

ICMJE DISCLOSURE FORM

Date: 29 Jan 2024

Your Name: Rustam Al-Shahi Salman

Manuscript Title: Medical management and surgery (using neurosurgery/stereotactic radiosurgery) versus medical management alone for symptomatic brain cavernoma: the CARE pilot RCT

Manuscript number (if known): Not 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 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.

		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.	NIHR Health Technology Assessment trial grant	Cavernomas A Randomised Effectiveness (CARE) pilot trial, to address the effectiveness of active treatment (with neurosurgery or stereotactic radiosurgery) versus conservative management in people with symptomatic brain cavernoma. Ref. NIHR128694 £1,006,577.57 paid to The University of Edinburgh
Time frame: past 36 months			

2	Grants or contracts from any entity (if not indicated in item #1 above).	Chief Scientist Office Health Improvement, Protection and Services Research Committee Project Grant	Platform randomised controlled trial for INTracerebral Haemorrhage (PLINTH): community-based feasibility study. Ref. HIPS/22/36 £298,985 paid to The University of Edinburgh
3	Royalties or licenses	None	
4	Consulting fees	Recursion Pharmaceuticals	Paid to The University of Edinburgh
		Bioxodes	Paid to The University of Edinburgh
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	European Stroke Masters	Paid to The University of Edinburgh
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	Novo Nordisk NN9931-4553 and NN9931-4554 endpoint adjudication committee	Paid to The University of Edinburgh
		NIHR Programme Grants for Applied Research (PGfAR)	Funding committee member, stage 2 sub-committee B, 2024-
		NIHR EME	Funding committee board member
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	UK Clinical Research Collaboration network of registered Clinical Trials Units, clinical director	Paid to The University of Edinburgh
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	

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

Date: 30/1/2024

Your Name: Neil Kitchen

Manuscript Title: Medical management and surgery (using neurosurgery/stereotactic radiosurgery) versus medical management alone for symptomatic brain cavernoma: the CARE pilot RCT

Manuscript number (if known): Not 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.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	none	
3	Royalties or licenses	none	

4	Consulting fees	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	
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.**

ICMJE DISCLOSURE FORM

Date: 26 January 2024

Your Name: Dr Laura Forsyth

Manuscript Title: Medical management and surgery (using neurosurgery/stereotactic radiosurgery) versus medical management alone for symptomatic brain cavernoma: the CARE pilot RCT

Manuscript number (if known): Not known

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Time frame: past 36 months			
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3	Royalties or licenses	None	

4	Consulting fees	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	
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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ICMJE DISCLOSURE FORM

Date: 30/1/2024

Your Name: Vijeya Ganesan

Manuscript Title: Medical management and surgery (using neurosurgery/stereotactic radiosurgery) versus medical management alone for symptomatic brain cavernoma: the CARE pilot RCT

Manuscript number (if known): Not known

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	none	
3	Royalties or licenses	none	

4	Consulting fees	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	
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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ICMJE DISCLOSURE FORM

Date: 02/02/2024

Your Name: Peter S. Hall

Manuscript Title: Medical management and surgery (using neurosurgery/stereotactic radiosurgery) versus medical management alone for symptomatic brain cavernoma: the CARE pilot RCT

Manuscript number (if known): Not known

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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.	NIHR	Research grant to the University of Edinburgh for conduct of the CARE trial
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	none	
3	Royalties or licenses	None	

4	Consulting fees	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	
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:

 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

Date: 24/01/2023

Your Name: Dr Kirsty Harkness

Manuscript Title: Medical management and surgery (using neurosurgery/stereotactic radiosurgery) versus medical management alone for symptomatic brain cavernoma: the CARE pilot RCT

Manuscript number (if known): Not 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.

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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.	none	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	none	
3	Royalties or licenses	none	

4	Consulting fees	none	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Unrestricted educational grant from Medtronic for stroke imaging study day 2023	
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	South Yorkshire Integrated stroke delivery network clinical lead	
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:

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

Date: 30th January 2024

Your Name: Peter Hutchinson

Manuscript Title: Medical management and surgery (using neurosurgery/stereotactic radiosurgery) versus medical management alone for symptomatic brain cavernoma: the CARE pilot RCT

Manuscript number (if known): Not known

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	none	
3	Royalties or licenses		

4	Consulting fees	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	
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:

 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

Date: 25/01/2024_____

Your Name: _Prof Steff C. Lewis_____

Manuscript Title: Medical management and surgery (using neurosurgery/stereotactic radiosurgery) versus medical management alone for symptomatic brain cavernoma: the CARE pilot RCT

Manuscript number (if known): Not known

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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.	none	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	none	
3	Royalties or licenses	none	

4	Consulting fees	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	2016-21: Member, NIHR HTA General Funding Panel	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	none	
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:

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

Date:31.01.2024

Your Name: Matthias Walter Richard Radatz

Manuscript Title: Medical management and surgery (using neurosurgery/stereotactic radiosurgery) versus medical management alone for symptomatic brain cavernoma: the CARE pilot RCT

Manuscript number (if known): Not known

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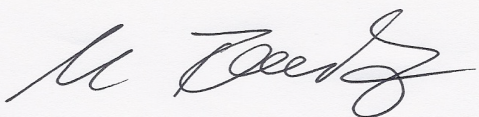
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	I am a consultant neurosurgeon employed by Sheffield Teaching Hospitals NHSFT. The trust participated actively in the trial and treated patients randomised to Stereotactic Radiosurgery. I was involved in recruitment, consent and treatment of such patients	I am not privy to the remuneration my organisation received for treating randomised patients. I myself have had no additional payments other than my normal employment salary as a consultant neurosurgeon.

Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	none	
3	Royalties or licenses	none	
4	Consulting fees	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	I am a member of the TMG and as such attended regular video calls.	No remuneration received for this activity Travel expenses were offered but not required
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	I was the President of the British Radiosurgery Society and am now the Past President of the same.	Unremunerated role No expenses charged or received
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	I am one of the leading experts in the field and treat currently patients with brain cavernoma. In some way the outcome of the trial could influence the acceptance of future patients for treatment.	My work case mix might be affected but the outcome of this trial is not likely to have any financial impact, positive or negative.

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.



Matthias W R Radatz MD FRCS
Consultant Spinal and Neurosurgeon

ICMJE DISCLOSURE FORM

Date: 6th February 2024

Your Name: Carole Turner

Manuscript Title: Medical management and surgery (using neurosurgery/stereotactic radiosurgery) versus medical management alone for symptomatic brain cavernoma: the CARE pilot RCT

Manuscript number (if known): Not known

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Time frame: past 36 months			
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3	Royalties or licenses	none	

4	Consulting fees	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	
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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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

Date: 30/1/2024

Your Name: Julia Wade

Manuscript Title: Medical management and surgery (using neurosurgery/stereotactic radiosurgery) versus medical management alone for symptomatic brain cavernoma: the CARE pilot RCT

Manuscript number (if known): Not known

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3	Royalties or licenses	none	

4	Consulting fees	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	
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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ICMJE DISCLOSURE FORM

Date: 31 January 2024

Your Name: Dr David C.S.White

Manuscript Title: Medical management and surgery (using neurosurgery/stereotactic radiosurgery) versus medical management alone for symptomatic brain cavernoma: the CARE pilot RCT

Manuscript number (if known): Not known

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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, 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.	NIHR	Grant NIHR128694, paid to Cavernoma Alliance UK.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	n/a	
3	Royalties or licenses	n/a	

4	Consulting fees	n/a	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	n/a	
6	Payment for expert testimony	n/a	
7	Support for attending meetings and/or travel	n/a	
8	Patents planned, issued or pending	n/a	
9	Participation on a Data Safety Monitoring Board or Advisory Board	n/a	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	n/a	
11	Stock or stock options	n/a	
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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 29 January 2024

Your Name: Prof Phil M. White

Manuscript Title: Medical management and surgery (using neurosurgery/stereotactic radiosurgery) versus medical management alone for symptomatic brain cavernoma: the CARE pilot RCT

Manuscript number (if known): Not known

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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	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	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	Immediate past Chair UK Neurointerventional Group	
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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