ICMJE DISCLOSURE FORM

Date: December 08, 2021
Your Name: Kosmas I. Paraskevas
Manuscript Title: The burden of carotid-related strokes

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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) |
|---|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| **3** | Royalties or licenses | _X_ None |
| **4** | Consulting fees | _X_ None |
| **5** | Payment or honoraria for | _X_ None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
| Question                                                                 | Answer |
|-------------------------------------------------------------------------|--------|
| 1. Publications (lectures, presentations, manuscript writing or         |        |
| educational events)                                                    |        |
| 2. Payment for expert testimony                                         | X None |
| 3. Support for attending meetings and/or travel                         | X None |
| 4. Patents planned, issued or pending                                   | X None |
| 5. Participation on a Data Safety Monitoring Board or Advisory Board    | X None |
| 6. Leadership or fiduciary role in other board, society, committee       | X None |
| 7. Stock or stock options                                               | X None |
| 8. Receipt of equipment, materials, drugs, medical writing, gifts or    | X None |
| other services                                                          |        |
| 9. Other financial or non-financial interests                            | X None |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: Dec 16, 202
Your Name: Dimitri P MIKHAILIDIS
Manuscript Title: The Burden of Carotid-Related Strokes
Manuscript number (if known): ATM-2021-12

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                                               |                                                                                |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X__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).                       | _X__None                                                                      |
| 3 | Royalties or licenses                                                                           | Editor in Chief for SAGE, Informa and Bentham publishers Royalties and fees received from these publishers |
|   | Description                                                                 | Company/Financial Interest                          | Details                                                                 |
|---|-----------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------|
| 4 | Consulting fees                                                            | Novo Nordisk                                       | Fees received                                                          |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Amgen and Novo Nordisk                              | Lecture fees and travel expenses                                       |
| 6 | Payment for expert testimony                                                | ___ X ___ None                                     |                                                                          |
| 7 | Support for attending meetings and/or travel                                | Amgen and Novo Nordisk                              |                                                                          |
| 8 | Patents planned, issued or pending                                          | ___ X ___ None                                     |                                                                          |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | ___ X ___ None                                     |                                                                          |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___ X ___ None                                     |                                                                          |
|11 | Stock or stock options                                                      | ___ X ___ None                                     |                                                                          |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ X ___ None                                     |                                                                          |
|13 | Other financial or non-financial interests                                  | ___ X ___ None                                     |                                                                          |

Please summarize the above conflict of interest in the following box:

Editor fees from publishers: SAGE, Informa and Bentham
Speaker fees and travel expenses from Amgen and Novo Nordisk
Consultant fees from Novo Nordisk

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

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

Date: December 08, 2021
Your Name: Hediyeh Baradaran
Manuscript Title: The burden of carotid-related strokes

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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. | _X_ None |
|   | **Time frame: Since the initial planning of the work** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
| 5 | Payment or honoraria for | _X_ None |
|   | **Time frame: past 36 months** | |
|   | Question                                                                                     | Answer |
|---|---------------------------------------------------------------------------------------------|--------|
| 6 | Payment for expert testimony                                                                | X None |
| 7 | Support for attending meetings and/or travel                                                 | X None |
| 8 | Patents planned, issued or pending                                                           | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                           | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                                      | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services             | X None |
| 13| Other financial or non-financial interests                                                  | X None |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

**Date:** December 08, 2021  
**Your Name:** R.P.H. Bokkers  
**Manuscript Title:** The burden of carotid-related strokes

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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|---|---|---|
| **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. | _X_ None |

**Time frame: Since the initial planning of the work**

| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| **3** | Royalties or licenses | _X_ None |
| **4** | Consulting fees | _X_ None |
| **5** | Payment or honoraria for | _X_ None |

**Time frame: past 36 months**
|   | Lectures, presentations, speakers bureaus, manuscript writing or educational events |   |
|---|-----------------------------------------------------------------|---|
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
Professor Alun Huw Davies

ICMJE DISCLOSURE FORM

Date: December 08, 2021
Your Name: Professor Alun Huw Davies
Manuscript Title: The burden of carotid-related strokes

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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|---|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 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. | _X_ None |
|   | **Time frame: Since the initial planning of the work** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
| 5 | Payment or honoraria for | _X_ None |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: December 08, 2021
Your Name: Hans-Henning Eckstein
Manuscript Title: The burden of carotid-related strokes

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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| 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. | 
|    | _X_ None                                                                                       |                                    |

| Time frame: Since the initial planning of the work |
|---------------------------------------------------|
| 2 Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 Royalties or licenses                             | _X_ None |
| 4 Consulting fees                                   | _X_ None |
| 5 Payment or honoraria for                           | _X_ None |

| Time frame: past 36 months |
|----------------------------|
| 2 Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 Royalties or licenses                             | _X_ None |
| 4 Consulting fees                                   | _X_ None |
| 5 Payment or honoraria for                           | _X_ None |
|   | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|----|----|----|----|
|   | Payment for expert testimony | Support for attending meetings and/or travel | Patents planned, issued or pending | Participation on a Data Safety Monitoring Board or Advisory Board | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | Stock or stock options | Receipt of equipment, materials, drugs, medical writing, gifts or other services | Other financial or non-financial interests |
|   | _X__ None | _X__ None | _X__ None | _X__ None | _X__ None | _X__ None | _X__ None | _X__ None |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: December 08, 2021
Your Name: Gianluca Faggioli
Manuscript Title: The burden of carotid-related strokes

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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| 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. | _X_ None                                                                         |
|   |                                                                                                 |                                                                                   |
|   |                                                                                                 |                                                                                   |
|   |                                                                                                 |                                                                                   |
|   |                                                                                                 |                                                                                   |
|   |                                                                                                 |                                                                                   |
|   |                                                                                                 |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                         | _X_ None                                                                         |
|   |                                                                                                 |                                                                                   |
| 3 | Royalties or licenses                                                                            | _X_ None                                                                         |
|   |                                                                                                 |                                                                                   |
| 4 | Consulting fees                                                                                  | _X_ None                                                                         |
|   |                                                                                                 |                                                                                   |
| 5 | Payment or honoraria for                                                                          | _X_ None                                                                         |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |   |   |
|---|---|---|
| lectures, presentations, speakers bureaus, manuscript writing or educational events |   |   |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

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No conflicts of interest.

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

Date: December 08, 2021
Your Name: Jose Fernandes e Fernandes
Manuscript Title: The burden of carotid-related strokes

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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|---|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 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. | _X_ None                                                                         |
|   |                                                                                                 |                                                                                 |
|   | Time frame: Since the initial planning of the work                                               |                                                                                 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | _X_ None                                                                         |
| 3 | Royalties or licenses                                                                            | _X_ None                                                                         |
| 4 | Consulting fees                                                                                  | _X_ None                                                                         |
| 5 | Payment or honoraria for                                                                          | _X_ None                                                                         |
|   | Time frame: past 36 months                                                                       |                                                                                 |
| No. | Activity                                                                 | Response | Notes |
|-----|---------------------------------------------------------------------------|----------|-------|
| 6   | Payment for expert testimony                                              | _X_ None |       |
| 7   | Support for attending meetings and/or travel                              | _X_ None |       |
| 8   | Patents planned, issued or pending                                        | _X_ None |       |
| 9   | Participation on a Data Safety Monitoring Board or Advisory Board         | _X_ None |       |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |       |
| 11  | Stock or stock options                                                    | _X_ None |       |
| 12  | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |       |
| 13  | Other financial or non-financial interests                                 | _X_ None |       |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: December 14th, 2021
Your Name: Mauro Gargiulo
Manuscript Title: The Burden of Carotid-Related Strokes
Manuscript number (if known): ?

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** | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __X__ 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). | __X__ None |
| 3 | Royalties or licenses | __X__ None |
| 4 | Consulting fees | __X__ None |
| 5 | Payment or honoraria for lectures, presentations, | __X__ None |
|   | Conflict of Interest | Agreement |
|---|---------------------|-----------|
| 1 | speakers bureaus, manuscript writing or educational events | None |
| 2 | Payment for expert testimony | _X_ None |
| 3 | Support for attending meetings and/or travel | _X_ None |
| 4 | Patents planned, issued or pending | _X_ None |
| 5 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 6 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 7 | Stock or stock options | _X_ None |
| 8 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 9 | Other financial or non-financial interests | _X_ None |

Please summarize the above conflict of interest in the following box:

None.

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

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

[Signature]
ICMJE DISCLOSURE FORM

Date: December 08, 2021
Your Name: Arkadiusz Jawien
Manuscript Title: The burden of carotid-related strokes

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 |
| 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.** | _X_ None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
| 5 | Payment or honoraria for | _X_ None |

Time frame: past 36 months
|   |   |   |
|---|---|---|
|   |   |   |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: December 18\textsuperscript{th}, 2021
Your Name: Mateja K Jezovnik
Manuscript Title: The Burden of Carotid-Related Strokes
Manuscript number (if known):

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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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) |
|---|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 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. | _X_ None |

**Time frame: Since the initial planning of the work**

|   |   |
|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). |
| 3 | Royalties or licenses |
| 4 | Consulting fees |

**Time frame: past 36 months**

|   |   |
|---|---|
| 2 | _X_ None |
| 3 | _X_ None |
| 4 | _X_ None |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
|---|-------------------------------------------------------------------------------------------------|-------|
| 6 | Payment for expert testimony                                                                 | X None |
| 7 | Support for attending meetings and/or travel                                                     | X None |
| 8 | Patents planned, issued or pending                                                                | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                                            | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                 | X None |
| 13| Other financial or non-financial interests                                                        | X None |

Please summarize the above conflict of interest in the following box:

None.

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

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Mateja Kaja Jezovnik
ICMJE DISCLOSURE FORM

Date: December 08, 2021
Your Name: STAVROS KAKKOS
Manuscript Title: The burden of carotid-related strokes

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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) |
|---|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 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. | _X_ None                                                                                                                             |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None                                                                                                                             |
| 3 | Royalties or licenses | _X_ None                                                                                                                             |
| 4 | Consulting fees | _X_ None                                                                                                                             |
| 5 | Payment or honoraria for | _X_ None                                                                                                                             |
|   |   |   |
|---|---|---|
| **Lectures, presentations, speakers bureaus, manuscript writing or educational events** |   |   |
| **Payment for expert testimony** | X None |   |
| **Support for attending meetings and/or travel** | X None |   |
| **Patents planned, issued or pending** | X None |   |
| **Participation on a Data Safety Monitoring Board or Advisory Board** | X None |   |
| **Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid** | X None |   |
| **Stock or stock options** | X None |   |
| **Receipt of equipment, materials, drugs, medical writing, gifts or other services** | X None |   |
| **Other financial or non-financial interests** | X None |   |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: December 08, 2021
Your Name: Michael Knoflach
Manuscript Title: The burden of carotid-related strokes

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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|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None |
|   | No time limit for this item.                                                                 |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | X None |
| 3 | Royalties or licenses                                                                         | X None |
| 4 | Consulting fees                                                                               | X None |
| 5 | Payment or honoraria                                                                           | X None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: December 08, 2021
Your Name: M. Eline Kooi
Manuscript Title: The burden of carotid-related strokes

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

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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.** | _X_ None  
 |   | Time frame: Since the initial planning of the work  
 | 2 | Grants or contracts from any entity (if not indicated in item #1 above).  
 |   | _X_ None  
 | 3 | Royalties or licenses  
 |   | _X_ None  
 | 4 | Consulting fees  
 |   | _X_ None  
 | 5 | Payment or honoraria for  
 |   | _X_ None  

Time frame: past 36 months
|   |   |   |
|---|---|---|
| 6 | Payment for expert testimony | _X__ None |
| 7 | Support for attending meetings and/or travel | _X__ None |
| 8 | Patents planned, issued or pending | _X__ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X__ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X__ None |
| 11 | Stock or stock options | _X__ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X__ None |
| 13 | Other financial or non-financial interests | _X__ None |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: December 08, 2021
Your Name: Gaetano Lanza
Manuscript Title: The burden of carotid-related strokes

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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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.) | _X__ 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).            | _X__ None                                                                        |
| 3 | Royalties or licenses                                                               | _X__ None                                                                        |
| 4 | Consulting fees                                                                     | _X__ None                                                                        |
| 5 | Payment or honoraria for                                                             | _X__ None                                                                        |
| Conflict of Interest | X | None |
|---------------------|---|------|
| Lectures, presentations, speakers bureaus, manuscript writing or educational events |   |      |
| Payment for expert testimony | X | None |
| Support for attending meetings and/or travel | X | None |
| Patents planned, issued or pending | X | None |
| Participation on a Data Safety Monitoring Board or Advisory Board | X | None |
| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| Stock or stock options | X | None |
| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| Other financial or non-financial interests | X | None |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: December 08, 2021
Your Name: Christos D. Liapis
Manuscript Title: The burden of carotid-related strokes

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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|---|------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** |                                                                                   |
| 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. | X  None                                                                          |
| **Time frame: past 36 months** |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X  None                                                                          |
| 3 | Royalties or licenses | X  None                                                                           |
| 4 | Consulting fees | X  None                                                                           |
| 5 | Payment or honoraria for | X  None                                                                           |
| No. | Conflict of Interest                                                                 | X | None |
|-----|------------------------------------------------------------------------------------|----|------|
| 1   | lectures, presentations, speakers bureaus, manuscript writing or educational events |    |      |
| 6   | Payment for expert testimony                                                       | X  | None |
| 7   | Support for attending meetings and/or travel                                        | X  | None |
| 8   | Patents planned, issued or pending                                                  | X  | None |
| 9   | Participation on a Data Safety Monitoring Board or Advisory Board                   |   |      |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X  | None |
| 11  | Stock or stock options                                                              | X  | None |
| 12  | Receipt of equipment, materials, drugs, medical writing, gifts or other services    | X  | None |
| 13  | Other financial or non-financial interests                                          | X  | None |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: December 08, 2021
Your Name: Ian Loftus
Manuscript Title: The burden of carotid-related strokes

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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| Item | Description | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|------|-------------|---------------------------------------------------|---------------------------|
| 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. | _X_ None |  |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |  |
| 3    | Royalties or licenses | _X_ None |  |
| 4    | Consulting fees | _X_ None |  |
| 5    | Payment or honoraria for | _X_ None |  |
| Topic                                                                 | Response |
|----------------------------------------------------------------------|----------|
| Lectures, presentations, speakers bureaus, manuscript writing or educational events |          |
| 6  Payment for expert testimony                                      | X None   |
| 7  Support for attending meetings and/or travel                      | X None   |
| 8  Patents planned, issued or pending                                | X None   |
| 9  Participation on a Data Safety Monitoring Board or Advisory Board | X None   |
| 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None   |
| 11 Stock or stock options                                            | X None   |
| 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None   |
| 13 Other financial or non-financial interests                         | X None   |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: December 08, 2021
Your Name: Armando Mansilha
Manuscript Title: The burden of carotid-related strokes

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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| Item | Description | Time frame: Since the initial planning of the work | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|------|-------------|--------------------------------------------------|----------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None |  |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | None |  |
| 3    | Royalties or licenses | None |  |
| 4    | Consulting fees | None |  |
| 5    | Payment or honoraria for | None |  |
|  |  |  |
|---|---|---|
| **6** | Payment for expert testimony | _X_ None |
| **7** | Support for attending meetings and/or travel | _X_ None |
| **8** | Patents planned, issued or pending | _X_ None |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| **11** | Stock or stock options | _X_ None |
| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| **13** | Other financial or non-financial interests | _X_ None |

**Please summarize the above conflict of interest in the following box:**

No conflicts of interest.

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

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

Date: December 08, 2021
Your Name: Laura MECHTOUFF
Manuscript Title: The burden of carotid-related strokes

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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|---|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <br>**No time limit for this item.** | X None<br>Time frame: Since the initial planning of the work |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None<br>Time frame: past 36 months |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
| 5 | Payment or honoraria for | X None |
|   | Question                                                                 | Answer |
|---|--------------------------------------------------------------------------|--------|
| 6 | Payment for expert testimony                                            | X None |
| 7 | Support for attending meetings and/or travel                            | X None |
| 8 | Patents planned, issued or pending                                      | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board        | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                  | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                               | X None |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

Laura Mechtouff I certify that I have answered every question and have not altered the wording of any of the questions on this form.  

X
ICMJE DISCLOSURE FORM

Date: December 09, 2021
Your Name: Antoine Millon
Manuscript Title: The burden of carotid-related strokes

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br>_No time limit for this item._ | _X_ None |
| **Time frame: Since the initial planning of the work** | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| **3** | Royalties or licenses | _X_ None |
| **4** | Consulting fees | _X_ None |
| **5** | Payment or honoraria for | _X_ None |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: Dec. 12th, 2021
Your Name: Piotr Myrcha
Manuscript Title: The Burden of Carotid-Related Strokes
Manuscript number (if known):

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.) | __X__ 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).             | __X__ None                                                                         |
|   |                                                                                       |                                                                                   |
| 3 | Royalties or licenses                                                                  | __X__ None                                                                         |
|   |                                                                                       |                                                                                   |
| 4 | Consulting fees                                                                        | __X__ None                                                                         |
|   |                                                                 |   |
|---|----------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

Please summarize the above conflict of interest in the following box:

None.

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

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Piotr Myrcha, MD, PhD
ICMJE DISCLOSURE FORM

Date: December 08, 2021
Your Name: Andrew N. Nicolaides
Manuscript Title: The burden of carotid-related strokes

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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|   | 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) |
|---|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None                                                                             |
|   | **Time frame: Since the initial planning of the work**                                         |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | X None                                                                             |
| 3 | Royalties or licenses                                                                          | X None                                                                             |
| 4 | Consulting fees                                                                                | X None                                                                             |
| 5 | Payment or honoraria for                                                                        | X None                                                                             |
|   | **Time frame: past 36 months**                                                                 |                                                                                  |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: December 09, 2021
Your Name: Rodolfo Pini
Manuscript Title: The burden of carotid-related strokes

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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) |
|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None | Time frame: Since the initial planning of the work |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
| 5 | Payment or honoraria for | _X_ None | Time frame: past 36 months |
Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: December 09, 2021
Your Name: Pavel Poredos
Manuscript Title: The burden of carotid-related strokes

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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|---|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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. | X None |
|   | **Time frame: Since the initial planning of the work** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
| 5 | Payment or honoraria for | X None |
|   | **Time frame: past 36 months** | |
|                                |       |
|--------------------------------|-------|
| lectures, presentations,      | None  |
| speakers bureaus, manuscript  |       |
| writing or educational events |
| 6 Payment for expert          | _X__  |
| testimony                      | None  |
| 7 Support for attending       | None  |
| meetings and/or travel         |       |
| 8 Patents planned, issued or  | None  |
| pending                        |       |
| 9 Participation on a Data     | None  |
| Safety Monitoring Board or     |       |
| Advisory Board                 |       |
| 10 Leadership or fiduciary     | None  |
| role in other board, society, |
| committee or advocacy group,   |       |
| paid or unpaid                 |       |
| 11 Stock or stock options      | None  |
| 12 Receipt of equipment,       | None  |
| materials, drugs, medical      |       |
| writing, gifts or other        |       |
| services                       |       |
| 13 Other financial or non-     | None  |
| financial interests            |       |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: December 08, 2021
Your Name: Jean-Baptiste Ricco
Manuscript Title: The burden of carotid-related strokes

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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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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. | _X__ None |

Time frame: Since the initial planning of the work

|   |   | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X__ None |
| 3 | Royalties or licenses | _X__ None |
| 4 | Consulting fees | _X__ None |
| 5 | Payment or honoraria for | _X__ None |
|   |   |   |
|---|---|---|
| lectures, presentations, speakers bureaus, manuscript writing or educational events |   |   |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

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|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 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.** | **_X_** None                                                                                                                                 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | **_X_** None                                                                                                                                 |
| 3 | Royalties or licenses | **_X_** None                                                                                                                                 |
| 4 | Consulting fees | **_X_** None                                                                                                                                 |
| 5 | Payment or honoraria for | **_X_** None                                                                                                                                 |

**Time frame: Since the initial planning of the work**

**Time frame: past 36 months**
|   | Lectures, presentations, speakers bureaus, manuscript writing or educational events |   |
|---|------------------------------------------------------------------|---|
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: December 08, 2021
Your Name: Luca Saba
Manuscript Title: The burden of carotid-related strokes

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

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   | 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. | _X_ None                                                                         |
|   |                                                                                                  |                                                                                  |
|   | Time frame: past 36 months                                                                      |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                          | _X_ None                                                                         |
| 3 | Royalties or licenses                                                                             | _X_ None                                                                         |
| 4 | Consulting fees                                                                                  | _X_ None                                                                         |
| 5 | Payment or honoraria for                                                                          | _X_ None                                                                         |
| Number | Description                                                                 | Yes/No | Notes |
|--------|-----------------------------------------------------------------------------|--------|-------|
| 6      | Payment for expert testimony                                                | X      | None  |
| 7      | Support for attending meetings and/or travel                                 | X      | None  |
| 8      | Patents planned, issued or pending                                          | X      | None  |
| 9      | Participation on a Data Safety Monitoring Board or Advisory Board            | X      | None  |
| 10     | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11     | Stock or stock options                                                       | X      | None  |
| 12     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13     | Other financial or non-financial interests                                   | X      | None  |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: December 08, 2021
Your Name: Mauro Silvestrini
Manuscript Title: The burden of carotid-related strokes

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** |                                                                                       |                                                                                  |
| 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.** | X None                                                                            |

| **Time frame: past 36 months** |                                                                                       |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).               | X None                                                                            |
| 3 | Royalties or licenses                                                                  | X None                                                                            |
| 4 | Consulting fees                                                                       | X None                                                                            |
| 5 | Payment or honoraria for                                                                | X None                                                                            |
| Lectures, presentations, speakers bureaus, manuscript writing or educational events |  |
|---|---|
| Payment for expert testimony | _X_ None |
| Support for attending meetings and/or travel | _X_ None |
| Patents planned, issued or pending | _X_ None |
| Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| Stock or stock options | _X_ None |
| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| Other financial or non-financial interests | _X_ None |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: December 08, 2021
Your Name: Francesco Spinelli
Manuscript Title: The burden of carotid-related strokes

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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|   | 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) |
|---|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **X** None |
|   | **No time limit for this item.**                                                     |                                                                                   |

**Time frame: Since the initial planning of the work**

|   |   |   |
|---|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | **X** None |
| 3 | Royalties or licenses | **X** None |
| 4 | Consulting fees | **X** None |
| 5 | Payment or honoraria for | **X** None |

**Time frame: past 36 months**

|   |   |   |
|---|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | **X** None |
| 3 | Royalties or licenses | **X** None |
| 4 | Consulting fees | **X** None |
| 5 | Payment or honoraria for | **X** None |
|                                                                 |       |
|-----------------------------------------------------------------|-------|
| lectures, presentations, speakers bureaus, manuscript writing  |       |
| or educational events                                           |       |
| 6  Payment for expert testimony                                  | X None|
| 7  Support for attending meetings and/or travel                  | X None|
| 8  Patents planned, issued or pending                            | X None|
| 9  Participation on a Data Safety Monitoring Board or Advisory  | X None|
| 10 Leadership or fiduciary role in other board, society,         | X None|
| committee or advocacy group, paid or unpaid                      |       |
| 11 Stock or stock options                                       | X None|
| 12 Receipt of equipment, materials, drugs, medical writing,     | X None|
| gifts or other services                                         |       |
| 13 Other financial or non-financial interests                    | X None|

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

Date: December 08, 2021
Your Name: Francesco Stilo
Manuscript Title: The burden of carotid-related strokes

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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|   | 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) |
|---|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None |
|   | **Time frame: Since the initial planning of the work** |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
| 5 | Payment or honoraria for | X None |
|   | **Time frame: past 36 months** |                                                                                   |
|   |   |   |
|---|---|---|
| lectures, presentations, speakers bureaus, manuscript writing or educational events |   |   |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: 12/16/2021

Your Name: Prof Sherif Sultan

Manuscript Title: The Burden of Carotid-Related Strokes

Manuscript Number (if known): ATM-2021-12

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 |
| 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). | ☒ None |
| | |
| **3** 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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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

| 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

| Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|
| |
| |

13 Other financial or non-financial interests | ☒ None

| Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|
| |
| |

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 09, 2021
Your Name: Jasjit S. Suri
Manuscript Title: The burden of carotid-related strokes

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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|---|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 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.** | **X** None |
|   | **Time frame: Since the initial planning of the work** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | **X** None |
| 3 | Royalties or licenses | **X** None |
| 4 | Consulting fees | **X** None |
| 5 | Payment or honoraria for | **X** None |
|   |                                                                                      |   |
|---|--------------------------------------------------------------------------------------|---|
| 1 | lectures, presentations, speakers bureaus, manuscript writing or educational events |   |
| 2 |                                                                                      |   |
| 3 |                                                                                      |   |
| 4 |                                                                                      |   |
| 5 |                                                                                      |   |
| 6 | Payment for expert testimony                                                         | X None |
| 7 | Support for attending meetings and/or travel                                          | X None |
| 8 | Patents planned, issued or pending                                                   | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                    | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                               | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services     | X None |
| 13| Other financial or non-financial interests                                            | X None |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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

Date: December 08, 2021
Your Name: Alexei V. Svetlikov
Manuscript Title: The burden of carotid-related strokes

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|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None                                                                          |

    **Time frame: Since the initial planning of the work**

|   |                                                                 |                                                                                     |
|---|-----------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None                                                                          |
| 3 | Royalties or licenses                                           | _X_ None                                                                          |
| 4 | Consulting fees                                                | _X_ None                                                                          |
| 5 | Payment or honoraria for                                        | _X_ None                                                                          |
|   |                                                                                     |   |
|---|------------------------------------------------------------------------------------|---|
| 6 | Payment for expert testimony                                                      | _X_ None |
| 7 | Support for attending meetings and/or travel                                      | _X_ None |
| 8 | Patents planned, issued or pending                                                 | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                 | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                             | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services    | _X_ None |
| 13| Other financial or non-financial interests                                         | _X_ None |

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No conflicts of interest.

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

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

Date: December 09, 2021
Your Name: Tissa Wijeratne
Manuscript Title: The burden of carotid-related strokes

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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.) | _X_ None                                                                       |
|   | **No time limit for this item.**                                                                 |                                                                                |
|   | **Time frame: past 36 months**                                                                  |                                                                                |
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| 3 | Royalties or licenses                                                                            | _X_ None                                                                       |
| 4 | Consulting fees                                                                                 | _X_ None                                                                       |
| 5 | Payment or honoraria for                                                                         | _X_ None                                                                       |
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Date: December 08, 2021
Your Name: Clark J. Zeebregts
Manuscript Title: The burden of carotid-related strokes

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| **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. | _X_ None |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| **3** | Royalties or licenses | _X_ None |
| **4** | Consulting fees | _X_ None |
| **5** | Payment or honoraria for | _X_ None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Conflict of Interest Item                                                                 | X | None |
|---|------------------------------------------------------------------------------------------|---|------|
| 1 |  | X | None  |
| 2 |  | X | None  |
| 3 |  | X | None  |
| 4 |  | X | None  |
| 5 |  | X | None  |
| 6 | Payment for expert testimony                                                            | X | None  |
| 7 | Support for attending meetings and/or travel                                              | X | None  |
| 8 | Patents planned, issued or pending                                                        | X | None  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                         | X | None  |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None  |
| 11| Stock or stock options                                                                    | X | None  |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services          | X | None  |
| 13| Other financial or non-financial interests                                                 | X | None  |

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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.) | \_X\_ 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).                       | \_X\_ None                                                                       |   |
| 3 | Royalties or licenses                                                                             | \_X\_ None                                                                       |   |
| 4 | Consulting fees                                                                                  | \_X\_ None                                                                       |   |
| 5 | Payment or honoraria for                                                                          | \_X\_ None                                                                       |   |
| No. | Conflict of Interest                                                                 |
|-----|-------------------------------------------------------------------------------------|
| 6   | Payment for expert testimony                                                        |
| 7   | Support for attending meetings and/or travel                                         |
| 8   | Patents planned, issued or pending                                                  |
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| 11  | Stock or stock options                                                              |
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