

## ICMJE DISCLOSURE FORM

**Date:** 11/19/2022

**Your Name:** Gregory Albers

**Manuscript Title:** Percutaneous Cervical Sympathetic Block to treat Cerebral Vasospasm and Delayed Cerebral Ischemia: A Review of the Evidence

**Manuscript Number (if known):** 2022-019838.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.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None  <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							Click the tab key to add additional rows.
Time frame: past 36 months									

		<b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>	<b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b>
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>  	
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>  	
<b>4</b>	Consulting fees	<input type="checkbox"/> <b>None</b>  	
		SchemaView	equity
		Genetech	consulting fees
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>  	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>  	
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>  	

		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>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
<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>	

**Please place an “X” next to the following statement to indicate your agreement:**

	<b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>	<b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b>
<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.	

## ICMJE DISCLOSURE FORM

**Date:** 11/19/2022

**Your Name:** Anna Maria BOMBARDIERI

**Manuscript Title:** Percutaneous Cervical Sympathetic Block to treat Cerebral Vasospasm and Delayed Cerebral Ischemia: A Review of the Evidence

**Manuscript Number (if known):** 2022-019838.R1

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<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"/> 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	

		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>			

## ICMJE DISCLOSURE FORM

**Date:** 11/16/2022

**Your Name:** Jeremy Heit, MD, PhD

**Manuscript Title:** Percutaneous Cervical Sympathetic Block to treat Cerebral Vasospasm and Delayed Cerebral Ischemia: A Review of the Evidence

**Manuscript Number (if known):** 2022-019838.R1

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<b>Time frame: past 36 months</b>														
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">R01 NS075209</td> <td style="width: 35%;">Institution</td> <td style="width: 5%;"></td> </tr> <tr> <td>R01 NS121720-01</td> <td>Institution</td> <td></td> </tr> <tr> <td>R01 NS11351704</td> <td>Institution</td> <td></td> </tr> <tr> <td>R01 EB032417-01A1</td> <td>Institution</td> <td></td> </tr> </table>	R01 NS075209	Institution		R01 NS121720-01	Institution		R01 NS11351704	Institution		R01 EB032417-01A1	Institution	
R01 NS075209	Institution													
R01 NS121720-01	Institution													
R01 NS11351704	Institution													
R01 EB032417-01A1	Institution													
<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> </td><td> </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 type="checkbox"/> None	
		Medtronic	Personal
		MicroVention	Personal
		iSchemaView	Personal
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 type="checkbox"/> None	
		iSchemaView	Personal
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Board of Directors, Society of Neurointerventional Surgery	Personal
		Board of Directors, Society of Neurointerventional Surgery Foundation	Personal

		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>			

## ICMJE DISCLOSURE FORM

**Date:** 11/18/2022

**Your Name:** Marco Pileggi

**Manuscript Title:** Percutaneous Cervical Sympathetic Block to treat Cerebral Vasospasm and Delayed Cerebral Ischemia: A Review of the Evidence

**Manuscript Number (if known):** jnis-2022-019838

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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.

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<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%; border-collapse: collapse; margin-top: 5px;"> <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 style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	

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<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>	
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## ICMJE DISCLOSURE FORM

**Date:** 11/19/2022

**Your Name:** Samuel Rodriguez

**Manuscript Title:** Percutaneous Cervical Sympathetic Block to treat Cerebral Vasospasm and Delayed Cerebral Ischemia: A Review of the Evidence

**Manuscript Number (if known):** 2022-019838.R1

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4	Consulting fees	<input type="checkbox"/> None	
		Apple Inc	personal
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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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
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## ICMJE DISCLOSURE FORM

**Date:** 11/19/2022

**Your Name:** Gary Steinberg

**Manuscript Title:** Percutaneous Cervical Sympathetic Block to treat Cerebral Vasospasm and Delayed Cerebral Ischemia: A Review of the Evidence

**Manuscript Number (if known):** 2022-019838.R1

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4	Consulting fees	<input type="checkbox"/> None	
		Sanbio – consultant	Personal
		Zeiss – consultant	
		Surgical Theatre – consultant	
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 type="checkbox"/> None	
		Peter Lazic, US – patents	
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	<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)
	advocacy group, paid or unpaid		
<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>	
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