## ICMJE DISCLOSURE FORM

| Date:May 16, 2021 |  |  |  |          |  |  |  |
|-------------------|--|--|--|----------|--|--|--|
| Yo                | Your Name: Rachel Israilevich  |  |  |          |  |  |  |
| Ma                | Manuscript Title: Narrative Review-Drug Delivery in Age-related Macular Degeneration |  |  |          |  |  |  |
| Ma                | nuscript number (if knowr  | n):AE  | S-21-8   |          |  |  |  |
|                   |  |  |  |          |  |  |  |
|                   |  |  |  |          |  |  |  |
| In t              | the interest of transparence   | cy, we ask you to disclose                                   | all relationships/activities/interests listed below that                 | are      |  |  |  |
| rel               | ated to the content of you   | r manuscript. "Related" m                                    | eans any relation with for-profit or not-for-profit third                | d        |  |  |  |
| pa                | rties whose interests may  | be affected by the content                                   | of the manuscript. Disclosure represents a commit                        | ment     |  |  |  |
|                   | •  | t necessarily indicate a bia<br>it is preferable that you do | as. If you are in doubt about whether to list a o so.                    |          |  |  |  |
| Th                | e following questions appl   | y to the author's relationsl                                 | nips/activities/interests as they relate to the <u>current</u>           |          |  |  |  |
| ma                | nuscript only.   |  |  |          |  |  |  |
|                   |  |  |  |          |  |  |  |
| Th                | e author's relationships/ac  | ctivities/interests should be                                | e <u>defined</u> <u>broadly</u> . For example, if your manuscript p      | ertains  |  |  |  |
|                   |  | tension, you should declar<br>ication is not mentioned in    | e all relationships with manufacturers of antihyperte<br>the manuscript. | ensive   |  |  |  |
|                   |  |  | •  |          |  |  |  |
| In i              | tem #1 below, report all si  | upport for the work report                                   | ed in this manuscript without time limit. For all other                  | r items, |  |  |  |
|                   | time frame for disclosure  |  | ·  |          |  |  |  |
|                   |  | ·  |  |          |  |  |  |
|                   |  |  |  |          |  |  |  |
|                   |  | Name all entities with                                       | Specifications/Comments  |          |  |  |  |
|                   |  | whom you have this   | (e.g., if payments were made to you or to your                           |          |  |  |  |
|                   |  | relationship or indicate none (add rows as                   | institution)   |          |  |  |  |
|                   |  | needed)  |  |          |  |  |  |
|                   | Т  | ime frame: Since the initia                                  | l planning of the work   |          |  |  |  |
| 1                 | All support for the  | XNone  |  |          |  |  |  |

|   | present manuscript (e.g.,<br>funding, provision of<br>study materials, medical<br>writing, article processing<br>charges, etc.) |                  |           |
|---|---|------------------|-----------|
|   | No time limit for this item.  |                  |           |
|   |   |                  |           |
|   |   |                  |           |
|   |   | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated   | X_None           |           |
|   | in item #1 above).  |                  |           |
|   |   |                  |           |
| 3 | Royalties or licenses   | X_None           |           |
|   |   |                  |           |
|   |   |                  |           |
| 4 | Consulting fees   | XNone            |           |
|   |   |                  |           |
| 5 | Payment or honoraria for  | XNone            |           |
| 3 | lectures, presentations,  |                  |           |
|   | speakers bureaus,<br>manuscript writing or  |                  |           |
|   | educational events  |                  |           |
| 6 | Payment for expert testimony  | XNone            |           |
|   | ,   |                  |           |
|   |   |                  |           |
| 7 | Support for attending meetings and/or travel  | XNone            |           |
|   | <u> </u>  |                  |           |
|   |   |                  |           |
| 8 | Patents planned, issued or pending  | X_None           |           |
|   | , ,   |                  |           |
|   |   |                  |           |

| 9   | Participation on a Data Safety Monitoring Board or Advisory Board   | XNone   |  |  |  |  |
|---|---|---------|--|--|--|--|
| 10  | Leadership or fiduciary<br>role in other board,<br>society, committee or<br>advocacy group, paid or<br>unpaid | XNone   |  |  |  |  |
| 11  | Stock or stock options  | XNone   |  |  |  |  |
| 12  | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                     | X_ None |  |  |  |  |
| 13  | Other financial or non-<br>financial interests  | XNone   |  |  |  |  |
| Please summarize the above conflict of interest in the following box: |   |         |  |  |  |  |
|   | None.   |         |  |  |  |  |
| Ple   | 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

| Da                    | te:May 16, 2021   |   |   |        |
|-----------------------|---|---|---|--------|
| Yo                    | ur Name: Raziyeh Mahr                                       | moudzadeh                                   |   |        |
| Ma                    | anuscript Title: Narrat                                     | ive Review-Drug Delivery                    | in Age-related Macular Degeneration                                   |        |
| Ma                    | anuscript number (if known                                  | ):AES-21                                    | -8  |        |
| In '                  | the interest of transparenc                                 | y, we ask you to disclose                   | all relationships/activities/interests listed below that              | are    |
| rel                   | ated to the content of your                                 | manuscript. "Related" me                    | eans any relation with for-profit or not-for-profit third             | t      |
| ра                    | rties whose interests may b                                 | oe affected by the content                  | of the manuscript. Disclosure represents a commit                     | ment   |
|                       | transparency and does not ationship/activity/interest,      | -   | as. If you are in doubt about whether to list a o so.                 |        |
| Th                    | e following questions apply                                 | to the author's relationsly                 | nips/activities/interests as they relate to the current               |        |
| ma                    | anuscript only.   |   |   |        |
| <b>-</b> .            |   |   |   |        |
|                       |   |   | e <u>defined</u> <u>broadly</u> . For example, if your manuscript p   |        |
|                       | the epidemiology of hypert<br>edication, even if that medic | <u>-</u>                                    | e all relationships with manufacturers of antihyperte the manuscript. | nsive  |
| In                    | item #1 below, report all su                                | pport for the work report                   | ed in this manuscript without time limit. For all other               | ritems |
| the                   | e time frame for disclosure                                 | is the past 36 months.                      |   |        |
|                       |   |   |   |        |
|                       |   |   |   |        |
|                       |   | Name all entities with                      | Specifications/Comments   |        |
|                       |   | whom you have this relationship or indicate | (e.g., if payments were made to you or to your                        |        |
|                       |   | none (add rows as needed)                   | institution)  |        |
|                       | Tř  | me frame: Since the initia                  | planning of the work  |        |
|                       | All support for the   | X_None                                      |   |        |
|                       | present 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 any entity (if not indicated | XNone            |           |
|   | in item #1 above).                                    |                  |           |
| _ |   |                  |           |
| 3 | Royalties or licenses                                 | X_None           |           |
|   |   |                  |           |
|   |   |                  |           |
| 4 | Consulting fees                                       | XNone            |           |
|   |   |                  |           |
|   |   |                  |           |
| 5 | Payment or honoraria for                              | XNone            |           |
|   | lectures, presentations, speakers bureaus,            |                  |           |
|   | manuscript writing or educational events              |                  |           |
| _ |   |                  |           |
| 6 | Payment for expert testimony                          | X_None           |           |
|   | ,   |                  |           |
|   |   |                  |           |
| 7 | Support for attending meetings and/or travel          | XNone            |           |
|   | meetings and/or traver                                |                  |           |
|   |   |                  |           |
| 8 | Patents planned, issued                               | XNone            |           |
|   | or pending  |                  |           |
|   |   |                  |           |
| 9 | Participation on a Data                               | V None           |           |
| 9 | Participation on a Data                               | XNone            |           |
|   | Safety Monitoring Board                               |                  |           |

| or Advisory Board  |         |   |  |  |  |  |
|--|---------|---|--|--|--|--|
| S. Advisory Bourd  |         |   |  |  |  |  |
| Leadership or fiduciary  | XNone   |   |  |  |  |  |
| role in other board, society, committee or                                   |         |   |  |  |  |  |
| advocacy group, paid or  |         | + |  |  |  |  |
| unpaid   |         |   |  |  |  |  |
| 1 Stock or stock options   | XNone   |   |  |  |  |  |
|  |         |   |  |  |  |  |
|  |         |   |  |  |  |  |
|  |         |   |  |  |  |  |
| Receipt of equipment, materials, drugs, medical                              | X_ None |   |  |  |  |  |
| writing, gifts or other  |         |   |  |  |  |  |
| services   |         |   |  |  |  |  |
|  |         |   |  |  |  |  |
| Other financial or non-<br>financial interests                               | XNone   |   |  |  |  |  |
|  |         |   |  |  |  |  |
|  |         |   |  |  |  |  |
| Please summarize the above conflict of interest in the following box:  None. |         |   |  |  |  |  |
|  |         |   |  |  |  |  |

| Date:May 16, 2021  |  |  |  |  |  |
|--|--|--|--|--|--|
| Your Name: Mirataollah Salabati  |  |  |  |  |  |
| Manuscript Title: Narrative Review-Drug Delivery in Age-related Macular Degeneration   |  |  |  |  |  |
| Manuscript number (if known):AES-21-8  |  |  |  |  |  |
|  |  |  |  |  |  |
| 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>  |  |  |  |  |  |
| manuscript only.   |  |  |  |  |  |
| 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. |  |  |  |  |  |
| 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.                          |                  |             |
|   |   |                  |             |
|   |   |                  |             |
|   |   | Time frame: past | t 36 months |
| 2 | Grants or contracts from any entity (if not indicated | XNone            |             |
|   | in item #1 above).                                    |                  |             |
|   |   |                  |             |
| 3 | Royalties or licenses                                 | X_None           |             |
|   |   |                  |             |
|   |   |                  |             |
| 4 | Consulting fees                                       | XNone            |             |
|   |   |                  |             |
|   |   |                  |             |
| 5 | Payment or honoraria for lectures, presentations,     | XNone            |             |
|   | speakers bureaus,<br>manuscript writing or            |                  |             |
|   | educational events                                    |                  |             |
| 6 | Payment for expert testimony                          | X_None           |             |
|   | tootimeny   |                  |             |
|   |   |                  |             |
| 7 | Support for attending meetings and/or travel          | XNone            |             |
|   | Ç   |                  |             |
|   |   |                  |             |
| 8 | Patents planned, issued or pending                    | XNone            |             |
|   |   |                  |             |
|   |   |                  |             |
| 9 | Participation on a Data                               | X_None           |             |
|   | Safety Monitoring Board<br>or Advisory Board          |                  |             |
|   | ·   |                  |             |

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

| Da   | te:May 16, 2021   |  |   |         |
|------|---|--|---|---------|
| Υo   | ur Name:David Xu  |  |   |         |
| Ma   | anuscript Title: Narrat                                   | tive Review-Drug Delivery                  | in Age-related Macular Degeneration                                       |         |
| Ma   | nuscript number (if knowr                                 | n):  | AES-21-8  |         |
|      |   |  |   |         |
|      |   |  |   |         |
| In · | the interest of transparenc                               | ey, we ask you to disclose                 | all relationships/activities/interests listed below that                  | are     |
| rel  | ated to the content of your                               | r manuscript. "Related" me                 | eans any relation with for-profit or not-for-profit third                 | İ       |
| ра   | rties whose interests may                                 | be affected by the content                 | of the manuscript. Disclosure represents a commitr                        | nent    |
|      |   | <u>-</u>                                   | as. If you are in doubt about whether to list a                           |         |
| ıeı  | ationship/activity/interest,                              | it is preferable that you do               | J 50.   |         |
| Th   | e following questions and                                 | y to the author's relationsh               | nips/activities/interests as they relate to the current                   |         |
|      |   | y to the author's relations                | inps/activities/interests as they relate to the <u>current</u>            |         |
| ma   | anuscript only.   |  |   |         |
|      |   |  |   |         |
|      |   |  | e <u>defined</u> <u>broadly</u> . For example, if your manuscript pe      |         |
|      | the epidemiology of hyper<br>edication, even if that medi | •  | e all relationships with manufacturers of antihyperter<br>the manuscript. | nsive   |
|      |   |  |   |         |
| ln i | item #1 helow report all su                               | inport for the work reports                | ed in this manuscript without time limit. For all other                   | items   |
|      | e time frame for disclosure                               |  | od in this mandocript without time innit. Tot all other                   | 1101110 |
| LITE | time name for disclosure                                  | ns the past oo months.                     |   |         |
|      |   |  |   |         |
|      |   | Nigge of contains with                     |   |         |
|      |   | Name all entities with whom you have this  | Specifications/Comments   |         |
|      |   | relationship or indicate none (add rows as | (e.g., if payments were made to you or to your institution)               |         |
|      |   | needed)                                    | ·   |         |
|      | T   | ime frame: Since the initia                | planning of the work  |         |
|      | All support for the                                       | XNone                                      |   |         |
|      | present 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 any entity (if not indicated | XNone                     |             |
|   | in item #1 above).                                    |                           |             |
| 3 | Dayaltica or licenses                                 | X None                    |             |
| 3 | Royalties or licenses                                 | XNone                     |             |
|   |   |                           |             |
|   |   |                           |             |
| 4 | Consulting fees                                       | Gyroscope<br>Therapeutics |             |
|   |   | Alimera Sciences          |             |
|   |   |                           |             |
| 5 | Payment or honoraria for lectures, presentations,     | XNone                     |             |
|   | speakers bureaus,<br>manuscript writing or            |                           |             |
|   | educational events                                    |                           |             |
| 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                               | XNone                     |             |
|   | Safety Monitoring Board                               |                           |             |

|   | or Advisory Board   |         |  |  |
|---|---|---------|--|--|
| 10  | Leadership or fiduciary<br>role in other board,<br>society, committee or<br>advocacy group, paid or<br>unpaid | XNone   |  |  |
| 11  | Stock or stock options  | XNone   |  |  |
| 12  | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                     | X_ None |  |  |
| 13  | Other financial or non-<br>financial interests  | XNone   |  |  |
| Please summarize the above conflict of interest in the following box: |   |         |  |  |

| Dr. Xu received consulting fees from Gyroscope Therapeutics and Alimera Sciences. |
|---|
|   |

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.