ICMJE DISCLOSURE FORM

Giovanni GAUTIER N°1
Frédéric DOUANE N°2
Arthur DAVID N°3
Christophe PERRET N°4
Marc-Antoine PISTORIUS N°5
Yann GOUEFFIC N°6
Jérôme CONNAULT N°7
Mathieu ARTIFONI N°8
Cécile DURANT N°9
Gaëtan PLOTON N°10
Alizée RAIMBEAU N°11
Guillaume BERGERE N°12
Olivier ROBIN N°13
Blandine MAUREL N°14

Olivier ESPITIA N°15

N°1

ICMJE DISCLOSURE FORM

Date:	_ September 20 th 2021		
Your Name:	Gautier Giov	anni	
Manuscript Title: Pharmaco-mechanical catheter-directed thrombolysis versus recanalization and stenting for			
post thrombotic syndrome after lower limb deep vein thrombosis: a comparative study			
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.

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.

		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) 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	X_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	XNone	
	testimony		
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	_XNone	
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	XNone	
	ease summarize the above o	onflict of interest in the	following box:

		wered every question and	have not altered the wording of any of the questions on thi
_	form.		
Dr	GAUTIER Giovanni		
			N°2
		ICMJE	E DISCLOSURE FORM
Da	te: September 20 th 2021		
	ur Name:DOUANEFr		
			ted thrombolysis versus recanalization and stenting for
ро	st thrombotic syndrome a	after lower limb deep vein	thrombosis: a comparative study
Ma	anuscript number (if known):	
to rel Th <u>ma</u>	transparency and does not ationship/activity/interest, e following questions apply anuscript only.	necessarily indicate a bias. it is preferable that you do to the author's relationship	os/activities/interests as they relate to the <u>current</u>
to	-	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	item #1 below, report all su e time frame for disclosure		d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	ilistitution)
		needed)	
		Time frame: Since the initial	planning of the work
1	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: pas	t 36 months
2	Grants or contracts from	Cook medical, WL	
	any entity (if not indicated in item #1 above).	Gore, Optimed	
	iii iteiii #1 above).		
3	Royalties or licenses	Cook medical, WL	
	.,	Gore, Optimed	
4	Consulting fees	Cook medical, WL	
		Gore, Optimed	
5	Payment or honoraria for	Cook medical, WL	
	lectures, presentations,	Gore, Optimed	
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	Cook medical, WL	
0	testimony	Gore, Optimed	
	testimony	core, optimed	
7	Support for attending	Cook medical, WL	
	meetings and/or travel	Gore, Optimed, Terumo	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	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	
	The state of the s		
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

F. DOUANE reports:

- Research funding from Cook medical, Optimed, WL Gore
- **Personal fees and grants from** Cook medical, Optimed, WL Gore (medical advisory board, educational course, speaking)

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 form.

Dr F. DOUANE MD



N°3 ICMJE DISCLOSURE FORM

Date: September 20 th 2021
Your Name: Arthur DAVID
Manuscript Title: Pharmaco-mechanical catheter-directed thrombolysis versus recanalization and stenting for
post thrombotic syndrome after lower limb deep vein thrombosis: a comparative
study
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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiaXNone	Specifications/Comments (e.g., if payments were made to you or to your institution) Il planning of the work
	No time limit for this item.	Time frame, week	t 26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
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	_XNone	
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		

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 form.

Dr DAVID Arthur



N°4 ICMJE DISCLOSURE FORM

Oate:	September 20 th 2021	
our/		
Name:	PERRET_Christophe	
Manuscript Title:	Pharmaco-mechanical catheter-directed thrombol	ysis versus recanalization and stenting for
ost thrombotic	syndrome after lower limb deep vein thrombosis:	a comparative study
Manuscrint numb	or (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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		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)
1	All support for the present manuscript (e.g., funding,	Time frame: Since the initial XNone	planning of the work
	provision of study materials, medical writing, article processing charges, etc.)		
	No time limit for this item.		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past _XNone	36 months
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	
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	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone	
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	XNone	

-			
	_		

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 form.

Dr PERRET Christophe

N°5 ICMJE DISCLOSURE FORM

Date:	September 20 th 2021	
Your Name:	PISTORIUSMarc-Antoine	
Manuscript Title: Pharmaco-mechanical catheter-directed thrombolysis versus recanalization and stenting for		
post thrombotic syndrome after lower limb deep vein thrombosis: a comparative study		
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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		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)
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	
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		
11	group, paid or unpaid	X None	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the f	ollowing box:
	none		

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Dr PISTORIUS Marc-Antoine



N°6 ICMJE DISCLOSURE FORM

Date:September 20 th 2021_		
Your Name:GOUËFFIC	Yann	
Manuscript Title: Pharmaco-med	hanical	catheter-directed thrombolysis versus recanalization and stenting for
post thrombotic syndrome afte	r lower	limb deep vein thrombosis: a comparative study
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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		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) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	_XNone	

	processing charges, etc.)		
	No time limit for this item.		
	No time limit for this item.		
		Time frame: west	26 months
2	Grants or contracts from	Time frame: past	36 months
	any entity (if not indicated	Abbott, General Electric,	
	in item #1 above).	Veryan, WL Gore	
	,	10.70, 112 00.0	
3	Royalties or licenses	X None	
	·	Abbott, Bard, Biotronik,	
		Boston Scientic, Cook,	
		General Electric,	
		Medtronic, Penumbra,	
		Terumo, Veryan, WL Gore	
4	Consulting fees	None	
		Abbott, Bard, Biotronik, Boston Scientic, Cook,	
		General Electric,	
		Medtronic, Penumbra,	
		Terumo, Veryan, WL Gore	
5	Payment or honoraria for	None	
	lectures, presentations,	Abbott, Bard, Biotronik,	
	speakers bureaus,	Boston Scientic, Cook,	
	manuscript writing or	General Electric,	
	educational events	Medtronic, Penumbra,	
		Terumo, Veryan, WL Gore	
6	Dayment for expert	X None	
0	Payment for expert testimony	A NOTE	
	,		
7	Support for attending	None	
	meetings and/or travel		
		Abbott, Bard, Biotronik,	
		Boston Scientic, Cook,	
		General Electric,	
		Medtronic, Penumbra,	
		Terumo, Veryan, WL Gore	
8	Patents planned, issued or	_X None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board	Abbott, Bard, Biotronik,	
		Boston Scientic, Cook,	
		General Electric, Medtronic, Penumbra,	
		Terumo, Veryan, WL Gore	
		Terumo, veryan, vvi dore	

10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	_X None	

Y.	Goi	uëffic	rep	orts:

- Research funding from Abbott, General Electric, Veryan, WL Gore
- **Personal fees and grants from** Abbott, Bard, Biotronik, Boston Scientic, Cook, General Electric, Medtronic, Penumbra, Terumo, Veryan, WL Gore (medical advisory board, educational course, speaking)

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 form.

Pr Y. GOUËFFIC



N°7 ICMJE DISCLOSURE FORM

Date:	September 20 th 2021			
Your Name:	Connault Jerome			
Manuscript Title:	Pharmaco-mechanical catheter-	directed thrombolysis versus recanalization and stenting for		
post thrombotic syndrome after lower limb deep vein thrombosis: a comparative study				
Manuscript number	er (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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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	XNone	
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	_XNone	
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	X_None	

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 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,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	XNOTIE	
	illianciai interests		
PIE	ease summarize the above c	onflict of interest in the	tollowing box:
	none		

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Dr CONNAULT Jerome



Date: September 21th 2021 Your Name: ARTIFONI Mathieu

Manuscript Title: Pharmaco-mechanical catheter-directed thrombolysis versus recanalization and stenting for

post thrombotic syndrome after lower limb deep vein thrombosis: a comparative study

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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		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.)	X None	

	No time limit for this item.		
		Time frames week	26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	36 months
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
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	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	X None	

none			

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

Dr M. ARTIFONI

N°9 ICMJE DISCLOSURE FORM

Date:	_ September 20 th 2021	
Your Name:	Durant Cécile	
Manuscript Title: Phan	maco-mechanical catheter-dir	ected thrombolysis versus recanalization and stenting for
post thrombotic syn	drome after lower limb deep v	ein thrombosis: a comparative study
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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		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 initial	planning of the work
1	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.		
	No time mint for this item.		
		Time frame: past	26 months
2	Grants or contracts from	X None	36 HOHUIS
2	any entity (if not indicated	_ANone	
	in item #1 above).		
3	Royalties or licenses	X None	
J	Noyunies of meetises		
4	Consulting fees	X None	
	S		
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Cupport for attending	V None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
	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, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	XNone	

none		

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

& DURANT Cécile

__X__ 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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		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) 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	
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	XNone	

	pending			
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	XNone		
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	XNone		
	-	vered every question a	t to indicate your agreement: and have not altered the wording of any of the questions of	n this
			N°11 ICMJE DISCLOSURE FORM	
Ma	anuscript Title: Pharmaco-r	nechanical catheter	r-directed thrombolysis versus recanalization and stent ep vein thrombosis: a comparative study	ting fo

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Manuscript number (if known):__

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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	_XNone	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X None	
•	The funded of modified		
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		
7	Support for attending	X_None	

	meetings and/or travel		
8	Patents planned, issued or pending	_X None	
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	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	_X None	

A.RAIMBEAU reports : no conflicts of interest.		

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 form.

Dr RAIMBEAU Alizée

N°12 ICMJE DISCLOSURE FORM

Date:	September 20 th 2021	_
Your Name:	Bergère Guillaume	
Manuscript Title: P	armaco-mechanical catheter-directed thrombolysis versus recanalization and st	enting for
post thrombotic	ndrome after lower limb deep vein thrombosis: a comparative study	
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.

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.

		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) 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	X_None	
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	XNone	
′	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		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	ease summarize the above c	onflict of interest in the fo	ellowing box:

,	V Loostifuthat Lhave one		d have not altered the wording of any of the avertions on	4la.'.a
	x i certify that I have ans form.	wered every question and	d have not altered the wording of any of the questions on	tnis
Dr	BERGERE Guillaume			
	3 B E			
			N°13	
		ICN	IJE DISCLOSURE FORM	
		ICIV	IJE DISCLOSORE FORIVI	
Da	te: Septe	mber 20 th 2021		
Yo	ur Name:	Robin Olivier	ected thrombolysis versus recanalization and stentin	
			ein thrombosis: a comparative study	
rel pa to rel	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 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 lo so. hips/activities/interests as they relate to the current	
ma	inuscript only.		e <u>defined broadly</u> . For example, if your manuscript pertain	
to	_	ension, you should declar	e all relationships with manufacturers of antihypertensive	
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other ite	ms,
		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 initi	al planning of the work	
1	All support for the present	X None		
-	manuscript (e.g., funding,	None		
	provision of study materials,			
	medical writing, article			
	nrocessing charges etc)			

No time limit for this item.

		Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone
3	Royalties or licenses	X_None
4	Consulting fees	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	_XNone
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	XNone

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 form.

Dr ROBIN Olivier

N°14

ICMJE DISCLOSURE FORM

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</u> <u>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.

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)
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		Time frame: Since the initia	planning of the work
1	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: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	COOK Medical	
		PHILIPS Medical	
5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	XNone	
U	testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	, , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or	X_None	
O	pending		
	F		
9	Participation on a Data	X None	
	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		
12	services Other financial or non-	X None	
13	Other imalicial of floti-	A NOTE	

financial interests	

Consulting and proctoring fees from COOK medical Consulting fees from Philips Medical

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 form.

N°15 ICMJE DISCLOSURE FORM

Date:	September 20 th 2021	
Your Name:	Espitia Olivier	
Manuscript Title:	Pharmaco-mechanical catheter-directed	l thrombolysis versus recanalization and stenting for
post thrombotic	syndrome after lower limb deep vein the	nrombosis: a comparative study
Manuscript numb	er (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.

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.

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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia _XNone	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
		Timo framo: nact	26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past Boston scientific	Industry-Sponsored Research payment was made to CHU Nantes
3	Royalties or licenses	X_None	
4	Consulting fees	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	XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
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,	_XNone	
	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	Please	e summarize	the above	conflict	of interest	in the	following	box:
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Olivier Espitia reports research funding from Boston Scientific (Industry-Sponsored Research)				

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ESPITIA. CLIVIER

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