

# ICMJE DISCLOSURE FORM

**Date:** 10/16/2023

**Your 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 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.

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**Date:** 10/16/2023

**Your Name:** Alexis Llewellyn

**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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**Date:** 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

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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**Your Name:** Helen Fulbright

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**Your Name:** Matthew Walton

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## ICMJE DISCLOSURE FORM

**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 known):** [Click or tap here to enter text.](#)

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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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## ICMJE DISCLOSURE 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

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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☒ 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

**Date:** 10/16/2023

**Your Name:** Lesley Stewart

**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.](#)

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**Date:** 10/16/2023

**Your Name:** Sofia Dias

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**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

## ICMJE DISCLOSURE 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.

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.

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Time frame: Since the initial planning of the work									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
Time frame: past 36 months									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
<b>3</b>	Royalties or licenses	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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## ICMJE DISCLOSURE FORM

**Date:** 11/10/2023

**Your Name:** João Figueira

**Manuscript Title:** Anti-VEGF drugs compared with laser photocoagulation for the treatment of proliferative diabetic retinopathy: a systematic review and IPD 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.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>						



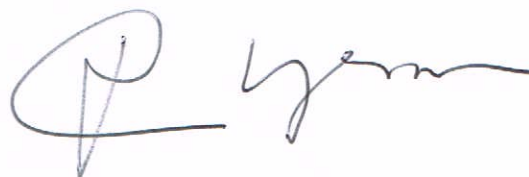
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)										
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="361 316 1475 458"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="361 535 1475 677"> <tr><td>Abbvie</td><td>Paid to me</td></tr> <tr><td>Bayer</td><td>Paid to me</td></tr> <tr><td>Novartis</td><td>Paid to me</td></tr> <tr><td>Roche</td><td>Paid to me</td></tr> </table>		Abbvie	Paid to me	Bayer	Paid to me	Novartis	Paid to me	Roche	Paid to me		
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Bayer	Paid to me												
Novartis	Paid to me												
Roche	Paid to me												
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="361 873 1475 982"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="361 1081 1475 1255"> <tr><td>Abbvie</td><td>Paid to me</td></tr> <tr><td>Bayer</td><td>Paid to me</td></tr> <tr><td>Novartis</td><td>Paid to me</td></tr> <tr><td>Roche</td><td>Paid to me</td></tr> <tr><td>Alcon</td><td>Paid to me</td></tr> </table>		Abbvie	Paid to me	Bayer	Paid to me	Novartis	Paid to me	Roche	Paid to me	Alcon	Paid to me
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Roche	Paid to me												
Alcon	Paid to me												
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="361 1332 1475 1441"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="361 1539 1475 1648"> <tr><td>Oxular / Parexel Biotech</td><td>Paid to me</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Oxular / Parexel Biotech	Paid to me								
Oxular / Parexel Biotech	Paid to me												
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="361 1725 1475 1834"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											



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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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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.



# ICMJE FORM

**Date:** 10/18/2023

**Your Name:** Sobha Sivaprasad

**Manuscript Title:** Anti-VEGF drugs compared with laser photocoagulation for the treatment of proliferative diabetic retinopathy: a systematic review and IPD meta-analysis

**US-based Author (if yes, you must fill out Open Payment section below):** NO

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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<b>1</b>	<input type="checkbox"/> None <table border="1"> <tr> <td>National Institute of Health and Care Research</td> <td>Grant funding for study to each institution</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><a href="#">Click the tab key to add additional rows.</a></td> </tr> </table>	National Institute of Health and Care Research	Grant funding for study to each institution				<a href="#">Click the tab key to add additional rows.</a>	
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<b>2</b>	<input type="checkbox"/> None <table border="1"> <tr> <td>Abbvie</td> <td>Grant to institution</td> </tr> <tr> <td>Boehringer Ingelheim</td> <td>grant to institution</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Abbvie	Grant to institution	Boehringer Ingelheim	grant to institution			
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4	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td>AbbVie, Amgen, Apellis, Bayer, Biogen, Boehringer Ingelheim, Novartis, Eyebiotech, Eyepoint Pharmaceuticals, Iveric Bio, Janssen Pharmaceuticals, Nova Nordisk, Optos, Ocular Therapeutix, Kriya Therapeutics, OcuTerra, Roche.</td> <td>Advisory Board Member -payment made to me</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		AbbVie, Amgen, Apellis, Bayer, Biogen, Boehringer Ingelheim, Novartis, Eyebiotech, Eyepoint Pharmaceuticals, Iveric Bio, Janssen Pharmaceuticals, Nova Nordisk, Optos, Ocular Therapeutix, Kriya Therapeutics, OcuTerra, Roche.	Advisory Board Member -payment made to me						
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Open Payments URL:

[\[Click or tap here to enter text.\]](#)

Match Disclosure Form?

YES/NO

**If no, please briefly explain  
discrepancy:**

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[Click or tap here to enter text.]

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# ICMJE DISCLOSURE FORM

**Date:** 10/16/2023

**Your Name:** John Lawrenson

**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.

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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						

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# ICMJE DISCLOSURE FORM

**Date:** 10/16/2023

**Your Name:** Tunde Peto

**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.

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.

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Novartis</td> <td>Paid to my institution</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Novartis	Paid to my institution				
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## ICMJE DISCLOSURE FORM

**Date:** 10/13/2023

**Your Name:** David H Steel

**Manuscript Title:** [Click or tap here to enter text.]

**Manuscript Number (if known):** [Click or tap here to enter text.]

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