

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)
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.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	
5	Payment or honoraria for	<u> X </u> None	

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

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	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	Amgen and Novo Nordisk	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:

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: Hediye Baradaran

Manuscript Title: The burden of carotid-related strokes

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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	
5	Payment or honoraria for	<u> X </u> None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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ICMJE DISCLOSURE FORM

Date: December 08, 2021

Your Name: R.P.H. Bokkers

Manuscript Title: The burden of carotid-related strokes

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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.

Date: December 08, 2021

Your Name: Professor Alun Huw Davies

Manuscript Title: The burden of carotid-related strokes

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ICMJE DISCLOSURE FORM

Date: December 08, 2021

Your Name: Hans-Henning Eckstein

Manuscript Title: The burden of carotid-related strokes

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ICMJE DISCLOSURE FORM

Date: December 08, 2021

Your Name: Gianluca Faggioli

Manuscript Title: The burden of carotid-related strokes

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4	Consulting fees	<u> X </u> None	
5	Payment or honoraria for	<u> X </u> None	

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ICMJE DISCLOSURE FORM

Date: December 08, 2021

Your Name: Jose Fernandes e Fernandes

Manuscript Title: The burden of carotid-related strokes

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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): ?

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations,	<input checked="" type="checkbox"/> None	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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None.

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ICMJE DISCLOSURE FORM

Date: December 08, 2021

Your Name: Arkadiusz Jawien

Manuscript Title: The burden of carotid-related strokes

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ICMJJE DISCLOSURE FORM

Date: December 18th, 2021

Your Name: Mateja K Jezovnik

Manuscript Title: The Burden of Carotid-Related Strokes

Manuscript number (if known):

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

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.

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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	
5	Payment or honoraria for	<u> X </u> None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<u> X </u> None	
7	Support for attending meetings and/or travel	<u> X </u> None	
8	Patents planned, issued or pending	<u> X </u> None	
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11	Stock or stock options	<u> X </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> 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

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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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ICMJE DISCLOSURE FORM

Date: December 08, 2021

Your Name: Gaetano Lanza

Manuscript Title: The burden of carotid-related strokes

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ICMJE DISCLOSURE FORM

Date: December 08, 2021

Your Name: Christos D. Liapis

Manuscript Title: The burden of carotid-related strokes

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ICMJE DISCLOSURE FORM

Date: December 08, 2021

Your Name: Ian Loftus

Manuscript Title: The burden of carotid-related strokes

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ICMJE DISCLOSURE FORM

Date: December 08, 2021

Your Name: Armando Mansilha

Manuscript Title: The burden of carotid-related strokes

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13	Other financial or non-financial interests	<u> X </u> 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: 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.

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13	Other financial or non-financial interests	<u> X </u> 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

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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: 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.

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None.

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Piotr Myrcha, MD, PhD

ICMJE DISCLOSURE FORM

Date: December 08, 2021

Your Name: Andrew N. Nicolaides

Manuscript Title: The burden of carotid-related strokes

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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.

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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	
5	Payment or honoraria for	<u> X </u> None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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8	Patents planned, issued or pending	<u> X </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	
11	Stock or stock options	<u> X </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> None	

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ICMJE DISCLOSURE FORM

Date: December 09, 2021

Your Name: Pavel Poredos

Manuscript Title: The burden of carotid-related strokes

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ICMJE DISCLOSURE FORM

Date: December 08, 2021

Your Name: Jean-Baptiste Ricco

Manuscript Title: The burden of carotid-related strokes

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ICMJE DISCLOSURE FORM

Date: December 08, 2021

Your Name: Tatjana Rundek

Manuscript Title: The burden of carotid-related strokes

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ICMJE DISCLOSURE FORM

Date: December 08, 2021

Your Name: Luca Saba

Manuscript Title: The burden of carotid-related strokes

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ICMJE DISCLOSURE FORM

Date: December 08, 2021

Your Name: Mauro Silvestrini

Manuscript Title: The burden of carotid-related strokes

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ICMJE DISCLOSURE FORM

Date: December 08, 2021

Your Name: [Francesco Spinelli](#)

Manuscript Title: The burden of carotid-related strokes

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ICMJE DISCLOSURE FORM

Date: December 08, 2021

Your Name: Francesco Stilo

Manuscript Title: The burden of carotid-related strokes

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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.

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ICMJE DISCLOSURE FORM

Date: December 09, 2021

Your Name: Jasjit S. Suri

Manuscript Title: The burden of carotid-related strokes

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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)
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Time frame: past 36 months			
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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	
5	Payment or honoraria for	<u> X </u> None	

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7	Support for attending meetings and/or travel	<u> X </u> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	
11	Stock or stock options	<u> X </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> 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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ICMJE DISCLOSURE FORM

Date: December 09, 2021

Your Name: Tissa Wijeratne

Manuscript Title: The burden of carotid-related strokes

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ICMJE DISCLOSURE FORM

Date: December 08, 2021

Your Name: Clark J. Zeebregts

Manuscript Title: The burden of carotid-related strokes

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ICMJE DISCLOSURE FORM

Date: December 08, 2021

Your Name: Peter Gloviczki

Manuscript Title: The burden of carotid-related strokes

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