

## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Johannes Kaesmacher

**Manuscript Title:** Perceived acceptable uncertainty regarding comparability of endovascular treatment alone versus intravenous thrombolysis plus endovascular treatment

**Manuscript Number (if known):** neurintsurg-2022-018665.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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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Jianmin Liu

**Manuscript Title:** Perceived acceptable uncertainty regarding comparability of endovascular treatment alone versus intravenous thrombolysis plus endovascular treatment

**Manuscript Number (if known):** neurintsurg-2022-018665.R1

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Yongwei Zhang

**Manuscript Title:** Perceived acceptable uncertainty regarding comparability of endovascular treatment alone versus intravenous thrombolysis plus endovascular treatment

**Manuscript Number (if known):** neurintsurg-2022-018665.R1

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ICMJE DISCLOSURE FORM

Date:1/26/2022

Your Name:Wenjie Zi

Manuscript Title:Perceived acceptable uncertainty regarding comparability of endovascular treatment alone versus intravenous thrombolysis plus endovascular treatment

Manuscript Number (if known):neurintsurg-2022-018665.R1

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Qingwu Yang

**Manuscript Title:** Perceived acceptable uncertainty regarding comparability of endovascular treatment alone versus intravenous thrombolysis plus endovascular treatment

**Manuscript Number (if known):** neurintsurg-2022-018665.R1

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Raul G. Nogueira

**Manuscript Title:** Perceived acceptable uncertainty regarding comparability of endovascular treatment alone versus intravenous thrombolysis plus endovascular treatment

**Manuscript Number (if known):** neurintsurg-2022-018665.R1

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Kazumi Kimura

**Manuscript Title:** Perceived acceptable uncertainty regarding comparability of endovascular treatment alone versus intravenous thrombolysis plus endovascular treatment

**Manuscript Number (if known):** neurintsurg-2022-018665.R1

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Yuji Matsumaru

**Manuscript Title:** Perceived acceptable uncertainty regarding comparability of endovascular treatment alone versus intravenous thrombolysis plus endovascular treatment

**Manuscript Number (if known):** neurintsurg-2022-018665.R1

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Kentaro Suzuki

**Manuscript Title:** Perceived acceptable uncertainty regarding comparability of endovascular treatment alone versus intravenous thrombolysis plus endovascular treatment

**Manuscript Number (if known):** neurintsurg-2022-018665.R1

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Bernard Yan

**Manuscript Title:** Perceived acceptable uncertainty regarding comparability of endovascular treatment alone versus intravenous thrombolysis plus endovascular treatment

**Manuscript Number (if known):** neurintsurg-2022-018665.R1

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ICMJE DISCLOSURE FORM

Date:1/26/2022

Your Name:Peter J. Mitchell

Manuscript Title:Perceived acceptable uncertainty regarding comparability of endovascular treatment alone versus intravenous thrombolysis plus endovascular treatment

Manuscript Number (if known):neurintsurg-2022-018665.R1

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <div> <div></div> <div></div> <div></div> </div>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <div> <div></div> <div></div> <div></div> </div>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <div> <div></div> <div></div> <div></div> </div>	
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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Zhongrong Miao

**Manuscript Title:** Perceived acceptable uncertainty regarding comparability of endovascular treatment alone versus intravenous thrombolysis plus endovascular treatment

**Manuscript Number (if known):** neurintsurg-2022-018665.R1

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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> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Yvo B.W.E.M. Roos

**Manuscript Title:** Perceived acceptable uncertainty regarding comparability of endovascular treatment alone versus intravenous thrombolysis plus endovascular treatment

**Manuscript Number (if known):** neurintsurg-2022-018665.R1

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<b>11</b>	Stock or stock options	<input type="checkbox"/> <b>None</b>	
		Nico-lab	Shareholder
<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:** 1/26/2022

**Your Name:** Charles B.L.M. Majoie

**Manuscript Title:** Perceived acceptable uncertainty regarding comparability of endovascular treatment alone versus intravenous thrombolysis plus endovascular treatment

**Manuscript Number (if known):** neurintsurg-2022-018665.R1

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Jan Gralla

**Manuscript Title:** Perceived acceptable uncertainty regarding comparability of endovascular treatment alone versus intravenous thrombolysis plus endovascular treatment

**Manuscript Number (if known):** neurintsurg-2022-018665.R1

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		DIRECT Solitaire Stent-Retriever Thrombectomy in Acute Anterior Circulation Stroke; Medtronic)	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Jeffrey L. Saver

**Manuscript Title:** Perceived acceptable uncertainty regarding comparability of endovascular treatment alone versus intravenous thrombolysis plus endovascular treatment

**Manuscript Number (if known):** neurintsurg-2022-018665.R1

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Urs Fischer

**Manuscript Title:** Perceived acceptable uncertainty regarding comparability of endovascular treatment alone versus intravenous thrombolysis plus endovascular treatment

**Manuscript Number (if known):** neurintsurg-2022-018665.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.

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<b>Time frame: Since the initial planning of the work</b>												
<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"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> Click the tab key to add additional rows.										
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