ICMJE DISCLOSURE FORM

Date:___12/27/23_

Your Name: _____ Akshay Thomas, MD, MS_

Manuscript Title:____ Paraneoplastic Retinopathies: An Update on Pathogenesis, Diagnosis and Management

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</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.	X None			
	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	X_None
_	-	
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	_ X None
8	Patents planned, issued	X_None
	or pending	
0		
9	Participation on a Data Safety Monitoring Board	_XNone
	or Advisory Board	
10	Leadership or fiduciary	X None
	role in other board,	
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	_ X None
10	Dessint of an invest	
12	Receipt of equipment, materials, drugs, medical	_ X None
	writing, gifts or other	
	services	
13	Other financial or non- financial interests	_ X None

Please summarize the above 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.