

## ICMJE DISCLOSURE FORM

**Date:** 3/9/2022

**Your Name:** ALBUCHER jean francois

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.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.

|                                                           | 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)                                                                                                                   |  |  |  |  |  |  |
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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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><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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| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <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> |                                                                                  |                                                                                                     |                                                                                     |

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**Your Name:** Caroline ARQUIZAN

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**Date:** 3/9/2022

**Your Name:** ARTURO CONSOLI

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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <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:** 3/9/2022

**Your Name:** Raphael BLANC

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.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.

|                                                           | 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)                                                                                                                   |  |  |  |  |  |  |
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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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><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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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                       |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><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 checked="" type="checkbox"/> None<br><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> |                                                                                     |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
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## ICMJE DISCLOSURE FORM

**Date:** 3/9/2022

**Your Name:** Dr Marion Boulanger

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.R1

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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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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <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:** 3/9/2022

**Your Name:** Romain BOURCIER

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><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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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                       |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><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 checked="" type="checkbox"/> None<br><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> |                                                                                     |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
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## ICMJE DISCLOSURE FORM

**Date:** 3/9/2022

**Your Name:** Frédéric Bourdain

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.R1

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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                       |  |  |  |  |  |  |
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## ICMJE DISCLOSURE FORM

**Date:** 3/9/2022

**Your Name:** Jildaz CAROFF

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.R1

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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) |  |  |  |  |  |  |  |  |
|----|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> None<br><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> |                                                                                     |  |  |  |  |  |  |  |  |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None<br><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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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None<br><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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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None<br><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><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <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:** 3/9/2022

**Your Name:** Frederic CLARENCON

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.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.

|                                                           | 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)                                                                                                                   |  |  |  |  |  |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><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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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                       |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><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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|            |                                                                                                              | 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>Payment made to me</td> </tr> <tr> <td>Stryker</td> <td>Payment made to me</td> </tr> <tr> <td>Balt</td> <td>Payment made to me</td> </tr> <tr> <td></td> <td></td> </tr> </table> |                                                                                     | Medtronic  | Payment made to me | Stryker | Payment made to me | Balt      | Payment made to me |  |  |
| Medtronic  | Payment made to me                                                                                           |                                                                                                                                                                                                                                                                 |                                                                                     |            |                    |         |                    |           |                    |  |  |
| Stryker    | Payment made to me                                                                                           |                                                                                                                                                                                                                                                                 |                                                                                     |            |                    |         |                    |           |                    |  |  |
| Balt       | Payment made to me                                                                                           |                                                                                                                                                                                                                                                                 |                                                                                     |            |                    |         |                    |           |                    |  |  |
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| 5          | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None <table border="1"> <tr> <td>Penumbra</td> <td>Payment made to me</td> </tr> <tr> <td>Balt</td> <td>Payment made to me</td> </tr> <tr> <td>Medtronic</td> <td>Payment made to me</td> </tr> </table>                               |                                                                                     | Penumbra   | Payment made to me | Balt    | Payment made to me | Medtronic | Payment made to me |  |  |
| Penumbra   | Payment made to me                                                                                           |                                                                                                                                                                                                                                                                 |                                                                                     |            |                    |         |                    |           |                    |  |  |
| Balt       | Payment made to me                                                                                           |                                                                                                                                                                                                                                                                 |                                                                                     |            |                    |         |                    |           |                    |  |  |
| Medtronic  | Payment made to me                                                                                           |                                                                                                                                                                                                                                                                 |                                                                                     |            |                    |         |                    |           |                    |  |  |
| 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>                                                                                               |                                                                                     |            |                    |         |                    |           |                    |  |  |
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| 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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| 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>                                                                                               |                                                                                     |            |                    |         |                    |           |                    |  |  |
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| 9          | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input type="checkbox"/> None <table border="1"> <tr> <td>Clinsearch</td> <td>Payment made to me</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                              |                                                                                     | Clinsearch | Payment made to me |         |                    |           |                    |  |  |
| Clinsearch | Payment made to me                                                                                           |                                                                                                                                                                                                                                                                 |                                                                                     |            |                    |         |                    |           |                    |  |  |
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| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <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:** 3/9/2022

**Your Name:** Darcourt Jean

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.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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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)                                                                                                                   |  |  |  |  |  |  |
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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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><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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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                       |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><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 checked="" type="checkbox"/> None<br><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> |                                                                                     |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <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:** 3/9/2022

**Your Name:** Cyril DARGAZANLI

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.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.

|                                                           | 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)                                                                                                                   |  |  |  |  |  |  |
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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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><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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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                       |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><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<br><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><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
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## ICMJE DISCLOSURE FORM

**Date:** 3/9/2022

**Your Name:** Christian DENIER

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.R1

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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> None<br><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:** 3/9/2022

**Your Name:** Mahmoud Elhorany

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.R1

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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <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:** 3/9/2022

**Your Name:** Francois EUGENE

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.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.

|                                                           | 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)                                                                                                                   |  |  |  |  |  |  |
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| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><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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| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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:** 3/9/2022

**Your Name:** Dr Evain Sarah

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.R1

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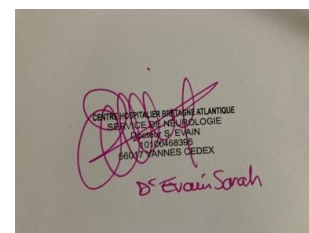
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None<br><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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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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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|           |                                                                                  | 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) |
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| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |                                                                                     |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |                                                                                     |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |                                                                                     |

**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.



Date:

Your Name:

Manuscript Title:

Manuscript Number (if known):

3/9/2022

Click or tap here to enter text.

POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

neurintsurg-2022-018769.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.

| 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                                                                                                                        |                                          |                                                                                     |
| 1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br>No time limit for this item. | <input checked="" type="checkbox"/> None |                                                                                     |
| Time frame: past 36 months                                                                                                                                                |                                          |                                                                                     |
| 2 Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                | <input checked="" type="checkbox"/> None |                                                                                     |
| 3 Royalties or licenses                                                                                                                                                   | <input checked="" type="checkbox"/> None |                                                                                     |
| 4 Consulting fees                                                                                                                                                         | <input checked="" type="checkbox"/> None |                                                                                     |
| 5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or                                                                               | <input checked="" type="checkbox"/> None |                                                                                     |

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| educational events                                                                                   |                                          |
| 6 Payment for expert testimony                                                                       | <input checked="" type="checkbox"/> None |
| 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 checked="" type="checkbox"/> None |
| 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None |
| 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 |

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.

Stephanos Kinitis



## ICMJE DISCLOSURE FORM

**Date:** 3/9/2022

**Your Name:** Maxime GAUBERTI

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.R1

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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)                                                                                                                   |  |  |  |  |  |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><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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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                       |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><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 checked="" type="checkbox"/> None<br><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> |                                                                                     |  |  |  |  |  |  |  |  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None<br><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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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <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:** 3/9/2022

**Your Name:** Gentric JC

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.R1

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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)                                                                                                                   |  |  |  |  |  |  |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                       |  |  |  |  |  |  |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                       |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><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                                                                                              | <p><b>None</b></p> <table border="1"> <tr><td>Medtronic</td><td></td></tr> <tr><td>Stryker</td><td></td></tr> <tr><td>Balt</td><td></td></tr> <tr><td></td><td></td></tr> </table> | Medtronic                                                                           |  | Stryker |  | Balt |  |  |  |  |
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|           |                                                                                                              |                                                                                                                                                                                    |                                                                                     |  |         |  |      |  |  |  |  |
| 7         | Support for attending meetings and/or travel                                                                 | <p><input checked="" type="checkbox"/> <b>None</b></p> <table border="1"> <tr><td>Balt</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>         | Balt                                                                                |  |         |  |      |  |  |  |  |
| Balt      |                                                                                                              |                                                                                                                                                                                    |                                                                                     |  |         |  |      |  |  |  |  |
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| 8         | Patents planned, issued or pending                                                                           | <p><input checked="" type="checkbox"/> <b>None</b></p> <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                                            | <p><input checked="" type="checkbox"/> <b>None</b></p> <table border="1"> <tr><td>Intradys</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>     | Intradys                                                                            |  |         |  |      |  |  |  |  |
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| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <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:** 3/9/2022

**Your Name:** Benjamin GORY

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.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.

|                                                           | 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)                                                                                                                   |  |  |  |  |  |  |
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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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><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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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                       |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><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 checked="" type="checkbox"/> None<br><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> |                                                                                     |  |  |  |  |  |  |  |  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None<br><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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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
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## ICMJE DISCLOSURE FORM

**Date:** 3/9/2022

**Your Name:** Bertrand LAPERGUE

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.R1

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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.

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)                                                                                                                   |  |  |  |  |  |  |
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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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><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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| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><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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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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:

☒ 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:** 3/9/2022

**Your Name:** Anthony LE BRAS

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.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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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)                                                                                                                   |  |  |  |  |  |  |
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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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><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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| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><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<br><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><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <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:** 3/9/2022

**Your Name:** Francisco MACIAN

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**Your Name:** Gaultier Marnat

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| 4            | Consulting fees                                                                                              | <input type="checkbox"/> None<br><table border="1"> <tr> <td>Stryker</td> <td>Consulting</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>         |                                                                                     | Stryker   | Consulting   |              |              |  |  |  |  |
| Stryker      | Consulting                                                                                                   |                                                                                                                                                                                                                   |                                                                                     |           |              |              |              |  |  |  |  |
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| 5            | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None<br><table border="1"> <tr> <td>Medtronic</td> <td>Paid lecture</td> </tr> <tr> <td>Microvention</td> <td>Paid lecture</td> </tr> <tr> <td></td> <td></td> </tr> </table> |                                                                                     | Medtronic | Paid lecture | Microvention | Paid lecture |  |  |  |  |
| Medtronic    | Paid lecture                                                                                                 |                                                                                                                                                                                                                   |                                                                                     |           |              |              |              |  |  |  |  |
| Microvention | Paid lecture                                                                                                 |                                                                                                                                                                                                                   |                                                                                     |           |              |              |              |  |  |  |  |
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| 6            | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None<br><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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| 8            | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <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:** 3/9/2022

**Your Name:** NAGGARA

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.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.

|                                                           | 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)                                                                                                                          |  |  |  |  |  |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><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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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                              |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><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>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><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 checked="" type="checkbox"/> None<br><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> |                                                                                     |  |  |  |  |  |  |  |  |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None<br><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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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None<br><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>                                              |                                                                                     |
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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>                                              |                                                                                     |
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| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| <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:** 3/9/2022

**Your Name:** Chrisanthi Papagiannaki

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.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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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) |  |  |  |  |  |  |
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| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                                                                                             |                                                                                     |  |  |  |  |  |  |
| 1                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><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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| 2                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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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| 3                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><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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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <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:** 3/9/2022

**Your Name:** Raoul Pop

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.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.

|                                                           | 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)                                                                                                                   |  |  |  |  |  |  |
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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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><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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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                       |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><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 checked="" type="checkbox"/> None<br><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> |                                                                                     |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
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## ICMJE DISCLOSURE FORM

**Date:** 3/9/2022

**Your Name:** Sébastien RICHARD

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.R1

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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                       |  |  |  |  |  |  |
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| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
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## ICMJE DISCLOSURE FORM

**Date:** 3/9/2022

**Your Name:** [ROSSO CHARLOTTE]

**Manuscript Title:** [POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS]

**Manuscript Number (if known):** neurintsurg-2022-018769.R1

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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                              |  |  |  |  |  |  |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><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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|    |                                                                                                              | 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) |  |  |  |  |  |  |  |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> None<br><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> |                                                                                     |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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"/> None<br><div> <div></div> <div></div> </div>             |                                                                                     |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None<br><div> <div></div> <div></div> </div>             |                                                                                     |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> None<br><div> <div></div> <div></div> </div>             |                                                                                     |

**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.



## ICMJE DISCLOSURE FORM

**Date:** 3/9/2022

**Your Name:** Aymeric ROUCHAUD

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.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.

|                                                           | 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)                                                                                                                   |  |  |  |  |  |  |
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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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><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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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                       |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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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| 8    | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <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:** 9/3/2022

**Your Name:** SIBON Igor

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.R1

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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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><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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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><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>Sanofi Synthé-Labo</td> <td>Payment to me</td> </tr> <tr> <td>Servier</td> <td>Payment to me</td> </tr> <tr> <td>Boheringer Ingelheim</td> <td>Payment to me</td> </tr> <tr> <td>Astra-Zeneca</td> <td>Payment to me</td> </tr> <tr> <td>Novonordisk</td> <td>Payment to me</td> </tr> <tr> <td>Medtronic</td> <td>Payment to me</td> </tr> <tr> <td></td> <td></td> </tr> </table> |                                                                                     | Sanofi Synthé-Labo | Payment to me | Servier   | Payment to me | Boheringer Ingelheim | Payment to me | Astra-Zeneca | Payment to me | Novonordisk | Payment to me | Medtronic | Payment to me |  |  |
| Sanofi Synthé-Labo   | Payment to me                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                    |               |           |               |                      |               |              |               |             |               |           |               |  |  |
| Servier              | Payment to me                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                    |               |           |               |                      |               |              |               |             |               |           |               |  |  |
| Boheringer Ingelheim | Payment to me                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                    |               |           |               |                      |               |              |               |             |               |           |               |  |  |
| Astra-Zeneca         | Payment to me                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                    |               |           |               |                      |               |              |               |             |               |           |               |  |  |
| Novonordisk          | Payment to me                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                    |               |           |               |                      |               |              |               |             |               |           |               |  |  |
| Medtronic            | Payment to me                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                    |               |           |               |                      |               |              |               |             |               |           |               |  |  |
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| 5                    | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None <table border="1"> <tr> <td>Sanofi Synthé-Labo</td> <td>Payment to me</td> </tr> <tr> <td>Medtronic</td> <td>Payment to me</td> </tr> <tr> <td>Boheringer Ingelheim</td> <td>Payment to me</td> </tr> <tr> <td>Astra-Zeneca</td> <td>Payment to me</td> </tr> <tr> <td>BMS-Pfizer</td> <td>Payment to me</td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                     |                                                                                     | Sanofi Synthé-Labo | Payment to me | Medtronic | Payment to me | Boheringer Ingelheim | Payment to me | Astra-Zeneca | Payment to me | BMS-Pfizer  | Payment to me |           |               |  |  |
| Sanofi Synthé-Labo   | Payment to me                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                    |               |           |               |                      |               |              |               |             |               |           |               |  |  |
| Medtronic            | Payment to me                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                    |               |           |               |                      |               |              |               |             |               |           |               |  |  |
| Boheringer Ingelheim | Payment to me                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                    |               |           |               |                      |               |              |               |             |               |           |               |  |  |
| Astra-Zeneca         | Payment to me                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                    |               |           |               |                      |               |              |               |             |               |           |               |  |  |
| BMS-Pfizer           | Payment to me                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                    |               |           |               |                      |               |              |               |             |               |           |               |  |  |
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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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|                                                                                                                                                                                                                                                               |                                                                                  | 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) |  |  |  |  |  |  |
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| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><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>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><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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| <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:** 3/9/2022

**Your Name:** Serge Timsit

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.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.

|                                                           | 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)                                                                                                                   |  |  |  |  |  |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><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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| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><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 checked="" type="checkbox"/> None<br><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> |                                                                                     |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
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## ICMJE DISCLOSURE FORM

**Date:** 3/9/2022

**Your Name:** Guillaume TURC

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.R1

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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)                                                                                                                   |  |  |  |  |  |  |
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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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><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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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><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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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <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:** 3/9/2022

**Your Name:** Stephane VANNIER

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.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.

|                                                           | 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)                                                                                                                   |  |  |  |  |  |  |
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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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><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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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                       |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><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 checked="" type="checkbox"/> None<br><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> |                                                                                     |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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<br><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                                                           | <div><input checked="" type="checkbox"/> None</div> <div><div></div><div></div><div></div></div> |                                                                                     |
| 12                                                                                                                                                                                                                                                         | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <div><input checked="" type="checkbox"/> None</div> <div><div></div><div></div><div></div></div> |                                                                                     |
| 13                                                                                                                                                                                                                                                         | Other financial or non-financial interests                                       | <div><input checked="" type="checkbox"/> None</div> <div><div></div><div></div><div></div></div> |                                                                                     |
| <p>Please place an "X" next to the following statement to indicate your agreement:</p> <div><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.</div> |                                                                                  |                                                                                                  |                                                                                     |

## ICMJE DISCLOSURE FORM

**Date:** 3/9/2022

**Your Name:** louis veunac

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.R1

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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                       |  |  |  |  |  |  |
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| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><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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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None<br><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><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <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:** 3/9/2022

**Your Name:** Ozlem OZKUL-WERMESTER

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.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.

|                                                           | 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)                                                                                                                   |  |  |  |  |  |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><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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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                       |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><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 checked="" type="checkbox"/> None<br><div> <div></div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None<br><div> <div></div> <div></div> <div></div> </div>             |                                                                                     |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None<br><div> <div></div> <div></div> <div></div> </div>             |                                                                                     |
| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None<br><div> <div></div> <div></div> <div></div> </div>             |                                                                                     |
| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><div> <div></div> <div></div> <div></div> </div>             |                                                                                     |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> None<br><div> <div></div> <div></div> <div></div> </div>             |                                                                                     |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None<br><div> <div></div> <div></div> <div></div> </div>             |                                                                                     |

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| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <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> |                                                                                  |                                                                                                     |                                                                                     |



## VICMJE DISCLOSURE FORM

**Date:** 3/9/2022

**Your Name:** Valerie WOLFF

**Manuscript Title:** POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

**Manuscript Number (if known):** neurintsurg-2022-018769.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.

|                                                           | 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)                                                                                                                   |  |  |  |  |  |  |
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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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><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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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                       |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><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>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><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<br><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>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><div> <div></div> <div></div> <div></div> </div> |                                                                                     |
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