Date:2	2022-1-19
Your Name	e:Wei Zhang
Manuscrip	t Title: Efficacy and safety of embolization for arteriovenous malformations of the basal ganglia and thalamu
via the tran	nsarterial approach_
Manuscrip	t 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 <u>current 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.

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_ XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ XNone	
13	Other financial or non- financial interests	_ X None	
	ase summarize the above o	onflict of interest in the fo	lowing box:
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:

Date:2022-1-	19
Your Name:	Heng Wei
Manuscript Title:_	Efficacy and safety of embolization for arteriovenous malformations of the basal ganglia and thalamus
via the transarteria	al approach_
Manuscript numb	er (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_ X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
42	services		
13	Other financial or non-	_ X None	
	financial interests		
-		61 6	Harata Inc
PIE	ease summarize the above c	onflict of interest in the fo	ollowing box:
	X		

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

Date:2022-1-19	
Your Name:Qi	Гian
Manuscript Title:Eff	icacy and safety of embolization for arteriovenous malformations of the basal ganglia and thalamus
via the transarterial app	oroach_
Manuscript number (if	known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_ XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ XNone	
13	Other financial or non- financial interests	_ X None	
	ase summarize the above o	onflict of interest in the fo	lowing box:
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:

Date:	_2022-1-19	9
Your Nam	ie:S	Shoumeng Han
Manuscri	pt Title:	Efficacy and safety of embolization for arteriovenous malformations of the basal ganglia and thalamus
via the tra	nsarterial	approach_
Manuscri	pt numbei	r (if known):

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	X None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_ XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ XNone	
13	Other financial or non- financial interests	_ X None	
	ase summarize the above o	onflict of interest in the fo	lowing box:
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:

Date:2022-1-	19
Your Name:	Wenrui Han
Manuscript Title:_	Efficacy and safety of embolization for arteriovenous malformations of the basal ganglia and thalamus
via the transarteria	al approach_
Manuscript numb	er (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
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9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role	V None	
10	in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	·		
12	Receipt of equipment,	_ XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_ X None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	llowing box:
	X		
L			
Ple	ase place an "X" next to the	following statement to ir	ndicate your agreement:

Date:2022-1-	19
Your Name:	Yujia Guo
Manuscript Title:_	Efficacy and safety of embolization for arteriovenous malformations of the basal ganglia and thalamus
via the transarteria	ll approach_
Manuscript numb	er (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone		
6	Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	X None		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_ XNone		
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ XNone		
13	Other financial or non- financial interests	_ X None		
	ase summarize the above o	onflict of interest in the fo	lowing box:	
Ple	Please place an "X" next to the following statement to indicate your agreement:			

Date:2022-1-2	.9
Your Name:	Guijun Wang
Manuscript Title:_	Efficacy and safety of embolization for arteriovenous malformations of the basal ganglia and thalamus
via the transarteria	<u>lapproach_</u>
Manuscript number	er (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
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9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role	V None	
10	in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	·		
12	Receipt of equipment,	_ XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_ X None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	llowing box:
	X		
L			
Ple	ase place an "X" next to the	following statement to ir	ndicate your agreement:

Date:_	2022-1-	19
Your N	Name:	Shenqi Zhang
Manu	script Title:_	Efficacy and safety of embolization for arteriovenous malformations of the basal ganglia and thalamus
via the	e transarteria	al approach_
Manu	script numb	er (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	X None			
	testimony				
7	Support for attending meetings and/or travel	X None			
8	Patents planned, issued or	X None			
	pending				
9	Participation on a Data	X None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	_ X None			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
		XNone			
12	Receipt of equipment,	X None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	_ X None			
	financial interests				
Dle	Please summarize the above conflict of interest in the following box:				
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Please place an "X" next to the following statement to indicate your agreement:

Date:_	2022-1-1	9
Your N	lame:(Gang Deng
Manus	script Title:	Efficacy and safety of embolization for arteriovenous malformations of the basal ganglia and thalamus
<u>via the</u>	transarterial	approach_
Manus	script numbe	r (if known):

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Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:

Date:	_2022-1-19	
Your Nan	ne:Jນ	unming Wang
Manuscri	ipt Title:	<u>Efficacy and safety of embolization for arteriovenous malformations of the basal ganglia and thalamus</u>
via the tra	ansarterial a	approach_
Manuscri	ipt number	(if known):

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13	Other financial or non- financial interests	_ X None	
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Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:

Date:	2022-1-	19
Your Na	ame:	Qianxue Chen
Manus	cript Title:_	Efficacy and safety of embolization for arteriovenous malformations of the basal ganglia and thalamus
via the	transarteria	al approach_
Manus	cript numb	er (if known):

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8	Patents planned, issued or	X None	
	pending		
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9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role	V None	
10	in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment, materials, drugs, medical	_ XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	_ X None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	llowing box:
	X		
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Ple	ase place an "X" next to the	following statement to ir	ndicate your agreement:

Date:2022-1	19
Your Name:	_Mingchang Li
Manuscript Title:	Efficacy and safety of embolization for arteriovenous malformations of the basal ganglia and thalamus
via the transarteri	al approach_
Manuscript numb	er (if known):

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9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role	V None	
10	in other board, society,	X None	
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	·		
12	Receipt of equipment, materials, drugs, medical	_ XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	_ X None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	llowing box:
	X		
L			
Ple	ase place an "X" next to the	following statement to ir	ndicate your agreement: