

## ICMJE DISCLOSURE FORM

**Date:** 9/24/2021

**Your Name:** Nicole Cancelliere

**Manuscript Title:** Robotic-assisted intracranial aneurysm treatment: One year follow-up imaging and clinical outcomes

**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.

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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>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>None</b>	
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## ICMJE DISCLOSURE FORM

**Date:** 9/25/2021

**Your Name:** Tomas Dobrocky

**Manuscript Title:** Robotic-assisted intracranial aneurysm treatment: One year follow-up imaging and clinical outcomes

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

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### ICMJE DISCLOSURE FORM

**Date:** 9/30/2021

**Your Name:** Kaitlyn Drake

**Manuscript Title:** Robotic-assisted intracranial aneurysm treatment: One year follow-up imaging and clinical outcomes

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

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## ICMJE DISCLOSURE FORM

**Date:** 9/27/2021

**Your Name:** Everardus Jacobus Hendriks

**Manuscript Title:** Robotic-assisted intracranial aneurysm treatment: One year follow-up imaging and clinical outcomes

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

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**Date:** 9/27/2021

**Your Name:** Timo Krings

**Manuscript Title:** Robotic-assisted intracranial aneurysm treatment: One year follow-up imaging and clinical outcomes

**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.

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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:** 9/25/2021

**Your Name:** Jeremy Lynch

**Manuscript Title:** Robotic-assisted intracranial aneurysm treatment: One year follow-up imaging and clinical outcomes

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

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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
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<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	<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)
	other board, society, committee or advocacy group, paid or unpaid		
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>None</b>	
		Corindus Vascular Robotics	Equipment & materials were provided for the study
<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:** 9/24/2021

**Your Name:** Patrick Nicholson

**Manuscript Title:** Robotic-assisted intracranial aneurysm treatment: One year follow-up imaging and clinical outcomes

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

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		Consultant: Stryker, Medtronic, Ceronovus	
<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>	
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## ICMJE DISCLOSURE FORM

**Date:** 9/24/2021

**Your Name:** Vitor Mendes Pereira

**Manuscript Title:** Robotic-assisted intracranial aneurysm treatment: One year follow-up imaging and clinical outcomes

**Manuscript Number (if known):** neurintsurg-2021-017865.R2

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## ICMJE DISCLOSURE FORM

**Date:** 9/24/2021

**Your Name:** Ivan Radovanovic

**Manuscript Title:** Robotic-assisted intracranial aneurysm treatment: One year follow-up imaging and clinical outcomes

**Manuscript Number (if known):** neurintsurg-2021-017865.R2

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<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" style="width:100%;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>							
<b>10</b>	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" style="width:100%;"><tr><td> </td><td> </td></tr></table>							

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	society, committee or 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 type="checkbox"/> <b>None</b>	
		Corindus Vascular Robotics	Equipment & materials were provided for the study
<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:** 9/24/2021

**Your Name:** John-Michael Sungur

**Manuscript Title:** Robotic-assisted intracranial aneurysm treatment: One year follow-up imaging and clinical outcomes

**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.

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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>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
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<b>10</b>	Leadership or fiduciary role in	<input checked="" type="checkbox"/> <b>None</b>							

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	other board, society, committee or 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>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
		Corindus, A Siemens Healthineers Company	Employed by GRX robotic system manufacturer
<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:** 9/24/2021

**Your Name:** Saravana Kumar Swaminathan

**Manuscript Title:** Robotic-assisted intracranial aneurysm treatment: One year follow-up imaging and clinical outcomes

**Manuscript Number (if known):** neurintsurg-2021-017865.R2

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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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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Time frame: past 36 months									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; 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>							

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>None</b>	
		Corindus Vascular Robotics	Equipment & materials were provided for the study
<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:** 9/24/2021

**Your Name:** Raymond Turner

**Manuscript Title:** Robotic-assisted intracranial aneurysm treatment: One year follow-up imaging and clinical outcomes

**Manuscript Number (if known):** neurintsurg-2021-017865.R2

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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)
3	Royalties or licenses	<input type="checkbox"/> None	
		Medical University of South Carolina	Royalty fees
4	Consulting fees	<input type="checkbox"/> None	
		Medtronic, Cerenovus, Q'Apel, Rebound Therapeutics	Consultant
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input 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	
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