## ICMJE DISCLOSURE FORM

Da	ite:1/18/23
	our Name:Charlene
	Manuscript Title: Comprehensive and Updated Review on the Diagnosis and Treatment of Vogt-Koyanagi-Harada Disease
Ma	anuscript number (if known):
	the interest of transparency, we ask you to disclose all relationships/activities/interests listed below at are
rel thi	ated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit rd
ра	rties whose interests may be affected by the content of the manuscript. Disclosure represents a mmitment
	transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a ationship/activity/interest, it is preferable that you do so.
<u>cu</u>	e following questions apply to the author's relationships/activities/interests as they relate to the rent anuscript only.
	e author's relationships/activities/interests should be <u>defined</u> <u>broadly</u> . For example, if your manuscript
to	rtains the epidemiology of hypertension, you should declare all relationships with manufacturers of tihypertensive medication, even if that medication is not mentioned in the manuscript.
oth	item #1 below, report all support for the work reported in this manuscript without time limit. For all ner items, at time frame for disclosure is the past 36 months.
	Name all entities with whom you have this relationship or indicate none (add rows as

Time frame: Since the initial planning of the work

None

All support for the

charges, etc.)

item.

present manuscript (e.g., funding, provision of study materials, medical writing, article processing

No time limit for this

		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated	X_None	
	in item #1 above).		
3	Royalties or licenses	X None	
3	l loyalies of licerises	X_None	
4	Consulting fees	X None	
	Consuming rees	XNone	
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	X_None	
8	Patents planned, issued	X None	
	or pending		
	a paramg		
9	Participation on a Data	X None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
44	unpaid	V Name	
11	Stock or stock options	X_None	
10	Receipt of equipment,	V None	
12	materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
	I		
Ple	ease summarize the abo	ve conflict of interest	in the following box:
_			

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

Υc	Name:Nisha Acharya				
Ma	Manuscript Title:Comprehensive and Updated Review on the Diagnosis and Treatment of Vogt-				
	Koyanagi-Harada Disease				
Ma	uscript number (if known):				
ln	e interest of transparency, we ask you to disclose all relationships/activities/interests listed below				
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rel thi	ed to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit				
	es whose interests may be affected by the content of the manuscript. Disclosure represents a mitment				
	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 current				
ma	uscript only.				
	author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript ains				
	e epidemiology of hypertension, you should declare all relationships with manufacturers of				
	hypertensive medication, even if that medication is not mentioned in the manuscript.				
	em #1 below, report all support for the work reported in this manuscript without time limit. For all ritems,				
	ime frame for disclosure is the past 36 months.				
	Name all entities with Specifications/Comments				
	whom you have this /o gif neyments were made to you ar to your				

		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)
	Ti	me frame: Since the initia	I 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	X_None	
4	Consulting fees	X_None	
E	Deverage as because for	V None	
5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	X_None	
7	Support for attending	X_None	
	meetings and/or travel		
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data Safety Monitoring Board	X_None	
10	or Advisory Board Leadership or fiduciary	XNone	
10	role in other board, society, committee or advocacy group, paid or	^_NONE	
	unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other services		
13	Other financial or non-	XNone	
.0	financial interests		
Ple	ease summarize the abo	ve conflict of interest	in the following box:

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 th questions on this form.		

## ICMJE DISCLOSURE FORM

Da	te:1/18/23	_
	ur Name:Jessica antha	
	Manuscript Title: Comprehensive and Updated Review on the Diagnosis and Treatment of Vogt-Koyanagi-Harada Disease	
Ma	nuscript number (if known):	
tha	the interest of transparency, we ask you to disclose all relationships/activities/interests listed below at are	
rel thi	ated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit	
ра	rties whose interests may be affected by the content of the manuscript. Disclosure represents a mitment	
	transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a ationship/activity/interest, it is preferable that you do so.	
<u>cu</u>	e following questions apply to the author's relationships/activities/interests as they relate to the rent nuscript only.	
	e author's relationships/activities/interests should be <u>defined</u> <u>broadly</u> . For example, if your manuscrip rtains	ρt
to	the epidemiology of hypertension, you should declare all relationships with manufacturers of ithypertensive medication, even if that medication is not mentioned in the manuscript.	
otł	tem #1 below, report all support for the work reported in this manuscript without time limit. For all ter items, time frame for disclosure is the past 36 months.	
	Name all entities with whom you have this relationship or indicate none (add rows as  Specifications/Comments (e.g., if payments were made to you or to your institution)	
	needed) Time frame: Since the initial planning of the work	
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All support for the

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item.

present manuscript (e.g., funding, provision of study materials, medical writing, article processing

No time limit for this

\_X\_\_\_

None

		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X None	
U	Hoyanies of neerises		
4	Consulting fees	XNone	
_			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	Have received small honoraria for a talk in March Berkley Optometry (\$300) and CME writing activity Retina Specialist (\$100)
6		X None	
U	Payment for expert testimony	^_NUILE	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued	XNone	
	or pending		
_			
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	X None	
. •	role in other board,		
	society, committee or		
	advocacy group, paid or		
11	unpaid Stock or stock options	X_None	
11	Stock of Stock options		
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
13	services Other financial or non-	XNone	
13	financial interests	^_NONE	
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Ple	ease summarize the abo	ve conflict of interest ir	the following box:

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