

## ICMJE DISCLOSURE FORM

Date: Oct. 15<sup>th</sup>, 2021  
 Your Name: Seung Jin Jung  
 Manuscript Title: Antiplatelet Regimens after Ischemic Stroke or Transient Ischemic Attack: A Systematic Review and Updated Network Meta-Analysis  
 Manuscript number (if known): ATM-21-3748

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>  X  </u> None	
<b>Time frame: past 36 months</b>			
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 lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
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:

None.

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

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

## ICMJE DISCLOSURE FORM

Date: Oct. 15<sup>th</sup>, 2021  
 Your Name: Bum Joon Kim  
 Manuscript Title: Antiplatelet Regimens after Ischemic Stroke or Transient Ischemic Attack: A Systematic Review and Updated Network Meta-Analysis  
 Manuscript number (if known): ATM-21-3748

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<b>Time frame: past 36 months</b>			
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 lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
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## ICMJE DISCLOSURE FORM

Date: Oct. 15<sup>th</sup>, 2021  
 Your Name: Chi Kyung Kim  
 Manuscript Title: Antiplatelet Regimens after Ischemic Stroke or Transient Ischemic Attack: A Systematic Review and Updated Network Meta-Analysis  
 Manuscript number (if known): ATM-21-3748

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## ICMJE DISCLOSURE FORM

Date: Oct. 15<sup>th</sup>, 2021  
 Your Name: Sung Ryul Shim  
 Manuscript Title: Antiplatelet Regimens after Ischemic Stroke or Transient Ischemic Attack: A Systematic Review and Updated Network Meta-Analysis  
 Manuscript number (if known): ATM-21-3748

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3	Royalties or licenses	<u>__X__</u> None	
4	Consulting fees	<u>__X__</u> None	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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None.

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

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form.



## ICMJE DISCLOSURE FORM

Date: 10-11-2021

Your Name: Jin-Man Jung

Manuscript Title: Antiplatelet Regimens after Ischemic Stroke or Transient Ischemic Attack: A Systematic Review and Updated Network Meta-Analysis

Manuscript number (if known): ATM-21-3748

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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	National Research Foundation of Korea (NRF) funded by the Ministry of Science and ICT	payments were made to my institution
		Ansan-Si hidden champion fostering and supporting project funded by Ansan city.	payments were made to my institution
<b>Time frame: past 36 months</b>			
2		None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	Daewoong Pharmaceutical Co., Ltd.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Pfizer, Sanofi-Aventis, Otsuka, Hanmi Pharmaceutical Co., Ltd.	payments were made to me
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	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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

he has received the following: lecture honoraria from Pfizer, Sanofi-Aventis, Otsuka, and Hanmi Pharmaceutical Co., Ltd.; consulting fees from Daewoong Pharmaceutical Co., Ltd.  
 Payments were made to his institution:  
 National Research Foundation of Korea (NRF) funded by the Ministry of Science and ICT  
 Ansan-Si hidden champion fostering and supporting project funded by Ansan city.

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.