| Date: | _7/13/2022 | |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Your Name: | Ani Cuberi | |
| Manuscript Title: | Flow diversion for compressive unruptured internal carotid artery aneurysms with neuro-ophthalmological symptoms: a systematic review and meta-analysis. | |
| Manuscript Number (if known): | neurintsurg-2022-019249.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.

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| | | Time frame: Since the initial planning | of the work |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
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| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

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| Date: | 7/14/2021 | | |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Your Name: | Daniel P. O. Kaiser | | |
| Manuscript Title: | Flow diversion for compressive unruptured internal carotid artery aneurysms with neuro-ophthalmological symptoms: a systematic review and meta-analysis. | | |
| Manuscript Number (if known): | neurintsurg-2022-019249.R1 | | |

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | □ None Joachim Herz Stiftung Else Kröner Fresenius Center for Digital Health | Research grant Research grant | | |
| 3 | Royalties or licenses | None | | | |

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| 4 | Consulting fees | None — — — — — — — — — — — — — — — — — — — | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None Control of the control of th |] |
| 6 | Payment for expert testimony | None |] |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | Deutsche Gesellschaft für Neuroradiologie Board member |] |

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| 11 | Stock or stock options | None None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | Phenox Inc. | Stents for research purpose | |
| 13 | Other financial or non-financial interests | ☑ None Brainomix | Research agreement without payments. | |
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| Date: | _7/15/2022 | |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Your Name: | Jennifer Linn | |
| Manuscript Title: | Flow diversion for compressive unruptured internal carotid artery aneurysms with neuro-ophthalmological symptoms: a systematic review and meta-analysis. | |
| Manuscript Number (if known): | neurintsurg-2022-019249.R1 | |

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| 11 | Stock or stock options | None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | | |
| 13 | Other financial or non-financial interests | None | | |
| | Please place an "X" next to the following statement to indicate your agreement: | | | |
| \boxtimes | I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | |

| Date: | 7/14/2022 | |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Your Name: | Matthias GAWLITZA | |
| Manuscript Title: | Flow diversion for compressive unruptured internal carotid artery aneurysms with neuro-ophthalmological symptoms: a systematic review and meta-analysis. | |
| Manuscript Number (if known): | neurintsurg-2022-019249.R1 | |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | □ None Else Kröner Fresenius Center for Digital Health | Research grant | | |
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|----|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4 | Consulting fees | None Phenox Microvention | Proctoring |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None Phenox | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | Microvention | Study on the FRED flow diverter, member of the CEC |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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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| 11 | Stock or stock options | None None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None Phenox | Received stents for research purposes | |
| 13 | Other financial or non-financial interests | None Non | | |
| 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. | | | | |