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 <u>current manuscript only</u>.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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 Bioxodes	Paid to The University of Edinburgh 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 NIHR Programme Grants for Applied Research (PGfAR)	Paid to The University of Edinburgh Funding committee member, stage 2 sub-committee B, 2024-
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	NIHR EME UK Clinical Research Collaboration network of registered Clinical Trials Units, clinical director	Funding committee board member 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-	None	
	financial interests		

Please p	olace an	"X"	next to	the	following	statement	to	indicate v	your a	greemen	t
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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.

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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.

		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 initia	planning of the work
1	All support for the present	none	
	manuscript (e.g., 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	none	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	none	

4	Consulting fees	none	
5	Payment or honoraria for	none	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	none	
	testimony		
7	Support for attending meetings and/or travel	none	
8	Patents planned, issued or	none	
	pending		
9	Participation on a Data	none	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	none	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	none	
12	Receipt of equipment,	none	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	none	
	financial interests		

_x I certify that I have answered every question and have not altered the wording of any of the questions on this 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

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> <u>manuscript only</u>.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony	TVOICE	
	,		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
_			
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society,	None	
10		None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this 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

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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		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 initia	planning of the work
1	All support for the present	none	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing,		
	article processing charges, etc.)		
	No time limit for this item.		
	No time illint for this item.		
		Time frame: past	36 months
2	Grants or contracts from	none	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	none	

4	Consulting fees	none	
5	Payment or honoraria for	none	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	none	
	testimony		
7	Support for attending meetings and/or travel	none	
	_		
8	Patents planned, issued or	none	
	pending		
9	Participation on a Data Safety Monitoring Board or	none	
	Advisory Board		
10	Leadership or fiduciary role	none	
10	in other board, society,	Hone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	none	
12	Receipt of equipment,	none	
12	materials, drugs, medical	none	
	writing, gifts or other		
12	Services		
13	Other financial or non- financial interests	none	
	manda miterests		

_x I certify that I have answered every question and have not altered the wording of any of the questions on this 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

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> <u>manuscript only</u>.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time 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.	NIHR	Research grant to the University of Edinburgh for conduct of the CARE trial
		Time frame: pas	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	
•	56.154.14.18 1555		
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	INOTIC	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	24/01/2023
Your Na	me: _Dr Kirsty Harkness
	ript Title: Medical management and surgery (using neurosurgery/stereotactic radiosurgery) versus medical ment alone for symptomatic brain cavernoma: the CARE pilot RCT
Manusc	ript 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 <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.

		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 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.	none	
		Time frame: pas	t 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	Unrestricted educational	
	lectures, presentations,	grant from Medtronic for	
	speakers bureaus,	stroke imaging study day	
	manuscript writing or	2023	
	educational events		
6	Payment for expert	none	
0	testimony	none	
	cesumony		
7	Support for attending	none	
	meetings and/or travel		
8	Patents planned, issued or	none	
	pending		
9	Participation on a Data Safety Monitoring Board or	none	
	Advisory Board		
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	Charle an about authors		
11	Stock or stock options	none	
12	Receipt of equipment,	none	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	none	
	financial interests		

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this 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

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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		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.	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		

4	Consulting fees	none	
_			
5	Payment or honoraria for lectures, presentations,	none	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	none	
	testimony		
_			
7	Support for attending meetings and/or travel	none	
8	Patents planned, issued or	none	
	pending		
_			
9	Participation on a Data Safety Monitoring Board or Advisory Board	none	
10	Leadership or fiduciary role	none	
10	in other board, society,	Hone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	none	
12	Receipt of equipment,	none	
	materials, drugs, medical	110.110	
	writing, gifts or other		
	services		
13	Other financial or non-	none	
	financial interests		

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	25/01/2024
Your Na	me: _Prof Steff C. Lewis
	ript Title: Medical management and surgery (using neurosurgery/stereotactic radiosurgery) versus medical ment alone for symptomatic brain cavernoma: the CARE pilot RCT
Manusc	ript number (if known): Not known
related t	ript Title: Medical management and surgery (using neurosurgery/stereotactic radiosurgery) versus medical ment alone for symptomatic brain cavernoma: the CARE pilot RCT

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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 <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.

		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.	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	
l .	_		
5	Payment or honoraria for	none	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	none	
	testimony		
7	Support for attending	nono	
′	meetings and/or travel	none	
	meetings and/or traver		
8	Patents planned, issued or	none	
	pending	Hone	
	periam.		
9	Participation on a Data	2016-21: Member, NIHR	
	Safety Monitoring Board or	HTA General Funding	
	Advisory Board	Panel	
10	Leadership or fiduciary role	none	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	none	
12	Pagaint of aguinment	none	
12	Receipt of equipment,	none	
12	materials, drugs, medical	none	
12		none	
12	materials, drugs, medical writing, gifts or other	none	
	materials, drugs, medical writing, gifts or other services		

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this 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

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 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.

		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: pa	st 36 months
2	Grants or contracts from	none	st 30 months
-	any entity (if not indicated	Hone	
	in item #1 above).		
3	Royalties or licenses	nono	
3	Royalties of licenses	none	
4	Consulting fees	none	
-	Consulting rees	Hone	
5	Payment or honoraria for	none	
,	lectures, presentations,	Hone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	none	
	testimony		
	·		
7	Support for attending	none	
	meetings and/or travel		
	_		
8	Patents planned, issued or	none	
	pending	Hone	
	Penam.8		
9	Participation on a Data	I am a member of the	No remuneration received for this activity
	Safety Monitoring Board or	TMG and as such	Travel expenses were offered but not required
	Advisory Board	attended regular video	Traver expenses nere enered at the required
	,	calls.	
		cans.	
10	Leadership or fiduciary role	I was the President of the	Unremunerated role
10	in other board, society,	British Radiosurgery	No expenses charged or received
	committee or advocacy	Society and am now the	THE EXPENSES CHARGED OF TECCIVED
	group, paid or unpaid	Past President of the	
	0. 2 ap, paid 31 dilpaid		
		same.	
11	Stock or stock options	nono	
11	Stock of Stock options	none	
12	Receipt of equipment,	none	
12	materials, drugs, medical	HOHE	
	writing, gifts or other		
	services		
L	aci vicea	1	

13	Other financial or non-	I am one of the leading	My work case mix might be affected but the outcome of
	financial interests	experts in the field and treat currently patients with brain cavernoma. In some way the outcome of the trial could influence the acceptance	this trial is not likely to have any financial impact, positive or negative.
		of future patients for treatment.	

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

M Tack

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

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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		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 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.	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	none	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert	none	
	testimony	Hone	
	,		
7	Support for attending	none	
	meetings and/or travel		
8	Patents planned, issued or pending	none	
-			
9	Participation on a Data Safety Monitoring Board or	none	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of any '	News	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	none	

_x I certify that I have answered every question and have not altered the wording of any of the questions on this 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

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time 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.	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	none	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	none	
	testimony	Hone	
	,		
7	Support for attending	none	
	meetings and/or travel		
8	Patents planned, issued or	none	
	pending		
9	Participation on a Data	none	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	nono	
10	in other board, society,	none	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	none	
12	Receipt of equipment,	none	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	none	

_x I certify that I have answered every question and have not altered the wording of any of the questions on this 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

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> <u>manuscript only</u>.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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				
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 15 Payment or honoraria for leaders in price in label	4	Consulting fees	n/a	
lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services			,	
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manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services				
educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 1				
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Meetings and/or travel		testimony		
Meetings and/or travel	7	Support for attending	n/a	
8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	,		11/ 4	
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Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	9	Safety Monitoring Board or	n/a	
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services				
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11 Stock or stock options n/a Receipt of equipment, materials, drugs, medical writing, gifts or other services		-		
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	11		n/a	
materials, drugs, medical writing, gifts or other services				
materials, drugs, medical writing, gifts or other services				
writing, gifts or other services	12	materials, drugs, medical writing, gifts or other	n/a	
services				
1 13 Ottlet Illianual 0 101- 1/a	13	Other financial or non- financial interests	n/a	
,			, .	

X I certify that I have answered every question and have not altered the wording of any of the questions on this form. X

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

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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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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time 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.	None 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	None	
	lectures, presentations, speakers bureaus, manuscript writing or		
	educational events		
6	6 Payment for expert testimony	None	
_			
7	Support for attending meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	Immediate past Chair UK	
	in other board, society, committee or advocacy	Neurointerventional	
		Group	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
	services		
13	Other financial or non- financial interests	None	

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.