

ICMJE DISCLOSURE FORM

Date: Dec, 20th, 2021

Your Name: Xintong Fan

Manuscript Title: The characteristics of fundus microvascular alterations in the course of glaucoma: A narrative review

Manuscript number (if known): ATM-21-5695-R1

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.	<u>_ Xintong Fan _ None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>_ Xintong Fan ___ None</u>	
3	Royalties or licenses	<u>___ Xintong Fan ___ None</u>	
4	Consulting fees	<u>_ Xintong Fan ___ None</u>	

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

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

Xintong Fan 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: Dec, 20th, 2021

Your Name: Yue Ying

Manuscript Title: The characteristics of fundus microvascular alterations in the course of glaucoma: A narrative review

Manuscript number (if known): ATM-21-5695-R1

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>_ Yue Ying ___ None</u>	
3	Royalties or licenses	<u>___ Yue Ying ___ None</u>	
4	Consulting fees	<u>_ Yue Ying ___ None</u>	

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

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

_ Yue Ying _ 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: Dec, 20th, 2021

Your Name: Ruyi Zhai

Manuscript Title: The characteristics of fundus microvascular alterations in the course of glaucoma: A narrative review

Manuscript number (if known): ATM-21-5695-R1

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>_ Ruyi Zhai ___ None</u>	
3	Royalties or licenses	<u>___ Ruyi Zhai ___ None</u>	
4	Consulting fees	<u>_ Ruyi Zhai ___ None</u>	

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

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None.

Please place an "X" next to the following statement to indicate your agreement:

_ Ruyi Zhai _ 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: Dec, 20th, 2021

Your Name: Qilian Sheng

Manuscript Title: The characteristics of fundus microvascular alterations in the course of glaucoma: A narrative review

Manuscript number (if known): ATM-21-5695-R1

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>_ Qilian Sheng ___ None</u>	
3	Royalties or licenses	<u>___ Qilian Sheng ___ None</u>	
4	Consulting fees	<u>_ Qilian Sheng ___ None</u>	

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

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

Qilian Sheng 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: Dec, 20th, 2021

Your Name: Yanan Sun

Manuscript Title: The characteristics of fundus microvascular alterations in the course of glaucoma: A narrative review

Manuscript number (if known): ATM-21-5695-R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>_ Yanan Sun ___ None</u>	
3	Royalties or licenses	<u>___ Yanan Sun ___ None</u>	
4	Consulting fees	<u>_ Yanan Sun ___ None</u>	

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

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None.

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_ Yanan Sun _ 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: Dec, 20th, 2021

Your Name: Huan Xu

Manuscript Title: The characteristics of fundus microvascular alterations in the course of glaucoma: A narrative review

Manuscript number (if known): ATM-21-5695-R1

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3	Royalties or licenses	<u>___ Huan Xu ___ None</u>	
4	Consulting fees	<u>_ Huan Xu ___ None</u>	

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

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None.

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_ Huan Xu _ 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: Dec, 20th, 2021

Your Name: Xiangmei Kong

Manuscript Title: The characteristics of fundus microvascular alterations in the course of glaucoma: A narrative review

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Time frame: past 36 months			
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3	Royalties or licenses	___ Xiangmei Kong ___ None	
4	Consulting fees	_ Xiangmei Kong ___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> Xiangmei Kong <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> Xiangmei Kong <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> Xiangmei Kong <input type="checkbox"/> None	
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