

ICMJE DISCLOSURE FORM

Date: 11/17/2021

Your Name: Nanthiya Sujjantarat

Manuscript Title: Higher Hospital Frailty Risk Score is Associated with Increased Complications and Healthcare Resource Utilization After Endovascular Treatment of Ruptured Intracranial Aneurysms

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

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Date: 11/17/2021

Your Name: Josiah Sherman

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Date: 11/17/2021

Your Name: Margot Sarkozy

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Date: 11/17/2021

Your Name: Daniela Renedo

Manuscript Title: Higher Hospital Frailty Risk Score is Associated with Increased Complications and Healthcare Resource Utilization After Endovascular Treatment of Ruptured Intracranial Aneurysms

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Date: 11/17/2021

Your Name: Benjamin C. Reeves

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Date: 11/17/2021

Your Name: Charles C. Matouk

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ICMJE DISCLOSURE FORM

Date: 11/17/2021

Your Name: Ajay Malhotra

Manuscript Title: Higher Hospital Frailty Risk Score is Associated with Increased Complications and Healthcare Resource Utilization After Endovascular Treatment of Ruptured Intracranial Aneurysms

Manuscript Number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 11/17/2021

Your Name: Andrew B. Koo

Manuscript Title: Higher Hospital Frailty Risk Score is Associated with Increased Complications and Healthcare Resource Utilization After Endovascular Treatment of Ruptured Intracranial Aneurysms

Manuscript Number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 11/17/2021

Your Name: Ryan Hebert

Manuscript Title: Higher Hospital Frailty Risk Score is Associated with Increased Complications and Healthcare Resource Utilization After Endovascular Treatment of Ruptured Intracranial Aneurysms

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

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ICMJE DISCLOSURE FORM

Date: 11/17/2021

Your Name: John Havlik

Manuscript Title: Higher Hospital Frailty Risk Score is Associated with Increased Complications and Healthcare Resource Utilization After Endovascular Treatment of Ruptured Intracranial Aneurysms

Manuscript Number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 11/17/2021

Your Name: Aladine A. Elsamadicy

Manuscript Title: Higher Hospital Frailty Risk Score is Associated with Increased Complications and Healthcare Resource Utilization After Endovascular Treatment of Ruptured Intracranial Aneurysms

Manuscript Number (if known): _____

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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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 checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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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	
<p>Please place an "X" next to the following statement to indicate your agreement:</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: 11/17/2021

Your Name: Joseph P. Antonios

Manuscript Title: Higher Hospital Frailty Risk Score is Associated with Increased Complications and Healthcare Resource Utilization After Endovascular Treatment of Ruptured Intracranial Aneurysms

Manuscript Number (if known): Unknown

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.

		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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <p style="font-size: small; text-align: right;">Click the tab key to add additional rows.</p>						
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