

## ICMJE DISCLOSURE FORM

**Date:** 7/29/2022

**Your Name:** Xavier BARREAU

**Manuscript Title:** Management of aneurysmal recurrences after Woven EndoBridge (WEB) treatment

**Manuscript Number (if known):** 1T

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									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> </table> <p style="font-size: small; text-align: right;">Click the tab key to add additional rows.</p>						
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		Payment for lectures and proctoring	Paid to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	

		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>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
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## ICMJE DISCLOSURE FORM

**Date:** 9/16/2022

**Your Name:** Jildaz CAROFF

**Manuscript Title:** Management of aneurysmal recurrences after Woven EndoBridge (WEB) treatment

**Manuscript Number (if known):** 1T

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		Medtronic, payment for educational lectures	
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	
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### ICMJE DISCLOSURE FORM

**Date:** 9/16/2022

**Your Name:** Vanessa Chalumeau

**Manuscript Title:** Management of aneurysmal recurrences after Woven EndoBridge (WEB) treatment

**Manuscript Number (if known):** 1T

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### ICMJE DISCLOSURE FORM

**Date:** 9/16/2022

**Your Name:** Jonathan Cortese

**Manuscript Title:** Management of aneurysmal recurrences after Woven EndoBridge (WEB) treatment

**Manuscript Number (if known):** 1T

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## ICMJE DISCLOSURE FORM

**Date:** 9/16/2022

**Your Name:** Eman Eltantawy

**Manuscript Title:** Management of aneurysmal recurrences after Woven EndoBridge (WEB) treatment

**Manuscript Number (if known):** 1T

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**Your Name:** Sophie Gallas

**Manuscript Title:** Management of aneurysmal recurrences after Woven EndoBridge (WEB) treatment

**Manuscript Number (if known):** 1T

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Time frame: Since the initial planning of the work								
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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### ICMJE DISCLOSURE FORM

**Date:** 9/16/2022

**Your Name:** Lamia Grimaldi

**Manuscript Title:** Management of aneurysmal recurrences after Woven EndoBridge (WEB) treatment

**Manuscript Number (if known):** 1T

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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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	

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
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## ICMJE DISCLOSURE FORM

**Date:** 9/16/2022

**Your Name:** Denis Herbreteau

**Manuscript Title:** Management of aneurysmal recurrences after Woven EndoBridge (WEB) treatment

**Manuscript Number (if known):** 1T

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7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%;"> <tr><td>Microvention</td><td></td></tr> <tr><td></td><td></td></tr> </table>	Microvention						
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### ICMJE DISCLOSURE FORM

**Date:** 9/16/2022

**Your Name:** Léon Ikka

**Manuscript Title:** Management of aneurysmal recurrences after Woven EndoBridge (WEB) treatment

**Manuscript Number (if known):** 1T

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### ICMJE DISCLOSURE FORM

**Date:** 7/22/2022

**Your Name:** Kevin JANOT

**Manuscript Title:** Management of aneurysmal recurrences after Woven EndoBridge (WEB) treatments

**Manuscript Number (if known):** 1T

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### ICMJE DISCLOSURE FORM

**Date:** 7/21/2021

**Your Name:** Gaultier Marnat

**Manuscript Title:** Management of aneurysmal recurrences after Woven EndoBridge (WEB) treatments

**Manuscript Number (if known):** 1T

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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>	<table border="1" style="width: 100%;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%;"> <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"/> <b>None</b> <table border="1" style="width: 100%;"> <tr> <td>Microvention Europe</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Microvention Europe						
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%;"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%;"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%;"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%;"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%;"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%;"> <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> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
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## ICMJE DISCLOSURE FORM

**Date:** 9/16/2022

**Your Name:** Cristian Mihalea

**Manuscript Title:** Management of aneurysmal recurrences after Woven EndoBridge (WEB) treatment

**Manuscript Number (if known):** 1T

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## ICMJE DISCLOSURE FORM

**Date:** 9/16/2022

**Your Name:** Augustin Ozanne

**Manuscript Title:** Management of aneurysmal recurrences after Woven EndoBridge (WEB) treatment

**Manuscript Number (if known):** 1T

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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	
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### ICMJE DISCLOSURE FORM

**Date:** 9/14/2022

**Your Name:** Laurent Pierot

**Manuscript Title:** Management of aneurysmal recurrences after Woven EndoBridge (WEB) treatments

**Manuscript Number (if known):** Click or tap here to enter text.

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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4	Consulting fees <input type="checkbox"/> None BALT, MICROVENTION, PHENOX VESAGO, CERUS EV, PERFLOW	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events <input type="checkbox"/> None BALT, MICROVENTION, PHENOX VESAGO, CERUS EV	
6	Payment for expert testimony <input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel <input type="checkbox"/> None BALT, MICROVENTION, PHENOX	
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	

## ICMJE DISCLOSURE FORM

**Date:** 9/16/2022

**Your Name:** Septimiu Popescu

**Manuscript Title:** Management of aneurysmal recurrences after Woven EndoBridge (WEB) treatment

**Manuscript Number (if known):** 1T

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

**Date:** 7/19/2022

**Your Name:** Sebastien SOIZE

**Manuscript Title:** Management of aneurysmal recurrences after Woven EndoBridge (WEB) treatments

**Manuscript Number (if known):** 1T

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: Since the initial planning of the work								
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	

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### ICMJE DISCLOSURE FORM

**Date:** 7/24/2022

**Your Name:** SPELLE Laurent

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