	ICMJE DISCLOSURE FORM					
Da	te:Feb. 4 th , 2023					
Yo	ur Name:	Luji Liu				
ca	Manuscript Title:_Cerebral collateral circulation is an independent predictor for in-stent restenosis after carotid artery stenting Manuscript number (if known):QIMS-22-975					
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	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 . If you are in doubt about whether to list a o so.			
	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current			
to me	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 initia	al planning of the work			
	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			

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

3

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any entity (if not indicated

X__None

_X__None

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	XNone	
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	X_None	
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	
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:

	ICIVISE DISCLOSORE FORIVI				
Da	te:Feb. 4 th , 2023				
Yo	ur Name: ∑	Kudong Su			
	- — — — — — — — — — — — — — — — — — — —	ollateral circulation is a	n independent predictor for in-stent restenosis a	fter	
	rotid artery stenting				
Ma	anuscript number (if known)	:QIMS-22-975			
rel pa to rel Th ma	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. 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	X None	8		
_	manuscript (e.g., funding,				
provision of study materials,					
	medical writing, article				
	processing charges, etc.) No time limit for this item.				
	THE WHITE HAIR TOT WHIS ITELLIS				
		Time frame: past	36 months		
2	Grants or contracts from	XNone			

any entity (if not indicated

X_None

X_None

in item #1 above).

Consulting fees

Royalties or licenses

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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	XNone	
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	X_None	
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	
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:

		ICIVIJE DISC	LUSURE FURIVI				
Dat	e:Feb. 4 th , 2023						
		Lihong Zhang					
Ma car	Manuscript Title:_Cerebral collateral circulation is an independent predictor for in-stent restenosis after carotid artery stenting Manuscript number (if known):QIMS-22-975						
rela par to t	ated to the content of your ties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	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 . If you are in doubt about whether to list a o so.				
	following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current				
to t me In i	he epidemiology of hypertodication, even if that medic	ension, you should declard cation is not mentioned in pport for the work reporte s the past 36 months.	ed in this manuscript without time limit. For all other it	ve			
		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 initia	al planning of the work				
	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				

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

3

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any entity (if not indicated

X__None

X_None

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	XNone	
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	X_None	
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	
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:

		1011132 3130				
Dat	e:Feb. 4 th , 2023					
		Zhongzhong Li				
Ma			an independent predictor for in-stent restenosis afte	r		
car	carotid artery stenting					
Ma	nuscript number (if known)	:QIMS-22-975				
rela par to t	ated to the content of your ties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	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 is. If you are in doubt about whether to list a o so.			
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current			
to t me In i	he epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	e defined broadly. For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other iten	•		
		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			
	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				

Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

any entity (if not indicated

X__None

X_None

X_None

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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	XNone	
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	X_None	
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	
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:

ICIVIJE DISCLOSURE FORIVI					
Dat	e:Feb. 4 th , 2023				
You	r Name:I	Kailin Bu			
Manuscript Title:_Cerebral collateral circulation is an independent predictor for in-stent restenosis after carotid artery stenting					
Mai	nuscript number (if known)):QIMS-22-975			
rela par to t	ted to the content of your ties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are cans 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 o so.		
	following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>		
to t med In it	he epidemiology of hypert dication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript perta e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other ite	ve	
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your		
		relationship or indicate none (add rows as needed)	institution)		
		Time frame: Since the initia	al planning of the work		
	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: nas	t 26 months		

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

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any entity (if not indicated

X__None

_X__None

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	XNone	
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	X_None	
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	
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:

ICIVIJE DISCLOSORE FORIVI							
Da	te:Feb. 4 th , 2023						
		Si Yuan					
Ma	anuscript Title:_Cerebral c	ollateral circulation is a	an independent predictor for in-stent restenosis af	ter			
ca	rotid artery stenting						
Ma	anuscript number (if known)):QIMS-22-975					
rel pa to	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.						
	e following questions apply	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>				
to me	the epidemiology of hypertedication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript perta e all relationships with manufacturers of antihypertension the manuscript. ed in this manuscript without time limit. For all other ite	ve			
		Name all entities with	Specifications/Comments				
		whom you have this	(e.g., if payments were made to you or to your				
		relationship or indicate none (add rows as	institution)				
		needed)					
		Time frame: Since the initia	al planning of the work				
L	All support for the present	XNone					
	manuscript (e.g., funding,						
	provision of study materials,						
	medical writing, article processing charges, etc.)						
	No time limit for this item.						
		Time frame, nos	A 2C mandles				

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

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any entity (if not indicated

X__None

X_None

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	XNone	
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	X_None	
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	
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:

ICIVIJE DISCLOSURE FORIVI				
Dat	e:Feb. 4 th , 2023			
		Qisong Wang		
Ma car	nuscript Title:_Cerebral c otid artery stenting	ollateral circulation is a	an independent predictor for in-stent restenosis a	fter
Ma	nuscript number (if known)):QIMS-22-975		
rela par to t	ated to the content of your ties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	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 commitmen . If you are in doubt about whether to list a o so.	
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to t me In i	he epidemiology of hypert dication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	e defined broadly. For example, if your manuscript pertage all relationships with manufacturers of antihypertensithe manuscript. The manuscript without time limit. For all other it	ive
		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 initia	al planning of the work	
	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	

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

3

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any entity (if not indicated

X__None

X_None

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	XNone	
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	X_None	
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	
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:

		ICIVIJE DISC	LUSURE FURIVI
Dat	te:Feb. 14 th , 2023		
	ur Name:Y		
Ma car	nuscript Title:_Cerebral cotid artery stenting nuscript number (if known	ollateral circulation is a	an independent predictor for in-stent restenosis after
rela par to t	ated to the content of your ties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are cans 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 o so.
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current
to t me In i	the epidemiology of hypert dication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed 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 initia	al planning of the work
	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	
		Ĭ	

Time frame: past 36 months

X__None

X_None

X_None

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

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any entity (if not indicated

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	XNone	
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	X_None	
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	
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:

	ICMJE DISCLOSURE FORM			
Date	e:Feb. 4 th , 2023			
You	r Name:	Ndoumou Justin A	Aime	
Mar	nuscript Title:_Cerebral c	collateral circulation is a	n independent predictor for in-stent restenosis after	er
car	otid artery stenting			
Mar	nuscript number (if known):QIMS-22-975		
rela part to ti	ted to the content of your ties whose interests may b ransparency and does not	manuscript. "Related" me e affected by the content o	I 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 nuscript only.	to the author's relationship	ips/activities/interests as they relate to the current	
to tl med In it	he epidemiology of hypert dication, even if that medic	ension, you should declare cation is not mentioned in poort for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. End in this manuscript without time limit. For all other items	е
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		needed) Time frame: Since the initia	I planning of the work	
	All support for the present	X None	planning of the work	
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.) No time limit for this item.			
	ivo time illilit for tims itelli.			

Time frame: past 36 months

X__None

X_None

X_None

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

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any entity (if not indicated

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	XNone	
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	X_None	
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	
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:

	ICMJE DISCLOSURE FORM					
Dat	te: Feb. 4 th , 2023					
Your Name:Zengpin Liu Manuscript Title:_Cerebral collateral circulation is an independent predictor for in-stent restenosis after carotid artery stenting Manuscript number (if known):QIMS-22-975						
rela par to t	ated to the content of your ties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.			
	e following questions apply nuscript only.	to the author's relationship	os/activities/interests as they relate to the current			
to t me In i	the epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in toport for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)			
	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

X__None

_X__None

X__None

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

3

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any entity (if not indicated

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	XNone	
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	X_None	
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	
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:

		ICMJE DISC	LOSURE FORM	ICMJE DISCLOSURE FORM			
Date:	Feb. 4 th , 2023						
	ame:						
			an independent predictor for in-stent restenosis af	ter			
carotic	l artery stenting		•				
Manus	cript number (if known)	:QIMS-22-975					
related parties to trans	to the content of your whose interests may be sparency and does not a	manuscript. "Related" me e affected by the content	Il relationships/activities/interests listed below that are cans 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 o so.				
	owing questions apply ript only.	to the author's relationsh	ips/activities/interests as they relate to the current				
medica In item	tion, even if that medic	pport for the work reporte	e all relationships with manufacturers of antihypertensi the manuscript. ed in this manuscript without time limit. For all other it				
		Name all entities with	Specifications/Comments				
		whom you have this	(e.g., if payments were made to you or to your				
		relationship or indicate	institution)				
		none (add rows as					
		needed)					
		Time frame: Since the initia	al planning of the work				
mar prov med	upport for the present nuscript (e.g., funding, vision of study materials, dical writing, article cessing charges, etc.)	XNone					
	time limit for this item.						

Time frame: past 36 months

X__None

_X__None

X__None

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

3

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any entity (if not indicated

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	XNone	
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	X_None	
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	
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:

		ICIVIJE DISC	LOSURE FURIVI
Da	te:Feb. 14 th , 2023		
Yo	ur Name: J	ianghua Yu	
cai	nnuscript Title:_Cerebral corotid artery stenting nnuscript number (if known)		nn independent predictor for in-stent restenosis after
rela par to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias	I 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 o so.
	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current
to me	the epidemiology of hyperto edication, even if that medic	ension, you should declare ation is not mentioned in oport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. Ed 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 initia	l planning of the work
	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

Grants or contracts from any entity (if not indicated

in item #1 above).

Consulting fees

Royalties or licenses

3

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X_None

X_None

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	XNone	
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	X_None	
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	
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:

		ICMJE DISC	LOSURE FORM	
Da	te:Feb. 4 th , 2023			
Yo	ur Name:	Guojun Ta	an	
cai	nuscript Title:_Cerebral c rotid artery stenting nuscript number (if known)	ollateral circulation is a	an independent predictor for in-stent restenosis af	ter
rela par to rela	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are cans 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 o so. ips/activities/interests as they relate to the current	
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		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
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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	XNone	
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	X_None	
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	
Ple	Please summarize the above conflict of interest in the following box:		
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Da	te:Feb. 4 th , 2023				
	ur Name:I	Li Guo			
cai	nuscript Title:_Cerebral c cotid artery stenting nuscript number (if known)		an independent predictor for in-stent restenosis a	fter	
rela pai to	ated to the content of your ties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	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 . If you are in doubt about whether to list a o so.		
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		Time frame: Since the initia	al planning of the work		
	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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X__None

X_None

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	XNone	
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	X_None	
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	
Ple	Please summarize the above conflict of interest in the following box:		
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Dat	te:Feb. 4 th , 2023			
Υοι	ur Name:	Xiaoyun Li	u	
Ma	nuscript Title:_Cerebral c	ollateral circulation is a	n independent predictor for in-stent restenosis aft	er
	rotid artery stenting			
Ma	nuscript number (if known)):QIMS-22-975		
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	e following questions apply nuscript only.	to the author's relationship	ps/activities/interests as they relate to the current	
to t me In i	the epidemiology of hypert dication, even if that medic	ension, you should declare cation is not mentioned in to poort for the work reported	defined broadly. For example, if your manuscript pertai all relationships with manufacturers of antihypertensiv he manuscript. d in this manuscript without time limit. For all other ite	e
tiic	time name for disclosure i	s the past 30 months.		
		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)	
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	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

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_X__None

X__None

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
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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	X_None	
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	
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	None.		