

ICMJE DISCLOSURE FORM

Date:1/13/2022

Your Name:Adel M. Malek

Manuscript Title:Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known):neurintsurg-2021-018501

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.

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

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

ICMJE DISCLOSURE FORM

Date: 1/26/2022

Your Name: Adnan H. Siddiqui MD PhD

Manuscript Title: Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known): neurintsurg-2021-018501

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Amnis Therapeutics	Payments made to me
		Apellis Pharmaceuticals, Inc.	
		Boston Scientific	
		Canon Medical Systems USA, Inc.	
		Cardinal Health 200, LLC	
		Cerebrotech Medical Systems, Inc	
		Cerenovus	
		Cerevatech Medical, Inc	
		Cordis	
		Corindus, Inc.	
		Endostream Medical, Ltd	
		Imperative Care	
		Integra	
		IRRAS AB	
		Medtronic	
		MicroVention	
		Minnetronix Neuro, Inc.	
		Penumbra	
		Q'Apel Medical, Inc.	
		Rapid Medical	
		Serenity Medical Inc.	
		Silk Road Medical	
		StimMed, LLC	
		Stryker Neurovascular	
		Three Rivers Medical, Inc.	
		VasSol	
		Viz.ai, Inc.	
		W.L. Gore & Associates	
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		PerFlow Medical, Ltd.	
		Q'Apel Medical, Inc.	
		QAS.ai, Inc.	
		Radical Catheter Technologies, Inc.	
		Rebound Therapeutics Corp. (Purchased 2019 by Integra Lifesciences, Corp)	
		Rist Neurovascular, Inc. (Purchased 2020 by Medtronic)	
		Sense Diagnostics, Inc.	
		Serenity Medical, Inc.	
		Silk Road Medical	
		SongBird Therapy	
		Spinnaker Medical, Inc.,	
		StimMed, LLC, Synchron, Inc.	
		Three Rivers Medical, Inc.	
		Truvic Medical, Inc.	
		Tulavi Therapeutics, Inc.	
		Vastrax, LLC	
		VICIS, Inc.	
		Viseon, Inc.	
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 type="checkbox"/> None	
		National PI/Steering Committees: Cerenovus EXCELLENT and ARISE II Trial; Medtronic SWIFT PRIME, VANTAGE, EMBOLISE and SWIFT DIRECT Trials; MicroVention FRED Trial & CONFIDENCE Study; MUSC POSITIVE Trial; Penumbra 3D Separator Trial, COMPASS Trial, INVEST Trial, MIVI neuroscience EVAQ Trial; Rapid Medical SUCCESS Trial; InspireMD C-GUARDIANS IDE Pivotal Trial	Payments made to me
<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>			

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Date:

Click or tap to enter a date.

1/13/2022

Your Name:

Click or tap here to enter text.

ADIT S. PURI

Manuscript Title:

Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known):

neurintsurg-2021-018501

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None CereVasc	Payments to me
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Ajit Singh Puri

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Date: 1/13/2022

Your Name: Beverly Aagaard Kienitz

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Date: 1/15/2022

Your Name: Chetan Bettegowda

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>Depuy-Synthes – payments to me</td><td></td></tr> <tr><td>Bionaut Labs – payments to me</td><td></td></tr> <tr><td>Galectin Therapeutics – payments to me</td><td></td></tr> <tr><td></td><td></td></tr> </table>	Depuy-Synthes – payments to me		Bionaut Labs – payments to me		Galectin Therapeutics – payments to me				
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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 1/13/2022

Your Name: Clemens M. Schirmer, MD, PhD, MBA

Manuscript Title: Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known): neurintsurg-2021-018501

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11	Stock or stock options	<input type="checkbox"/> None	
		NTI	
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:

1/16/2022

Your Name:

Curtis A. Given II, MD

Manuscript Title:

Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known):

neurintsurg-2021-018501

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ICMJE DISCLOSURE FORM

Date: 1/13/2022

Your Name: David Fiorella

Manuscript Title: Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known): neurintsurg-2021-018501

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ICMJE DISCLOSURE FORM

Date: 1/13/2022

Your Name: David Kallmes

Manuscript Title: Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

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Medtronic	To me									

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4	Consulting fees	<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> <tr><td></td><td></td></tr> </table>									
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 type="checkbox"/> None <table border="1"> <tr><td>Balloon Guide Technology</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Balloon Guide Technology								
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr><td>NoNO</td><td>Research support paid to Institution</td></tr> <tr><td>Vesalio</td><td>Research support paid to Institution</td></tr> <tr><td></td><td></td></tr> </table>	NoNO	Research support paid to Institution	Vesalio	Research support paid to Institution					
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Vesalio	Research support paid to Institution										
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 type="checkbox"/> None	
		Marblehead Medical	
		Conway Medical	
		Nested Knowledge	
		Superior Medical Experts	
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	

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

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

ICMJE DISCLOSURE FORM

Date:

1/18/2022

Your Name:

Demetrius Lopes

Manuscript Title:

Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known):

neurintsurg-2021-018501

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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2	<div>Grants or contracts from any entity (if not indicated in item #1 above).</div> <div><input checked="" type="checkbox"/> None</div> <table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
3	<div>Royalties or licenses</div> <div><input checked="" type="checkbox"/> None</div> <table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>Asahi</td><td></td></tr> <tr><td>Medtronic</td><td></td></tr> <tr><td>Stryker</td><td></td></tr> <tr><td></td><td></td></tr> </table>	Asahi		Medtronic		Stryker				
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Medtronic											
Stryker											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>Siemens</td><td></td></tr> <tr><td>Medtronic</td><td></td></tr> <tr><td>Stryker</td><td></td></tr> </table> Phenox	Siemens		Medtronic		Stryker				
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Stryker											
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7	Support for attending meetings and/or travel	<input 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 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 type="checkbox"/> None <table border="1"> <tr><td>ENVI, Necc and Advance trials</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	ENVI, Necc and Advance trials								
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr><td>World Live Neurovascular Conference</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	World Live Neurovascular Conference								
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11	Stock or stock options	<input type="checkbox"/> None <table border="1"> <tr> <td>Elum, Vastrax, Sim&Cure, Viz.AI, Methinks, Synchron, Three Rivers, Bendit, Q'apel, Galaxy, NDI, MIVI, NextGen</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Elum, Vastrax, Sim&Cure, Viz.AI, Methinks, Synchron, Three Rivers, Bendit, Q'apel, Galaxy, NDI, MIVI, NextGen					
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input 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>									

ICMJE DISCLOSURE FORM

Date: 1/24/2022

Your Name: Donald Frei, MD

Manuscript Title: Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known): neurintsurg-2021-018501

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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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<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>						
3	Royalties or licenses	<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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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Siemens</td> <td>Payments to me, < \$10,000</td> </tr> <tr> <td>Stryker</td> <td>Payments to me, < \$10,000</td> </tr> <tr> <td>Penumbra</td> <td>Payments to me, < \$10,000</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Siemens	Payments to me, < \$10,000	Stryker	Payments to me, < \$10,000	Penumbra	Payments to me, < \$10,000			
Siemens	Payments to me, < \$10,000										
Stryker	Payments to me, < \$10,000										
Penumbra	Payments to me, < \$10,000										
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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 type="checkbox"/> None <table border="1"> <tr> <td>EVASC</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	EVASC								
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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>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="415 342 1437 434"> <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" data-bbox="415 537 1437 630"> <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" data-bbox="415 732 1437 825"> <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: Frank R Hellinger, MD

Manuscript Title: Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known): neurintsurg-2021-018501

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<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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ICMJE DISCLOSURE FORM

Date:

1/16/2022

Your Name:

Gabor Toth, MD

Manuscript Title:

Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known):

neurintsurg-2021-018501

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13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1" style="width: 100%;"> <tr> <td>Associate Editor, Journal of Neurointerventional Surgery</td> <td> </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Associate Editor, Journal of Neurointerventional Surgery					
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ICMJE DISCLOSURE FORM

Date: 1/13/2022

Your Name: Geoffrey P. Colby, MD, PhD

Manuscript Title: Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known): neurintsurg-2021-018501

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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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;">Medtronic</td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;">Stryker</td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>		Medtronic		Stryker			
Medtronic									
Stryker									
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></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)								
4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>Medtronic</td><td></td></tr> <tr><td>Stryker</td><td></td></tr> <tr><td>MicroVention</td><td></td></tr> <tr><td></td><td></td></tr> </table>	Medtronic		Stryker		MicroVention				
Medtronic											
Stryker											
MicroVention											
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	
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	
<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>			

ICMJE DISCLOSURE FORM

Date: 1/26/2022

Your Name: Gustavo M Cortez, MD

Manuscript Title: Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known): neurintsurg-2021-018501

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

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4	Consulting fees	<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> <tr><td></td><td></td></tr> </table>									
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>									
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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>									
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>									

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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>							

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

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

ICMJE DISCLOSURE FORM

Date: 1/28/2022

Your Name: Istvan Szikora

Manuscript Title: Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known): neurintsurg-2021-018501

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.

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<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>						
3	Royalties or licenses	<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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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Medtronic</td> <td>Consultant</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Medtronic	Consultant							
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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>									
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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>									

ICMJE DISCLOSURE FORM

Date: 1/13/2022

Your Name: Justin F. Fraser, MD

Manuscript Title: Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known): neurintsurg-2021-018501

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.

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1"> <tr> <td>University of Kentucky</td> <td>Grant support</td> </tr> <tr> <td>American Heart Association</td> <td>Grant support</td> </tr> <tr> <td></td> <td></td> </tr> </table>	University of Kentucky	Grant support	American Heart Association	Grant support		
University of Kentucky	Grant support							
American Heart Association	Grant support							
3	Royalties or licenses	<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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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Stream Biomedical</td> <td>Consultation Reimbursement</td> </tr> <tr> <td>Penumbra</td> <td>Consultation Reimbursement</td> </tr> <tr> <td>Medtronic</td> <td>Consultation Reimbursement</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Stream Biomedical	Consultation Reimbursement	Penumbra	Consultation Reimbursement	Medtronic	Consultation Reimbursement			
Stream Biomedical	Consultation Reimbursement										
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Medtronic	Consultation Reimbursement										
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 type="checkbox"/> None <table border="1"> <tr> <td>University of Kentucky</td> <td>Patents issued and pending</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	University of Kentucky	Patents issued and pending							
University of Kentucky	Patents issued and pending										
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>Imperative Care</td> <td>Data Safety and Monitoring Board</td> </tr> <tr> <td>Evasc</td> <td>Data Safety and Monitoring Board</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Imperative Care	Data Safety and Monitoring Board	Evasc	Data Safety and Monitoring Board					
Imperative Care	Data Safety and Monitoring Board										
Evasc	Data Safety and Monitoring Board										
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Society of NeuroInterventional Surgery</td> <td>Board Member – Audit Committee Chair</td> </tr> <tr> <td>Cerebrovascular Section (AANS/CNS)</td> <td>Nominating Committee</td> </tr> <tr> <td>Journal of Neurosurgery</td> <td>Editorial Board</td> </tr> <tr> <td>Journal of Neurointerventional Surgery (JNIS)</td> <td>Editorial Board</td> </tr> </table>	Society of NeuroInterventional Surgery	Board Member – Audit Committee Chair	Cerebrovascular Section (AANS/CNS)	Nominating Committee	Journal of Neurosurgery	Editorial Board	Journal of Neurointerventional Surgery (JNIS)	Editorial Board	
Society of NeuroInterventional Surgery	Board Member – Audit Committee Chair										
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Journal of Neurosurgery	Editorial Board										
Journal of Neurointerventional Surgery (JNIS)	Editorial Board										

		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 type="checkbox"/> None	
		Fawkes Biotechnology	Equity Interest
		Cerelux	Equity Interest
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	

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

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

ICMJE DISCLOSURE FORM

Date: 1/18/2022

Your Name: MAXIM MOKIN

Manuscript Title: " Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification "

Manuscript Number (if known): neurintsurg-2021-018501

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1"> <tr> <td>NIH grant R21NS109575</td> <td>Institution</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	NIH grant R21NS109575	Institution				
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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Medtronic, Cerenovus, Canon Medical</td> <td>To me</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Medtronic, Cerenovus, Canon Medical	To me							
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10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None <table border="1"> <tr> <td>Assistant Editor, JNIS</td> <td></td> </tr> </table>	Assistant Editor, JNIS								
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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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input type="checkbox"/> None	
		BrainQ, Endostream, Serenity medical, Synchron, Sim&Cure	
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: 1/25/2022

Your Name: C. Michael Cawley

Manuscript Title: Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known): neurintsurg-2021-018501

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ICMJE DISCLOSURE FORM

Date:

1/14/2022

Your Name:

Michael Chen

Manuscript Title:

Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known):

neurintsurg-2021-018501

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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.

ICMJE DISCLOSURE FORM

Date: 1/24/2022

Your Name: Osama O Zaidat

Manuscript Title: Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known): neurintsurg-2021-018501

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Date: 1/19/2022

Your Name: Orlando Diaz

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11	Stock or stock options	<input type="checkbox"/> None <table border="1"> <tr> <td>Q'apel</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Q'apel						
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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>							
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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date:

1/13/2022

Your Name:

Peter Kim Nelson

Manuscript Title:

Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known):

neurintsurg-2021-018501

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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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ICMJE DISCLOSURE FORM

Date: 1/13/2022

Your Name: Peter Kan

Manuscript Title: Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known): neurintsurg-2021-018501

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ICMJE DISCLOSURE FORM

Date: 1/13/2022

Your Name: Philipp Taussky

Manuscript Title: Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known): neurintsurg-2021-018501

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ICMJE DISCLOSURE FORM

Date: 1/11/2021

Your Name: Ricardo A. Hanel, MD, PhD

Manuscript Title: Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known): neurintsurg-2021-018501

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	society, committee or advocacy group, paid or unpaid	InNeuroCo	
		Cerebrotech	
		eLum	
		Endostream	
		Three Rivers Medical Inc	
		Scientia	
		RisT	
		Blink TBI	
		Corindus	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date:

1/13/2022

Your Name:

Ryan Priest

Manuscript Title:

Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known):

neurintsurg-2021-018501

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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.

ICMJE DISCLOSURE FORM

Date: 1/18/2022

Your Name: Dr. Timo Krings

Manuscript Title: Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known): neurintsurg-2021-018501

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ICMJE DISCLOSURE FORM

Date: 1/20/2022

Your Name: Vitor Mendes Pereira

Manuscript Title: Prospective Study on Embolization of Intracranial Aneurysms with the Pipeline Device (PREMIER study): 3-year results with the application of a flow diverter-specific occlusion classification

Manuscript Number (if known): neurintsurg-2021-018501

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