ICMJE DISCLOSURE FORM 1

Da	te:9/11/20)21		
	ur Name:Gha			
	anuscript Title: Malignar anuscript number (if kno		in Neurofibromatosis Type 1 Patient: A Rare Case R	eport
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	the interest of transpar at are	ency, we ask you to disc	lose all relationships/activities/interests listed be	elow
rel thi	3	our manuscript. "Relate	d" means any relation with for-profit or not-for-pr	rofit
•	rties whose interests m mmitment	ay be affected by the co	intent of the manuscript. Disclosure represents a	
	, ,	not necessarily indicate est, it is preferable that y	e a bias. If you are in doubt about whether to list a you do so.	a
cu	e following questions a rrent nuscript only.	pply to the author's rela	tionships/activities/interests as they relate to the	
	e author's relationships rtains	/activities/interests sho	uld be <u>defined broadly</u> . For example, if your manu	ıscript
to	the epidemiology of hyp		leclare all relationships with manufacturers of on is not mentioned in the manuscript.	
	item #1 below, report a ner items,	I support for the work re	eported in this manuscript without time limit. For	all
the	e time frame for disclos	ure is the past 36 month	S.	
		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)	
	Т	ime frame: Since the initia	l planning of the work	
	All support for the	XNone		
	present manuscript (e.g.,			
	funding, provision of			
	study materials, medical			

Time frame: past 36 months

X __None

writing, article processing charges, etc.)
No time limit for this

Grants or contracts from

in item #1 above).

any entity (if not indicated

item.

3	Royalties or licenses	_ XNone
4	Consulting fees	X _None
_		
5	Payment or honoraria for lectures, presentations,	XNone
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert testimony	XNone
	les uniony	
7	Support for attending	XNone
,	meetings and/or travel	XNone
	S .	
8	Patents planned, issued	XNone
	or pending	
9	Participation on a Data	V Name
9	Safety Monitoring Board	XNone
	or Advisory Board	
10	Leadership or fiduciary	XNone
	role in other board,	
	society, committee or advocacy group, paid or	
	unpaid	
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical	XNone
	writing, gifts or other	
	services	
13	Other financial or non-	XNone
	financial interests	
Р	lease summarize the abo	ove conflict of interest in the following box:
Γ	None.	
	NOTIC.	

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 2

Date: 9/11/2021

Your Name: Nedal Bukhari

Manuscript Title: Malignant Anaplastic Meningioma in Neurofibromatosis Type 1 Patient: A Rare Case Report

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 current

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,

		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 initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical	_XNone	

		1	
	writing, article processing charges, etc.)		
	No time limit for this		
	item.		
	nem.		
		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	XNone	
	3		
5	Payment or honoraria for	XNone	
	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
	, and the second		
7	Support for attending	_ XNone	
	meetings and /or travel	_ /	
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	Detector along and leaved		
8	Patents planned, issued	XNone	
	or pending		
_			
9	Participation on a Data	_XNone	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
11	unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
10	services		
13	Other financial or non-	XNone	
	financial interests		

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 3

Date: 9/1/2022

Your Name: Marwah M. Abdulkader

Manuscript Title: Malignant Anaplastic Meningioma in Neurofibromatosis Type 1 Patient: A Rare Case Report

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

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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

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items.

	3	Specifications/Comments (e.g., if payments were made to you or to your
	relationship or indicate	institution)

		none (add rows as needed)	
	Ti	me frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g.,	XNone	
	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	_XNone	
4	Consulting fees	_XNone	
Г	Daymant ar hanararia for	V N	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Cupport for attending	V Name	
/	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued	_XNone	
	or pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	V Name	
10	role in other board,	_XNone	
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	_XNone	
10	Danalata Carrela	V N	
12	Receipt of equipment, materials, drugs, medical	XNone	

	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

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 4

Date: 9/1/2022

Your Name: Ibrahim Alotain

Manuscript Title: Malignant Anaplastic Meningioma in Neurofibromatosis Type 1 Patient: A Rare Case Report

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

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The following questions apply to the author's relationships/activities/interests as they relate to the current

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	Ŧ	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past XNone	: 36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone	
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and for travel	_XNone	
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board,	XNone	

	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-	_XNone	
	financial interests		

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 5

Date: 9/11/2021

Your Name: Mahmoud S. Taha

Manuscript Title: Malignant Anaplastic Meningioma in Neurofibromatosis Type 1 Patient: A Rare Case Report

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

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The following questions apply to the author's relationships/activities/interests as they relate to the current

manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		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	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	X None	
	Consuming ices	_ XNONE	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone	
6	Payment for expert testimony	_ XNone	
7	Construction of the state of th		
7	Support for attending meetings and for travel	_XNone	

8	Patents planned, issued	_XNone			
	or pending				
9	Participation on a Data	_ XNone			
7	Safety Monitoring Board	_XNone			
	or Advisory Board				
10	Leadership or fiduciary	_XNone			
	role in other board, society, committee or				
	advocacy group, paid or				
11	unpaid Stack on tions	V N			
11	Stock or stock options	_XNone			
12	Receipt of equipment,	XNone			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non- financial interests	_XNone			
	ilitaticiai litterests				
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.				