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	r Name:Bin Ch		
			imab in the treatment of thrombotic thrombocytopenic
			sed on high-quality randomized controlled trials
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	following questions apply t nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the current
to tl		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all sup time frame for disclosure is	-	d in this manuscript without time limit. For all other items,
		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 initi	al 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	
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2	Grants or contracts from	Time frame: pas X None	st 36 months
_	any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	

Consulting fees

X__None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
	,		
7	Support for attending	XNone	
	meetings and/or travel		
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8	Patents planned, issued or	XNone	
	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10		V. None	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
5 1.		. (1) (1)	
Plea	ase summarize the above co	ntlict of interest in the follo	owing box:

None		

Date	e:2022/5/	'31 <u> </u>	
	r Name: Xiho		
pur		f systematic reviews bas	mab in the treatment of thrombotic thrombocytopenic sed on high-quality randomized controlled trials
relat part to tr	ted to the content of your ies whose interests may bransparency and does not	manuscript. "Related" mea e affected by the content o	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
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to th	ne epidemiology of hypert	·	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all su time frame for disclosure i		d in this manuscript without time limit. For all other items,
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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.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

Consulting fees

X__None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
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7	Support for attending	XNone	
	meetings and/or travel		
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8	Patents planned, issued or	XNone	
	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10		V. None	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
5 1.		. (1) (1)	
Plea	ase summarize the above co	ntlict of interest in the follo	owing box:

None		

Date	e:2022/5/3	31	
	r Name:Dongo	. •	
Mar	nuscript Title: Efficacy	and safety of caplacizu	amab in the treatment of thrombotic thrombocytopenic
			sed on high-quality randomized controlled trials
Mar	nuscript number (if known)		
rela part to ti	ted to the content of your i ies whose interests may be	manuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a poso.
	following questions apply to nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to tl		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all sup time frame for disclosure is	•	d in this manuscript without time limit. For all other items,
		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 initi	al 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: pas	st 36 months
2	Grants or contracts from	XNone	30 30 HIGHERS
	any entity (if not indicated		
2	in item #1 above).	V N	
3	Royalties or licenses	XNone	

Consulting fees

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
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7	Support for attending	XNone	
	meetings and/or travel		
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8	Patents planned, issued or	XNone	
	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10		V. None	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
5 1.		. (1) (1)	
Plea	ase summarize the above co	ntlict of interest in the follo	owing box:

None		

Date: May 30, 2022

Your Name: Rodrigo Daminello Raimundo

Manuscript Title: Efficacy and safety of caplacizumab in the treatment of thrombotic thrombocytopenic purpura: a meta-

analysis of systematic reviews based on high-quality randomized controlled trials

Manuscript number (if known): no apply

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)	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.	I didn't receive for the present manuscript: funding, provision of study materials, medical writing and article processing charges.	No apply		
	Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	I didn't receive grants or contracts from any entity.	No apply		
3	Royalties or licenses	I didn't receive royalties or licenses	No apply		
4	Consulting fees	I didn't receive consulting fees	No apply		
5	Payment or honoraria for lectures, presentations, speakers bureaus,	I didn't receive payment or honoraria for lectures, presentations, speakers bureaus, manuscript	No apply		

	manuscript writing or educational events	writing or educational events.	
6	Payment for expert testimony	I didn't receive payment for expert testimony	No apply
7	Support for attending meetings and/or travel	I didn't receive support for attending meetings and/or travel	No apply
8	Patents planned, issued or pending	I didn't receive patents planned, issued, or pending	No apply
9	Participation on a Data Safety Monitoring Board or Advisory Board	I didn't receive participation on a Data Safety Monitoring Board or Advisory Board	No apply
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	I didn't receive leadership or fiduciary role in other board, society, committee, or advocacy group, paid or unpaid	No apply
11	Stock or stock options	I didn't receive stock or stock options	No apply
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	I didn't receive receipt of equipment, materials, drugs, medical writing, gifts or other services	No apply
13	Other financial or non- financial interests	I didn't receive Other financial or non-financial interests	No apply

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

I declare no conflict 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.

Rodrigo Daminello Raimundo, phD

Date:	2022/5/3:	1			
Your Nar	me: Ruixi Z	Zhou			
purpura		systematic reviews ba	umab in the treatment of thrombotic thrombocytopenic ased on high-quality randomized controlled trials		
related t parties w to transp relations	o the content of your may be a whose interests may be a parency and does not nearly activity/interest, it wing questions apply to	nanuscript. "Related" me affected by the content ecessarily indicate a bias is preferable that you d	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment i. If you are in doubt about whether to list a o so. hips/activities/interests as they relate to the current		
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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)		
		Time frame: Since the init	tial planning of the work		
mar prov med prod	support for the present nuscript (e.g., funding, vision of study materials, dical writing, article cessing charges, etc.) time limit for this item.	XNone			
		Time frame: pa	ast 36 months		
any	nts or contracts from entity (if not indicated em #1 above).	XNone			
3 Roya	alties or licenses	XNone			
4 Con	sulting fees	X None			

5	Payment or honoraria for lectures, presentations,	XNone			
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	X None			
	testimony				
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7	Support for attending	XNone			
	meetings and/or travel				
8	Patents planned, issued or	XNone			
	pending				
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9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10		V. None			
10	Leadership or fiduciary role in other board, society,	XNone			
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	group, paid or unpaid				
11	Stock or stock options	X None			
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	materials, drugs, medical				
	writing, gifts or other				
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13	Other financial or non-	XNone			
	financial interests				
5 1.					
Plea	Please summarize the above conflict of interest in the following box:				

None			

Dat	e:2022/5/3	1	
You	ır Name:Yupen	g Lei	
Ma	nuscript Title: Efficacy	and safety of caplacizu	mab in the treatment of thrombotic thrombocytopenic
pui	pura: a meta-analysis of	systematic reviews bas	sed on high-quality randomized controlled trials
Ma	nuscript number (if known):		
rela par to t	ited to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the same in doubt about whether to list a so.
	following questions apply t nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to t med In it	he epidemiology of hyperted dication, even if that medication	nsion, you should declare ation is not mentioned in to port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al planning of the work
1	All support for the present	X None	
_	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 26 months
2	Grants or contracts from	X None	it 30 months
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
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5	Payment or honoraria for lectures, presentations,	XNone			
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	X None			
	testimony				
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7	Support for attending	XNone			
	meetings and/or travel				
8	Patents planned, issued or	XNone			
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9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10		V. None			
10	Leadership or fiduciary role in other board, society,	XNone			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
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12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
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Plea	Please summarize the above conflict of interest in the following box:				

None			