

ICMJE FORM

Date: 3/5/2024

Your Name: Wilson X. Wang

Manuscript Title: Crizanlizumab for Retinal Vasculopathy with Cerebral Leukoencephalopathy in a Phase 2 clinical study

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

Manuscript Number (if known): _____

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

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Open Payments URL:

Match Disclosure Form?

YES/NO

If no, please briefly explain discrepancy:

ICMJE DISCLOSURE FORM

Date: 3/2/2024

Your Name: Dan Spiegelman

Manuscript Title: Crizanlizumab for Retinal Vasculopathy with Cerebral Leukoencephalopathy in a Phase 2 clinical study

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

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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: 3/3/2024

Your Name: Prabakar Kumar Rao

Manuscript Title: Crizanlizumab for Retinal Vasculopathy with Cerebral Leukoencephalopathy in a Phase 2 clinical study

US-based Author (if yes, you must fill out Open Payment section below): YES

Manuscript Number (if known): _____

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		VRS Foundation Annual Update	Honoraria payment made directly to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		VRS Annual Update	Payment for hotel stay made directly to hotel on my behalf
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None	

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		CEO Hark Vision – make low cost slit lamp cameras	Payment directly to me

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Open Payments URL:

<https://openpaymentsdata.cms.gov/physician/688771>

Match Disclosure Form?

YES

If no, please briefly explain discrepancy:

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ICMJE FORM

Date: 3/2/2024

Your Name: Andria Ford

Manuscript Title: Crizanlizumab for Retinal Vasculopathy with Cerebral Leukoencephalopathy in a Phase 2 clinical study

US-based Author (if yes, you must fill out Open Payment section below): YES

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		Pfizer	2022, 2023 – Advisory Board; Payments made to Andria Ford.
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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Open Payments URL:

<https://openpaymentsdata.cms.gov/physician/599331>

Match Disclosure Form?

YES

If no, please briefly explain discrepancy:

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

ICMJE FORM

Date: 2/14/2024

Your Name: Rajendra Apte

Manuscript Title: Crizanlizumab for Retinal Vasculopathy with Cerebral Leukoencephalopathy in a Phase 2 Clinical Study

US-based Author (if yes, you must fill out Open Payment section below): YES

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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="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Roche</td> <td style="width: 50%;">Personal Compensation</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Roche	Personal Compensation					
Roche	Personal Compensation								
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

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