

ICMJE DISCLOSURE FORM

Date: 2/22/2022

Your Name: ChunHsien Lin

Manuscript Title: Effects of Endovascular Therapy for Mild Stroke due to Proximal or M2 Occlusions: Meta-analysis

Manuscript Number (if known): neurintsurg-2022-018662.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:2/24/2022

Your Name:[Jeffrey Saver]

Manuscript Title:[Effects of Endovascular Therapy for Mild Stroke due to Proximal or M2 Occlusions: Meta-analysis]

Manuscript Number (if known):neurintsurg-2022-018662.R1

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ICMJE DISCLOSURE FORM

Date: 2/24/2022

Your Name: [Bruce Ovbiagele]

Manuscript Title: [Effects of Endovascular Therapy for Mild Stroke due to Proximal or M2 Occlusions: Meta-analysis]

Manuscript Number (if known): neurintsurg-2022-018662.R1

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Date:2/23/2022

Your Name:[David S Liebeskind]

Manuscript Title:[Effects of Endovascular Therapy for Mild Stroke due to Proximal or M2 Occlusions: Meta-analysis]

Manuscript Number (if known):neurintsurg-2022-018662.R1

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Date:2/24/2022

Your Name:[Meng Lee]

Manuscript Title:[Effects of Endovascular Therapy for Mild Stroke due to Proximal or M2 Occlusions: Meta-analysis]

Manuscript Number (if known):neurintsurg-2022-018662.R1

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Date: 2/24/2022

Your Name: Sung-Chun Tang

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>									
6	Payment for expert testimony	<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>									
7	Support for attending meetings and/or travel	<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>									
8	Patents planned, issued or pending	<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>									
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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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>									

		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)						
11	Stock or stock options	<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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
13	Other financial or non-financial interests	<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>							
<p>Please place an "X" next to the following statement to indicate your agreement:</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>									