		ICMJE DISCLO	OSURE FORM
Dat	e: 07/08/2021		
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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other ite the time frame for disclosure is the past 36 months. Name all entities with Specifications/Comments			
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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)
		whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	_X None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	<u>≻</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u></u> ✓ 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	

Please place an "X" next to the following statement to indicate your agreement:

X

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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	e: 07/08/2021		
	or Name: <u>PAIUSAN</u> nuscript Title: <u> NTRAPLAN</u> nuscript number (if known):	AURENTIU AL ANEURYSMS TRI NEUROINJURG-20	EATKENTS WITH INTRASACCULAR FLOW DIST 21-017876 COMPARISON OF WEB-41 WEB-(7 SYSTEMS
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The	following questions apply t	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
ma	nuscript only.		
to to to me	the epidemiology of hyperte dication, even if that medica	nsion, you should declare ition is not mentioned in t port for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. Id in this manuscript without time limit. For all other item
		Name all entities with	Specifications/Community
		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)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: par	st 36 months
3	Royalties or licenses	None	

4	Consulting fees	None			
5	Payment or honoraria for lectures, presentations, speakers bureaus,	<u>≽</u> None			
	manuscript writing or educational events				
6	Payment for expert testimony	∑ None			
7	Support for attending meetings and/or travel	X_ 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	None None			
11	group, paid or unpaid Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	<u>⊁</u> None			
13	Other financial or non- financial interests	<u></u> ✓ None			
	ase place an "X" next to the I certify that I have answer			ny of the question	ıs on t

ICMJE DISCLOSURE FORM

Date: 07/08/2022

Your Name: PAGA NO PAOLO

Manuscript Title: MITAACRANIAL ANEDRY SAS TREATHENT WITH INTRASACRULAR FLOW-DISRUPTION

Manuscript number (if known): NEUROINSURG-2021-01/13/16 COMPARISON OF WEB-21 AND WEB-11

SYSTEMS.

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	<u>►</u> None	praining of the work
		Time frame: past	26
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	30 months
3	Royalties or licenses	None	

4	Consulting fees	X None				
5	Payment or honoraria for lectures, presentations, speakers bureaus,	<u></u> → None				
	manuscript writing or educational events					7
6	Payment for expert testimony	<u>X</u> None				
7	Support for attending meetings and/or travel	X None				
	incernings and/or traver					
8	Patents planned, issued or pending	None				
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>X</u> None				
10	Leadership or fiduciary role in other board, society,	<u>≻</u> None				
	group, paid or unpaid					
11	Stock or stock options	<u>&</u> None				
12	Receipt of equipment, materials, drugs, medical	None				
	writing, gifts or other services					
13	Other financial or non- financial interests	× None				
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Date: 02 08 7011		
Your Name: SEBASTIEN SOITE.		
Manuscript Title: INTRACRANIAL ANEURYSMS TREATMENTO WITH	INTRASACEULAR	FLOW-DISRUPTION
Manuscript number (if known): NEUR OINSURP - 2021-017876	1 COMPARISON	OF WED-21
	AND WEB-16	SYSTEMS

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		needed)	
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1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article processing charges, etc.)		
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	<u></u> ✓ None	
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None				
5	Payment or honoraria for lectures, presentations,	× None				
	speakers bureaus, manuscript writing or					
6	educational events 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,	None Non				
	committee or advocacy group, paid or unpaid					
11	Stock or stock options	<u>≽</u> None				
12	Receipt of equipment,	<u></u> None			100	
12	materials, drugs, medical writing, gifts or other	None				
13	Services Other financial or non-	✓ None				
	financial interests					
Diar	ase place an "X" next to the	following statement to	indicate your agr	eement:		
>	I certify that I have answer form.	ed every question and	nave not altered t	ne wording of ar	ly of the question	s on 1