: 6/14/2022

Your Name: Jan W. Hoving

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.R1

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ICMJE DISCLOSURE FORM

Date: 6/14/2022

Your Name: Agnetha A.E. Bruggeman

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.R1

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ICMJE DISCLOSURE FORM

Date: 6/28/2022

Your Name: Elise Welberg

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.R1

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ICMJE DISCLOSURE FORM

Date: 6/14/2022

Your Name: G.M. Krietemeijer

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.R1

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ICMJE DISCLOSURE FORM

Date: 6/14/2022

Your Name: Henk Marquering

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.R1

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11	Stock or stock options	☐ **None**	
		Nicolab	cofounder and shareholder
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: 17-06-2022

Your Name: Hajo Hund

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.R1

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ICMJE DISCLOSURE FORM

Date: 6/29/2022

Your Name: Henk van Voorst

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.R1

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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 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: 6/15/2022

Your Name: Jurr Olivier Andriessen

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.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.

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**	

		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	☒ **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**	

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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)
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: 6/14/2022

Your Name: K. R. van Kranendonk

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.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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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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**	
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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 6/14/2022

Your Name: Miou Koopman

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.R1

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9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 6/17/2022

Your Name: Nerea Arrarte Terreros

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.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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3	Royalties or licenses	☐ **None**	

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7	Support for attending meetings and/or travel	☐ **None**	
8	Patents planned, issued or pending	☐ **None**	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **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**	

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ICMJE DISCLOSURE FORM

Date: 6/14/2022

Your Name: N. Boodt

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.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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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 6/14/2022

Your Name: Praneeta Konduri

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.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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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**	
		European Union's Horizon 2020 research and innovation program (grant agreement number:777072). A	
			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**	

		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	☒ **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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 6/28/2022

Your Name: Charles Majoie

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.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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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**	
		TWIN Foundation	Paid to institution
			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**	
		CVON/Dutch Heart Foundation	Paid to institution
		European Commission	Paid to institution
		Healthcare Evaluation Netherlands	Paid to institution
		Stryker	Paid to institution
3	Royalties or licenses	☒ **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)
4	Consulting fees	☒ **None**	
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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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		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	☐ **None**	
		Nicolab	Shareholder owned by me (modest)
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: 6/17/2022

Your Name: Bart J. Emmer

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.R1

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		TKI_PPP Grant Topsector lifesciences	Paid to institution
3	Royalties or licenses	☒ **None**	

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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**	
		UEMS Neuroradiology	Dutch representative
		Dutch Society of Radiology	Board member Neuroradiology

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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**	

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ICMJE DISCLOSURE FORM

Date: 6/28/2022

Your Name: Bruna Garbugio Dutra

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.R1

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ICMJE DISCLOSURE FORM

Date: 6/17/2022

Your Name: Manon Kappelhof

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.R1

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3	Royalties or licenses	☒ **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)
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**	

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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)
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: 6/17/2022

Your Name: Manon Kappelhof

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.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.

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**	

		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	☒ **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**	

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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)
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: 6/15/2022

Your Name: Wim H. van Zwam

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.R1

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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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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Stryker	Paid to Institution
		Cerenovus	Paid to Institution
		NicoLab	Paid to Institution
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**	
		We-trust (Philips)	Paid to Institution
		In Extremis (CHU Montpellier)	No payment
		Solonda (Anaconda)	Paid to Institution
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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**	

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ICMJE DISCLOSURE FORM

Date: 6/14/2022

Your Name: Wenjin Yang

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.R1

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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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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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 6/14/2022

Your Name: Yvo Roos

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.R1

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3	Royalties or licenses	☒ **None**	

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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**	

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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)
11	Stock or stock options	☐ **None**	
		Minor share holder of Nico-Lab	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: 6/14/2022

Your Name: Manon L. Tolhuisen

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.R1

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			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**	

		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	☒ **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**	

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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)
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: 6/14/2022

Your Name: Heleen van Beusekom

Manuscript Title: Thrombus radiomics in patients with anterior circulation acute ischemic stroke undergoing endovascular treatment

Manuscript Number (if known): neurintsurg-2022-019085.R1

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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**	
		CONTRAST consortium	
			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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7	Support for attending meetings and/or travel	☐ **None**	
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