Date:	5/5/2022			
Your Name:	Benjamin Bay			
Manuscript Title:	Mechanical thrombectomy in ischemic stroke after cardiovascular procedures - a propensity matched cohort analysis			
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.

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.

			ionship or in	s with whom you have this ndicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Т	ime frame: Since the initial planning	of the work
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).		None	Time frame: past 36 month	Click the tab key to add additional rows.
_	·				
3	Royalties or licenses		None		
4	Consulting fees	\boxtimes	None		
1	I	1		12/13/2021	ICMJE Disclosure Form

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	

			e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea ⊠	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:	5/5/2022		
Your Name:	Stefan Blankenberg		
Manuscript Title:	Mechanical thrombectomy in ischemic stroke after cardiovascular procedures - a propensity matched cohort analysis		
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.

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.

			ionship or i	s with whom you have this ndicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
			T	ime frame: Since the initial planning	of the work
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).		None	Time frame: past 36 month	Click the tab key to add additional rows.
3	Royalties or licenses		None		
4	Consulting fees		None		
1	I .	l		12/13/2021	ICMJE Disclosure Form

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	

			e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea ⊠	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:	_5/5/2022
Your Name:	Fabian J. Brunner
Manuscript Title:	Mechanical thrombectomy in ischemic stroke after cardiovascular procedures - a propensity matched cohort analysis
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.

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.

			ionship or in	s with whom you have this ndicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Т	ime frame: Since the initial planning	of the work
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).		None	Time frame: past 36 month	Click the tab key to add additional rows.
_	·				
3	Royalties or licenses		None		
4	Consulting fees	\boxtimes	None		
1	I	1		12/13/2021	ICMJE Disclosure Form

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	

			e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea ⊠	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:	5/5/2022		
Your Name:	Peter Clemmensen		
Manuscript Title:	Mechanical thrombectomy in ischemic stroke after cardiovascular procedures - a propensity matched cohort analysis		
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.

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.

		ionship or in	s with whom you have this ndicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Т	ime frame: Since the initial planning	of the work
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or	None	Time frame: past 36 month	Click the tab key to add additional rows.
3	Royalties or licenses	None		
4	Consulting fees	None		
1			12/13/2021	ICMJE Disclosure Form

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	

			e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	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:	5/5/2022		
Your Name:	Lenard Conradi		
Manuscript Title:	Mechanical thrombectomy in ischemic stroke after cardiovascular procedures - a propensity matched cohort analysis		
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.

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.

			ionship or in	s with whom you have this ndicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Т	ime frame: Since the initial planning	of the work
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).		None	Time frame: past 36 month	Click the tab key to add additional rows.
_	·				
3	Royalties or licenses		None		
4	Consulting fees	\boxtimes	None		
1	I	1		12/13/2021	ICMJE Disclosure Form

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	

			e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	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:	_5/5/2022
Your Name:	Jens Fiehler
Manuscript Title:	Mechanical thrombectomy in ischemic stroke after cardiovascular procedures - a propensity matched cohort analysis
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.

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	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None	Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	German Ministry of Science and Education (BMBF) German Ministry of Economy and Innovation (BMWi) German Research Foundation (DFG) Microvention Stryker	European Union (EU) Hamburgische Investitions-/Förderbank (IFB) Medtronic Philips

		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)
3	Royalties or licenses	⊠ None	
4	Consulting fees	Acandis Boehringer Ingelheim Covidien MD Clinicals Medina Penumbra Stryker	Bayer Cerenovus Evasc Neurovascular Medtronic Microvention Route92 Transverse Medical
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 Non	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or	⊠ 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)	
	fiduciary role in other board, society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	☐ None Tegus		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	□ None Editorial board of the Journal of NeuroInterventional surgery		
Plea ⊠	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:	5/5/2022		
Your Name:	Fabian Flottmann		
Manuscript Title:	Mechanical thrombectomy in ischemic stroke after cardiovascular procedures - a propensity matched cohort analysis		
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.

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.

			ionship or in	with whom you have this dicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Ti	me frame: Since the initial planning	of the work
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not		None	Time frame: past 36 month	Click the tab key to add additional rows.
in	indicated in item #1 above).				
3	Royalties or licenses		None		
4	Consulting fees	\boxtimes	None		
1		1		12/13/2021	ICMJE Disclosure Form

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	

			e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	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:	5/5/2022		
Your Name:	Nils-Ole Gloyer		
Manuscript Title:	Mechanical thrombectomy in ischemic stroke after cardiovascular procedures - a propensity matched cohort analysis		
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.

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.

			ionship or in	with whom you have this dicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Ti	me frame: Since the initial planning	of the work
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).		None	Time frame: past 36 month	Click the tab key to add additional rows.
3	Royalties or licenses		None		
4	Consulting fees	\boxtimes	None		
1				12/13/2021	ICMJE Disclosure Form

Bay B, et al. J NeuroIntervent Surg 2023;0:1-7. doi: 10.1136/jnis-2022-019152

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	

			e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	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:	5/5/2022		
Your Name:	Hermann Reichenspurner		
Manuscript Title:	Mechanical thrombectomy in ischemic stroke after cardiovascular procedures - a propensity matched cohort analysis		
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.

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.

	relati	onship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).		None Time frame: past 36 month None	Click the tab key to add additional rows.
Royalties or licenses		None	
Consulting fees		None	ICMIE Disclosure Form
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 month Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses 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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	

			e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	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:	_5/5/2022
Your Name:	Marko Remmel
Manuscript Title:	Mechanical thrombectomy in ischemic stroke after cardiovascular procedures - a propensity matched cohort analysis
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.

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.

			e all entities with whom you have this ionship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).		None Time frame: past 36 month None	Click the tab key to add additional rows.
3	Royalties or licenses		None	
4	Consulting fees	\boxtimes	None	
1			12/13/2021	ICMJE Disclosure Form

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	

			e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	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:	5/5/2022		
Your Name:	Maximilian Schell		
Manuscript Title:	Mechanical thrombectomy in ischemic stroke after cardiovascular procedures - a propensity matched cohort analysis		
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.

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.

			ionship or in	s with whom you have this ndicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Т	ime frame: Since the initial planning	of the work
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).		None	Time frame: past 36 month	Click the tab key to add additional rows.
_	·				
3	Royalties or licenses		None		
4	Consulting fees	\boxtimes	None		
1	I	1		12/13/2021	ICMJE Disclosure Form

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	

			e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	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:	5/5/2022		
Your Name:	Moritz Seiffert		
Manuscript Title:	Mechanical thrombectomy in ischemic stroke after cardiovascular procedures - a propensity matched cohort analysis		
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.

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.

			ionship or in	s with whom you have this ndicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Т	ime frame: Since the initial planning	of the work
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).		None	Time frame: past 36 month	Click the tab key to add additional rows.
_	·				
3	Royalties or licenses		None		
4	Consulting fees	\boxtimes	None		
1	I	1		12/13/2021	ICMJE Disclosure Form

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	

			e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	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:	_5/5/2022
Your Name:	Götz Thomalla
Manuscript Title:	Mechanical thrombectomy in ischemic stroke after cardiovascular procedures - a propensity matched cohort analysis
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.

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.

			ionship or ind	vith whom you have this icate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Tin	ne frame: Since the initial planning	of the work
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not	Bay	None	Time frame: past 36 month	Click the tab key to add additional rows.
i	indicated in item #1 above).	Бау	CI		
3	Royalties or licenses		None		
4	Consulting fees		None		
1	1			12/13/2021	ICMJE Disclosure Form

		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)
		Acandis	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Bayer Boehringer Ingelheim Pfizer Stryker	BristolMyersSquibb Daiichi Sankyo Portola
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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	
11	Stock or stock options	None Non	

			e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	5/5/2022		
Your Name:	Christoph Waldeyer		
Manuscript Title:	Mechanical thrombectomy in ischemic stroke after cardiovascular procedures - a propensity matched cohort analysis		
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.

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.

			ionship or in	s with whom you have this ndicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Т	ime frame: Since the initial planning	of the work
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).		None	Time frame: past 36 month	Click the tab key to add additional rows.
_	·				
3	Royalties or licenses		None		
4	Consulting fees	\boxtimes	None		
1	I	1		12/13/2021	ICMJE Disclosure Form

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	

			e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	_5/5/2022
Your Name:	Kamil Zeleňák
Manuscript Title:	Mechanical thrombectomy in ischemic stroke after cardiovascular procedures - a propensity matched cohort analysis
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.

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.

			ionship or in	with whom you have this dicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Ti	me frame: Since the initial planning	of the work
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).		None	Time frame: past 36 month	Click the tab key to add additional rows.
3	Royalties or licenses		None		
4	Consulting fees	\boxtimes	None		
1				12/13/2021	ICMJE Disclosure Form

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	

			e all entities with whom you have this ionship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea ⊠	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.				