	ICIVISE DISCEOSORE I ORIVI			
Date:	e: 10/16/2023			
Your Name:	r Name: Mark Simmonds			
Manuscript Title:	Anti-VEGF drugs compared with laser photocoagulation for the treatment of diabetic retinopathy: a systematic review and meta-analysis			
Manuscript Number (if know	vn): Click or tap here to enter text.			
content of your manuscript. affected by the content of th indicate a bias. If you are in The author's relationships/ac epidemiology of hypertensio that medication is not menti	support for the work reported in this manuscript without time limit. For all other items, the time			
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		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)
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: Since the initial planning None NIHR	Grant funder Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None □	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Dat	e:	-	10/16/2023			
Your Name:		=	Alexis Llewellyn			
Manuscript Title:		_	Anti-VEGF drugs compared with laser photo retinopathy: a systematic review and meta-	=		
Ma	nuscript Number (if kn	nown):	Click or tap here to enter text.			
con affe	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.					
epi		sion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	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.					
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
				made to you or to your institution)		
1	All support for the		hip or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution)		
1	All support for the present manuscript (e.g.,	relations	hip or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials,	relations No	hip or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution) of the work		
1	All support for the present manuscript (e.g., funding, provision	relations No	hip or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution) of the work Grant funder		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relations No	hip or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution) of the work Grant funder Click the tab key to add additional rows.		

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Royalties or

licenses

⊠ None

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Dat	e:		10/16/2023		
Your Name:			Ruth Walker		
Manuscript Title:			Anti-VEGF drugs compared with laser photocoagulation for the treatment of diabetic retinopathy: a systematic review and meta-analysis		
Ma	nuscript Number (if k	known):	Click or tap here to enter text.		
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epi	•	nsion, you	· · · · · · · · · · · · · · · · · · ·	xample, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time	
			entities with whom you have this thip 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	of the work	
1	All support for the present		one		
	manuscript (e.g., funding, provision	NIHR		Grant funder	
	of study materials,			Click the tab key to add additional rows.	
	medical writing, article processing				
	charges, etc.) No time limit for				
	this item.				
	this item.		Time frame: past 36 months	s	
2	Grants or	[⊠] No	Time frame: past 36 months	s	
2	Grants or contracts from	[⊠] N o	·	s	
2	Grants or contracts from any entity (if not indicated in item	[⊠] N o	·	s	
2	Grants or contracts from any entity (if not	[⊠] N o	·	s	
2	Grants or contracts from any entity (if not indicated in item		·	s	
	Grants or contracts from any entity (if not indicated in item #1 above).		one	s	
	Grants or contracts from any entity (if not indicated in item #1 above).		one		

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:			10/16/2023		
Your Name:			Helen Fulbright		
Manuscript Title:			Anti-VEGF drugs compared with laser photocoagulation for the treatment of diabetic retinopathy: a systematic review and meta-analysis		
Mar	nuscript Number (if k	nown):	Click or tap here to enter text.		
cont affe	ent of your manuscricted by the content of	ipt. "Rela of the mai			
epic	· ·	nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		· · · · · · · · · · · · · · · · · · ·	ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		i Cia tions	mp of malcate none (add rows as necaca)	made to you or to your institution)	
		relations	Time frame: Since the initial planning		
1	All support for the				
	present manuscript (e.g.,		Time frame: Since the initial planning		
	present manuscript (e.g., funding, provision	[□] No	Time frame: Since the initial planning	of the work Grant funder	
	present manuscript (e.g., funding, provision of study materials, medical writing,	[□] No	Time frame: Since the initial planning	of the work	
	present manuscript (e.g., funding, provision of study materials,	[□] No	Time frame: Since the initial planning	of the work Grant funder	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	[□] No	Time frame: Since the initial planning	of the work Grant funder	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	[□] No	Time frame: Since the initial planning	of the work Grant funder Click the tab key to add additional rows.	

Royalties or

licenses

⊠ None

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

ICIVIJE DISCLOSURE FORIVI			
Date:	ate: 10/16/2023		
Your Name:		Matthew Walton	
Manuscript Title:	Anti-VEGF drugs compared with laser photocoagulation for the treatment of diabetic retinopathy: a systematic review and meta-analysis		-
Manuscript Number (if I	known):	Click or tap here to enter text.	
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 author's relationships/activities/interests should be defined broadly. 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.			
		entities with whom you have this thip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)

		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	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.	[□] None	Grant funder Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

ICIVIJE DISCLOSURE FORIVI			
Date:	10/16/2023		
Your Name:	Robert Hodgson		
Manuscript Title:	Anti-VEGF drugs compared with laser photocoagulation for the treatment of diabetic retinopathy: a systematic review and meta-analysis		
Manuscript Number (if k	nown): Click or tap here to enter text.		
content of your manuscriaffected by the content of indicate a bias. If you are The author's relationship epidemiology of hypertenthat medication is not medicated.	rency, we ask you to disclose all relationships/activities/interests listed below that are related to the ipt. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be of the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. In solutions a should be defined broadly. For example, if your manuscript pertains to the insion, you should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript. In support for the work reported in this manuscript without time limit. For all other items, the time is past 36 months.		
	Name all entities with whom you have this Specifications/Comments (e.g., if payments were		

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		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			10/16/2023		
Your Name:			Laura Bojke		
Manuscript Title:			Anti-VEGF drugs compared with laser photocoagulation for the treatment of diabetic retinopathy: a systematic review and meta-analysis		
Mar	nuscript Number (if I	known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, you		ript. "Rela of the man e in doubt os/activition ension, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. des/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if		
In item #1 below, report all suppo frame for disclosure is the past 36		all suppo	rt for the work reported in this manuscript w	ithout time limit. For all other items, the time	
			l entities with whom you have this hip 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 o	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	□ No	one	Grant funder Click the tab key to add additional rows.	
	article processing charges, etc.) No time limit for this item.				
			Time frame: past 36 months	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
3	Royalties or licenses	⊠ No	one		

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)
11	Stock or stock options	□ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	Current panel member on the HS&DR Funding Committee HS&DR Researcher-Led - Panel Members 04/12/2019 - 31/12/2022	
Please place an "X" next to the following statement to indicate your agreement: [I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

3 12/13/2021 ICMJE Disclosure Form

Date	e:		10/16/2023		
Your Name:			Lesley Stewart		
Mar	nuscript Title:		Anti-VEGF drugs compared with laser photo retinopathy: a systematic review and meta-	<u> </u>	
Mar	nuscript Number (if k	nown):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		ipt. "Rela of the man e in doubt s/activitionsion, you entioned	ated" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity es/interests should be defined broadly. For each of the u should declare all relationships with manufain the manuscript.	vample, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report a			ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIHR	one	Grant funder Click the tab key to add additional rows.	
	this item.				
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
3	Royalties or	⊠ No	one		

licenses

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)		
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None			
13	Other financial or non-financial interests	None			
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:			10/16/2023		
Your Name:			Sofia Dlas		
Manuscript Title:			Anti-VEGF drugs compared with laser photocoagulation for the treatment of diabetic retinopathy: a systematic review and meta-analysis		
Mar	nuscript Number (if k	known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub		ript. "Rela of the man e in doubt os/activition	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
-	medication is not m	-		acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		· · · · · · · · · · · · · · · · · · ·	ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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		one		
	manuscript (e.g., funding, provision	NIHR		Grant funder	
	of study materials,			Click the tab key to add additional rows.	
	medical writing, article processing				
	charges, etc.)				
	No time limit for this item.				
			Time frame: past 36 month	s	
2	Grants or	⊠ No	one		
	contracts from	[_]			
	any entity (if not indicated in item				
	#1 above).				
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3	Royalties or licenses	⊠ No	one		

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)		
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None			
13	Other financial or non-financial interests	None			
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	10/16/2023
Your Name:	Thomas Rush
Manuscript Title:	Anti-VEGF drugs compared with laser photocoagulation for the treatment of diabetic retinopathy: a systematic review and meta-analysis
Manuscript Number (if known):	Click or tap here to enter text.

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 author's relationships/activities/interests should be defined broadly. 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.

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		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)		
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None			
13	Other financial or non-financial interests	None			
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Dat	e:		10/16/2023		
You	r Name:		John Lawrenson		
Maı	nuscript Title:		Anti-VEGF drugs compared with laser photocoagulation for the treatment of diabetic retinopathy: a systematic review and meta-analysis		
Mai	nuscript Number (if k	nown):	Click or tap here to enter text.		
con affe	tent of your manuscri cted by the content o	pt. "Rela of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
epic	· · · · · · · · · · · · · · · · · · ·	nsion, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
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4	Consulting fees	None None	
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6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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Manuscript Title:	Anti-VEGF drugs compared with laser photocoagulation for the treatment of diabetic retinopathy: a systematic review and meta-analysis
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		NOVALUS	lviyseii
5	Payment or honoraria for lectures, presentations, speakers	Abbvie, Roche, Bayer, Novartis, Roche, Oxurion, Heidelberg, Optos, Zeiss	Lecture fees
	bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
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Date:	10/13/2023	10/13/2023		
Your Name:	David H Steel	David H Steel		
Manuscript Title:	Click or tap here to enter text.			
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None ■	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			