

## ICMJE DISCLOSURE FORM

Date: June 29<sup>th</sup>, 2022

Your Name: Jeong Su Cho

Manuscript Title: Comparing Carotid Endarterectomy and Carotid Artery Stenting: Retrospective Single-Center Analysis

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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<b>Time frame: past 36 months</b>			
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4	Consulting fees	<u>  X  </u> None	
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	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<u>  X  </u> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  X  </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>  X  </u> None	
11	Stock or stock options	<u>  X  </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  X  </u> None	
13	Other financial or non-financial interests	<u>  X  </u> None	

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## ICMJE DISCLOSURE FORM

Date: June 29<sup>th</sup>, 2022

Your Name: Seunghwan Song

Manuscript Title: Comparing Carotid Endarterectomy and Carotid Artery Stenting: Retrospective Single-Center Analysis

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: June 29<sup>th</sup>, 2022

Your Name: Up Huh

Manuscript Title: Comparing Carotid Endarterectomy and Carotid Artery Stenting: Retrospective Single-Center Analysis

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Date: June 29<sup>th</sup>, 2022

Your Name: Chung Won Lee

Manuscript Title: Comparing Carotid Endarterectomy and Carotid Artery Stenting: Retrospective Single-Center Analysis

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: June 29<sup>th</sup>, 2022

Your Name: Jae Il Lee

Manuscript Title: Comparing Carotid Endarterectomy and Carotid Artery Stenting: Retrospective Single-Center Analysis

Manuscript number (if known): \_\_\_\_\_

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Date: June 29<sup>th</sup>, 2022

Your Name: Jun Kyeung Ko

Manuscript Title: Comparing Carotid Endarterectomy and Carotid Artery Stenting: Retrospective Single-Center Analysis

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: June 29<sup>th</sup>, 2022

Your Name: Tea Hong Lee

Manuscript Title: Comparing Carotid Endarterectomy and Carotid Artery Stenting: Retrospective Single-Center Analysis

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: June 29<sup>th</sup>, 2022

Your Name: Lee Hwangbo

Manuscript Title: Comparing Carotid Endarterectomy and Carotid Artery Stenting: Retrospective Single-Center Analysis

Manuscript number (if known): \_\_\_\_\_

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Date: June 29<sup>th</sup>, 2022

Your Name: Sang Min Sung

Manuscript Title: Comparing Carotid Endarterectomy and Carotid Artery Stenting: Retrospective Single-Center Analysis

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## ICMJE DISCLOSURE FORM

Date: June 29<sup>th</sup>, 2022

Your Name: Han Jin Cho

Manuscript Title: Comparing Carotid Endarterectomy and Carotid Artery Stenting: Retrospective Single-Center Analysis

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8	Patents planned, issued or pending	<u>  X  </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  X  </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>  X  </u> None	
11	Stock or stock options	<u>  X  </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  X  </u> None	
13	Other financial or non-financial interests	<u>  X  </u> 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 form.

## ICMJE DISCLOSURE FORM

Date: June 29<sup>th</sup>, 2022

Your Name: Gwon-Min Kim

Manuscript Title: Comparing Carotid Endarterectomy and Carotid Artery Stenting: Retrospective Single-Center Analysis

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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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.

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	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>	<u>  X  </u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	
3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	
5		<u>  X  </u> None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<u>  X  </u> None	
7	Support for attending meetings and/or travel	<u>  X  </u> None	
8	Patents planned, issued or pending	<u>  X  </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  X  </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>  X  </u> None	
11	Stock or stock options	<u>  X  </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  X  </u> None	
13	Other financial or non-financial interests	<u>  X  </u> 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 form.