

ICMJE DISCLOSURE FORM

Date: August 25th, 2021Your Name: Dong ZhangManuscript Title: Histopathological Analysis of In Vivo Specimens of Recurrent Aneurysms after Coil EmbolizationManuscript number (if known): Neurintsurg-2021-017872

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.

		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.	Chao Wang	cleaned and analyzed the data; drafted and revised the paper
		Xinjian Yang	revised the paper
		Huiyuan Chen	analyzed the specimen histopathology and revised the paper
		Mengxing Li	revised the paper
		Ying Zhang	wrote the statistical analysis plan, cleaned and analyzed the data, and revised the paper
		Dong Zhang	designed data collection tools, monitored data collection for the whole trial, and revised the paper.
		National Natural Science Foundation of China. Award number is 81671139	Funding support
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	

3	Royalties or licenses	The ethics committee of Beijing Tiantan Hospital	Ethics approval (KY2017-017-01)
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	
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.

