### ICMJE DISCLOSURE FORM

Date: 1/23/21

Your Name: Timothy M. Janetos

Manuscript Title: Neuro-Ophthalmic Manifestations of Cancer: A Literature Review

Manuscript number (if known): CCO-21-137

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)  Time frame: Since the initial	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.	Research to prevent blindness grant (SP0063292)	Unrestricted departmental grant
		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	
4	Consulting fees	None	

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel  8 Patents planned, issued or pending 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 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other	 		
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educational events Payment for expert testimony  None  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  Receipt of equipment, materials, drugs, medical  None  None		1	
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testimony    Support for attending meetings and/or travel   None			
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committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical  None		in other board, society, committee or advocacy	10
group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical			
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12 Receipt of equipment, materials, drugs, medical			11
materials, drugs, medical		·	
materials, drugs, medical			
materials, drugs, medical	ent, No	Receipt of equipment,	12
writing, gifts or other		materials, drugs, medical	
	ier		
services			
13 Other financial or non- None	non- No		13
financial interests		financial interests	

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

Research to Prevent Blindness Inc, provides the Department with and unrestricted grant to support our research activities

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: 1/23/21

Your Name: Nicholas J. Volpe

Manuscript Title: Neuro-Ophthalmic Manifestations of Cancer: A Literature Review

Manuscript number (if known): CCO-21-137

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		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	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
_			
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options		
	Cook or stook options		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
	services		
13	Other financial or non-	None	
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### ICMJE DISCLOSURE FORM

Date: 1/23/21

Your Name: Shira Simon

Manuscript Title: Neuro-Ophthalmic Manifestations of Cancer: A Literature Review

Manuscript number (if known): CCO-21-137

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	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
11	group, paid or unpaid	Nana	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
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