

ICMJE DISCLOSURE FORM

Date: 8/15/2021

Your Name: Vincent Wu

Manuscript Title: Thrombectomy approach for access maintenance in the end stage renal disease population

Manuscript number (if known): CDT-21-523

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 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: 9/28/2021

Your Name: Sanjeeva P Kalva

Manuscript Title: Thrombectomy approach for access maintenance in the end stage renal disease population

Manuscript number (if known): CDT-21-523

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH, BD, Black Swan, Angiodynamics, Trisalus	Institution
3	Royalties or licenses	Elsevier, Springer, Thieme	Me
4	Consulting fees	Penumbra, Okami Medical, Boston Scientific, Medtronic, Covidien, Koo	Me

		Foundation, US Vascular, Dova Pharmaceuticals, Instylla, BD	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Stony Brook University American Institute of Biology, UT Houston, NACCME	Me Me
6	Payment for expert testimony	Southern Institute for Medical and Legal Affairs LLC	Me
7	Support for attending meetings and/or travel	_X_ None	
8	Patents planned, issued or pending	_X_ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	NIH	Institution
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chief, Interventional Radiology, Massachusetts General Hospital, Boston, MA Chair, Vascular Panel, ACR Appropriateness Criteria International Editor, Journal of Clinical Interventional Radiology ISVIR Assistant Editor, Radiology – Cardiothoracic, RSNA	
11	Stock or stock options	Biogen Inc, Clover Health Investments Corp, Inovio Pharmaceuticals, Moderna Inc, Pfizer Inc, Novavax Inc, Orphazyme, Cassava Sciences Inc, Vivos Therapeutics Inc, Ardelyx Inc, Althea Health	Me
12	Receipt of equipment, materials, drugs, medical	_X_ None	

	writing, gifts or other services		
13	Other financial or non-financial interests	Adjunct Associate Professor	University of Texas Southwestern Medical Center
		Professor	Harvard Medical School

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.

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Date: 8/15/2021

Your Name: Jie Cui

Manuscript Title: Thrombectomy approach for access maintenance in the end stage renal disease population

Manuscript number (if known): CDT-21-523

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

<p>I do not have any conflict of interest.</p>
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