Date: June 6th, 2023

Your Name: Hana Malikova

Manuscript Title: Early and late infarct growth rate in ischemic stroke patients after successful endovascular

treatment in early time window: correlation of imaging and clinical factors with clinical outcome

Manuscript number (if known): QIMS-23-153

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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		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	

		V N	
5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	editorial board member of	
	in other board, society,	Quantitative Imaging in	
	committee or advocacy	Medicine and Surgery	
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

The author serves as an unpaid editorial board member of Quantitative Imaging in Medicine and Surgery.

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

Date: June 6th, 2023

Your Name: Karin Kremenova

Manuscript Title: Early and late infarct growth rate in ischemic stroke patients after successful endovascular

treatment in early time window: correlation of imaging and clinical factors with clinical outcome

Manuscript number (if known): QIMS-23-153

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.			

Date: June 7th, 2023 **Your Name:** Jiri Lukavsky

Manuscript Title: Early and late infarct growth rate in ischemic stroke patients after successful endovascular

treatment in early time window: correlation of imaging and clinical factors with clinical outcome

Manuscript number (if known): QIMS-23-153

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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	X None	
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	T	T			
5	Payment or honoraria for	X None			
,	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None			
,	meetings and/or travel				
	,				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role	X None			
in othe comm	in other board, society,	X			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
42		V. NI			
12	Receipt of equipment, materials, drugs, medical	X_None			
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
1					

None.			

Date: June 7th, 2023

Your Name: Michal Holesta

Manuscript Title: Early and late infarct growth rate in ischemic stroke patients after successful endovascular

treatment in early time window: correlation of imaging and clinical factors with clinical outcome

Manuscript number (if known): QIMS-23-153

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
	·		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Г	ease summarize the above c	onflict of interest in the fol	lowing box:

Date: June 6th, 2023 **Your Name:** David Lauer

Manuscript Title: Early and late infarct growth rate in ischemic stroke patients after successful endovascular

treatment in early time window: correlation of imaging and clinical factors with clinical outcome

Manuscript number (if known): QIMS-23-153

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus, manuscript writing or				
	educational events				
6	Payment for expert	X None			
	testimony	XNOTIC			
	•				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
10	Advisory Board	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			
	•				
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
					

None.			

Date: June 8th, 2023

Your Name: Boris Koznar

Manuscript Title: Early and late infarct growth rate in ischemic stroke patients after successful endovascular

treatment in early time window: correlation of imaging and clinical factors with clinical outcome

Manuscript number (if known): QIMS-23-153

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4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus, manuscript writing or				
	educational events				
6	Payment for expert	X None			
	testimony	XNOTIC			
	•				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
10	Advisory Board	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			
	•				
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
					

None.			

Date: June 7th, 2023 **Your Name:** Jiri Weichet

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3	Royalties or licenses	XNone	
4	Consulting fees	X None	

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