ICMJE DISCLOSURE FORM

Date: December 16, 2021

Your Name: Caspar Brekenfeld

Manuscript Title: Transferring neurointerventionalists saves time compared to interhospital transfer of stroke patients for endovascular thrombectomy: a collaborative pooled analysis of 1025 patients (EVEREST)

Manuscript Number (if known): neurintsurg-2021-018049.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.) No time limit for this item. | ☒ None |
| | | |
| **Time frame: past 36 months** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| | | |
| 3 | Royalties or licenses | ☒ None |
| | | |

Seker F, et al. J NeuroIntervent Surg 2023; 15:517–520. doi: 10.1136/neurintsurg-2021-018049
|   | 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                               | ☒ 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                                                                            |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 11 | Stock or stock options                                                                          | ☒ None                                                                           |
|    | ☒ None                                                                                         |                                                                                  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                | ☒ None                                                                           |
|    | ☒ None                                                                                         |                                                                                  |
| 13 | Other financial or non-financial interests                                                       | ☒ None                                                                           |
|    | ☒ None                                                                                         |                                                                                  |

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

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

Date: December 16, 2021

Your Name: Fatih Seker

Manuscript Title: Transferring neurointerventionalists saves time compared to interhospital transfer of stroke patients for endovascular thrombectomy: a collaborative pooled analysis of 1025 patients (EVEREST)

Manuscript Number (if known): neurintsurg-2021-018049.R1

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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.)** | ☒ None |
| | No time limit for this item. |
| | |
| | |
| **Time frame: past 36 months** | |
| **2 Grants or contracts from any entity (if not indicated in item #1 above).** | ☒ None |
| | |
| | |
| **3 Royalties or licenses** | ☒ None |
| | |
| | |

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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                                                                                                                                                                         | ☒  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                                                                                                           |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 11 | Stock or stock options | ☒ 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:

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

Date: December 16, 2021

Your Name: Jens Fiehler

Manuscript Title: Transferring neurointerventionalists saves time compared to interhospital transfer of stroke patients for endovascular thrombectomy: a collaborative pooled analysis of 1025 patients (EVEREST)

Manuscript Number (if known): neurintsurg-2021-018049.R1

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| Name | Specifications/Comments |
|---|---|
| | |

| **Time frame: past 36 months** | |
|---|---|
| 2 Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None |

| German Ministry of Science and Education (BMBF) | Research support |
| German Ministry of Economy and Innovation (BMWi) | Research support |
| German Research Foundation (DFG) | Research support |
| European Union (EU) | Research support |
| Hamburgische Investitions- und Förderbank (IFB) | Research support |
| Medtronic | Research support |
| Microvention | Research support |
| Philips | Research support |

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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) |
|---|---|
| Stryker Research support |
| Royalties or licenses | None |
| Consulting fees | None |
| Acandis | Consultant |
| Boehringer Ingelheim | Consultant |
| Cerenovus | Consultant |
| Covidien | Consultant |
| Evasc Neurovascular | Consultant |
| MD Clinicals | Consultant |
| Medtronic | Consultant |
| Medina | Consultant |
| Microvention | Consultant |
| Penumbra | Consultant |
| Route92 | Consultant |
| Stryker | Consultant |
| Transverse Medical | Consultant |
| Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| Payment for expert testimony | None |
| Support for attending meetings and/or travel | None |
| Patents planned, issued or pending | 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) |
|---|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **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 |
| **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 |

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ICMJE DISCLOSURE FORM

Date: December 16, 2021

Your Name: Jacob R. Morey

Manuscript Title: Transferring neurointerventionalists saves time compared to interhospital transfer of stroke patients for endovascular thrombectomy: a collaborative pooled analysis of 1025 patients (EVEREST)

Manuscript Number (if known): neurintsurg-2021-018049.R1

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). |
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| 3 | Royalties or licenses |
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Time frame: past 36 months

| 1 | 8/26/2021 |
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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                                 | ☒ 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                                                                           |
|   |                                                  |                                                                                  |
|   | Stock or stock options | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------|--------------------------------------------------------------------------------|
| 11| ☒ None                 |                                                                                   |

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|---|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 12| ☒ None                                                                         |                                                                                   |

|   | Other financial or non-financial interests | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------|--------------------------------------------------------------------------------|
| 13| ☒ None                                    |                                                                                   |

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

Date: December 16, 2021
Your Name: Johanna T. Fifi
Manuscript Title: Transferring neurointerventionalists saves time compared to interhospital transfer of stroke patients for endovascular thrombectomy: a collaborative pooled analysis of 1025 patients (EVEREST)

Manuscript Number (if known): neurintsurg-2021-018049.R1

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| ☒ None | |
| **Time frame: past 36 months** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). |
| □ None | Stryker Research support |
| 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                                                             |
|   |                                                                                                 |                                                                   |
| 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                                                             |
|   |                                                                                                 |                                                                   |
|   | 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                                                                          |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | ☒ None                                                                          |
| 13 | Other financial or non-financial interests                                                        | ☒ None                                                                          |

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ICMJE DISCLOSURE FORM

Date: December 16, 2021

Your Name: Markus A. Möhlenbruch

Manuscript Title: Transferring neurointerventionists saves time compared to interhospital transfer of stroke patients for endovascular thrombectomy: a collaborative pooled analysis of 1025 patients (EVEREST)

Manuscript Number (if known): neurintsurg-2021-018049.R1

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None |
| 3 | Royalties or licenses | ☒ None |

Time frame: Since the initial planning of the work

Time frame: past 36 months

Balt

MicroVention

Grant

Grant
|   | 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                                                                                   | ☐ None                                                                          |
|   | Medtronic Consultant                                                                             | Consultant                                                                      |
|   | MicroVention Consultant                                                                          | Consultant                                                                      |
|   | Stryker Consultant                                                                               | Consultant                                                                      |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None                                                                          |
|   | Medtronic Payment for lectures                                                                   | Payment for lectures                                                           |
|   | Microvention Payment for lectures                                                                | Payment for lectures                                                           |
|   | Stryker Payment for lectures                                                                     | Payment for lectures                                                           |
| 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                                                                          |
|   | Codman Board Membership                                                                           | Board Membership                                                                |
| 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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                                                                            |

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ICMJE DISCLOSURE FORM

Date: December 16, 2021

Your Name: Martin Bendszus

Manuscript Title: Transferring neurointerventionalists saves time compared to interhospital transfer of stroke patients for endovascular thrombectomy: a collaborative pooled analysis of 1025 patients (EVEREST)

Manuscript Number (if known): neurintsurg-2021-018049.R1

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| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **Time frame:** Since the initial planning of the work |
| ☒ None | | |
| | | Click the tab key to add additional rows. |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | **Time frame:** past 36 months |
| ☐ None | Stryker Research support | |
| | European Union Research support | |
| | DFG Research support | |
| | Hopp foundation Research support | |
| | Novartis Research support | |
| | Siemens Research support | |
|   | 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 |
|   | Vascular Dynamics | Consultant |
|   | Boehringer | Consultant |
|   | BBraun | Consultant |
| 4 | Consulting fees | ☐ None |
|   | Novartis | Personal fees |
|   | Grifols | Personal fees |
|   | Merck | Personal fees |
|   | TEVA | Personal fees |
|   | Bayer | Personal fees |
| 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, | ☒ None |
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|---|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
|   | paid or unpaid                                                                                                                                                       |                                                                                           |
| 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                                                                                     |
|   |                                                                                                                                                                 |                                                                                           |

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ICMJE DISCLOSURE FORM

Date: December 16, 2021

Your Name: Sogo Oki

Manuscript Title: Transferring neurointerventionalists saves time compared to interhospital transfer of stroke patients for endovascular thrombectomy: a collaborative pooled analysis of 1025 patients (EVEREST)

Manuscript Number (if known): neurintsurg-2021-018049.R1

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No time limit for this item. | ☒ None |
| |  |
| **Time frame: past 36 months** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| |  |
| 3 | Royalties or licenses | ☒ None |

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|   |                                               |                                                                                  |
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|   |                                               |                                                                                  |
| 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                                                                           |
|   |                                               |                                                                                  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services         | ☒ None                                                                            |
| 13 | Other financial or non-financial interests                                               | ☒ None                                                                            |

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ICMJE DISCLOSURE FORM

Date: December 16, 2021

Your Name: Toshiya Osanai

Manuscript Title: Transferring neurointerventionalists saves time compared to interhospital transfer of stroke patients for endovascular thrombectomy: a collaborative pooled analysis of 1025 patients (EVEREST)

Manuscript Number (if known): neurintsurg-2021-018049.R1

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