ICMJE DISCLOSURE FORM

Manuscript Title:l	nflammatory pathways in pathological neovascularization in retina and choroid: a narrative
review on the inflammat	ory drug target molecules in retinal and choroidal neovascularization
Manuscript number (if k	nown):

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.

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) 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	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	VCU provisional patent	
	pending	application	
		(USPPA62/904.117. Sep23, 2020)	
		2020)	
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-	Current employee of	
	financial interests	ExosomePlus, Inc	

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

VCU provisional patent application (USPPA62/904.117. Sep23, 2020). Current employee of ExosoePlus, Inc

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

Dat	e: <u>July 7th 2021</u>					
You	r Name:YoungHwa Kim					
Maı	Manuscript Title:Inflammatory pathways in pathological neovascularization in retina and choroid: a narrative					
revi	review on the inflammatory drug target molecules in retinal and choroidal neovascularization					
Mai	nuscript number (if known):					
rela part to t	ted to the content of your miles whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.			
	following questions apply to nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>			
to t	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare tion is not mentioned in t	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other items,			
	time frame for disclosure is	-				
		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)				
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	medical writing, article					
	processing charges, etc.) No time limit for this item.					
	NO time illint for this item.					
		Time frame: pas	t 36 months			

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None

None

_None

Grants or contracts from

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Royalties or licenses

Consulting fees

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	r Name:Youngman Oh_		
Ma	nuscript Title:Inflamn	natory pathways in pathol	logical neovascularization in retina and choroid: a narrative
	_		nal and choroidal neovascularization
Ma	nuscript number (if known):		
rela part to t rela The man	ted to the content of your name ties whose interests may be ransparency and does not not it	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. It is preferable that you do to the author's relationship vities/interests should be g nsion, you should declare ation is not mentioned in t	os/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
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	,		

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Consulting fees

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