

ICMJE DISCLOSURE FORM

Date: 18-3-2023

Your Name: Christiaan Hendrik Bas van Niftrik

Manuscript Title: A dual-center validation of the PIRAMID scoring system for assessing the severity of ischemic Moyamoya disease

Manuscript number (if known): QIMS-22-1062-R1

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> 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: 01.03.2023
 Your Name: MARTINA SEBÖK
 Manuscript Title: A DUAL-CENTER VALIDATION OF THE PYRAMD SCORING SYSTEM FOR
 Manuscript number (if known): ASSESSING THE SEVERITY OF ISCHEMIC HYPERTENSION DISEASE
QIMS-22-1062

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.

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ICMJE DISCLOSURE FORM

Date: _____

Your Name: _____ Patrick Nicholson _____

Manuscript Title: _____ **QIMS-22-1062-R1**

Manuscript number (if known): ___ A dual-center validation of the PIRAMID scoring system for assessing the severity of ischemic Moyamoya disease

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.

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ICMJE DISCLOSURE FORM

Date: 05-3-2023

Your Name: Leonardo Olijnyk

Manuscript Title: A dual-center validation of the PIRAMID scoring system for assessing the severity of ischemic Moyamoya disease

Manuscript number (if known): QIMS-22-1062-R1

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3	Royalties or licenses	__x__ None	
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ICMJE DISCLOSURE FORM

Date: 01.03.2023

Your Name: Patrick Thurner

Manuscript Title: A dual-center validation of the PIRAMID scoring system for assessing the severity of ischemic Moyamoya disease

Manuscript number (if known): QIMS-22-1062-R1

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13	Other financial or non-financial interests	___ 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:

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

ICMJE DISCLOSURE FORM

Date: Feb. 28th, 2023

Your Name: Lashmi Venkatraghavan

Manuscript Title: A dual-center validation of the PIRAMID scoring system for assessing the severity of ischemic Moyamoya disease

Manuscript number (if known): QIMS-22-1062

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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

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None.

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ICMJE DISCLOSURE FORM

Date: March 1, 2022
 Your Name: Joanna D Schaafsma
 Manuscript Title: _____
 Manuscript 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.

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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: March 1 2023
 Your Name: Ivan Radovanovic
 Manuscript Title: "A dual-center validation of the PIRAMID scoring system for assessing the severity of ischemic Moyamoya disease"
 Manuscript 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.

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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.

Jan Kachum

March 1, 2023

ICMJE DISCLOSURE FORM

Date: March 1, 2023

Your Name: Joseph Arnold Fisher

Manuscript Title: High risk of recurrent ischemic stroke in symptomatic cerebrovascular steno-occlusive disease with impaired blood oxygenation-level dependent cerebrovascular reactivity

Manuscript 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.

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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 type="checkbox"/> yes	See Below

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

I am one of the developers of the RespirAct™, a device used in this study to control arterial blood gases during imaging. RespirAct™ is produced by Thornhill Medical, a for-profit spin-off company from the University Health Network (UHN), a teaching hospital part of the University of Toronto. RespirAct™ is a non-commercial device manufactured by UHN to enable MRI and other research. I am one of the directors of Thornhill Medical. Thornhill medical did not sponsor or control any aspect of this research.

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: March 1, 2023

Your Name: Dr. Timo Krings

Manuscript Title: A dual-center validation of the PIRAMID scoring system for assessing the severity of ischemic Moyamoya disease

Manuscript number (if known): QIMS-22-1062-R1

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

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

Dr. Krings has no conflicts of interest related to the manuscript mentioned above

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: 01.03.2023

Your Name: Zsolt Kulcsar

Manuscript Title: A dual-center validation of the PIRAMID scoring system for assessing the severity of ischemic Moyamoya disease

Manuscript number (if known): QIMS-22-1062-R1

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None

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ICMJE DISCLOSURE FORM

Date: 04-03-2022

Your Name: Michael Tymianski

Manuscript Title: A dual-center validation of the PIRAMID scoring system for assessing the severity of ischemic Moyamoya disease

Manuscript number (if known): QIMS-22-1062-R1

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.

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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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: 05-3-2023

Your Name: Leonardo Olijnyk

Manuscript Title: A dual-center validation of the PIRAMID scoring system for assessing the severity of ischemic Moyamoya disease

Manuscript number (if known): QIMS-22-1062-R1

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ICMJE DISCLOSURE FORM

Date: March 2, 2023

Your Name: David Mikulis

Manuscript Title: "A dual-center validation of the PIRAMID scoring system for assessing the severity of ischemic Moyamoya disease" to Quantitative Imaging in Medicine and Surgery.

Manuscript number (if known): _____

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

David Mikulis holds minor equity in Thornhill Medical Inc. which manufactures Respiract™ used to measure cerebrovascular reactivity. Respiract™ is a non-commercial device built by TMI to enable measurement of CVR in scientific studies.

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

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ICMJE DISCLOSURE FORM

Date: 10-3-2023

Your Name: Jorn Fierstra

Manuscript Title: A dual-center validation of the PIRAMID scoring system for assessing the severity of ischemic Moyamoya disease

Manuscript number (if known): QIMS-22-1062-R1

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