

## ICMJE DISCLOSURE FORM

**Date:** 9/16/2023

**Your Name:** [Fujunhui Zhang ]

**Manuscript Title:** [Global trend in research of intracranial aneurysm management with artificial intelligence technology: A Bibliometric Analysis ]

**Manuscript Number (if known):** QIMS-23-793

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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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	

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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 checked="" type="checkbox"/> None	

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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:** 9/16/2023

**Your Name:** [Mirzat Turhon ]

**Manuscript Title:** [Global trend in research of intracranial aneurysm management with artificial intelligence technology: A Bibliometric Analysis ]

**Manuscript Number (if known):** QIMS-23-793

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## ICMJE DISCLOSURE FORM

**Date:** 9/16/2023

**Your Name:** [Jiliang Huang ]

**Manuscript Title:** [Global trend in research of intracranial aneurysm management with artificial intelligence technology: A Bibliometric Analysis ]

**Manuscript Number (if known):** QIMS-23-793

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## ICMJE DISCLOSURE FORM

**Date:** 9/16/2023

**Your Name:** [Mengxing Li ]

**Manuscript Title:** [Global trend in research of intracranial aneurysm management with artificial intelligence technology: A Bibliometric Analysis ]

**Manuscript Number (if known):** QIMS-23-793

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## ICMJE DISCLOSURE FORM

**Date:** 9/16/2023

**Your Name:** [Jian Liu ]

**Manuscript Title:** [Global trend in research of intracranial aneurysm management with artificial intelligence technology: A Bibliometric Analysis ]

**Manuscript Number (if known):** QIMS-23-793

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## ICMJE DISCLOSURE FORM

**Date:** 9/16/2023

**Your Name:** [Yisen Zhang ]

**Manuscript Title:** [Global trend in research of intracranial aneurysm management with artificial intelligence technology: A Bibliometric Analysis ]

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

		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)
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	

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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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**Your Name:** [Ying Zhang ]

**Manuscript Title:** [Global trend in research of intracranial aneurysm management with artificial intelligence technology: A Bibliometric Analysis ]

**Manuscript Number (if known):** QIMS-23-793

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Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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