

ICMJE DISCLOSURE FORM

Date: 12/14/2022

Your Name: Alexander Bystritsky

Manuscript Title: Pursuing personalized medicine for depression by targeting lateral or medial prefrontal cortex with Deep TMS

Manuscript Number (if known): 165271-INS-CMED-RV-3

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; 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> <small style="display: block; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</small>						
Time frame: past 36 months								
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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 checked="" 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	

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.

Alexander Borstis MD, PhD
12/18/2022.

ICMJE DISCLOSURE FORM

Date: 9/11/2022

Your Name: Hadar Shalev

Manuscript Title: Pursuing personalized medicine for depression by targeting lateral or medial prefrontal cortex with Deep TMS

Manuscript Number (if known): 165271-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 9/11/2022

Your Name: Frederic Deutsch

Manuscript Title: Pursuing personalized medicine for depression by targeting lateral or medial prefrontal cortex with Deep TMS

Manuscript Number (if known): 165271-INS-CMED-RV-3

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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ICMJE DISCLOSURE FORM

Date: 9/11/2022

Your Name: Uri Alyagon

Manuscript Title: Should lateral or medial prefrontal cortex be targeted by deep transcranial-magnetic-stimulation to treat depression?

Manuscript Number (if known): 165271-JCI-CMED-1

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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4	Consulting fees	<input checked="" type="checkbox"/> None	
		I work part time as an EEG consultant for Brainsway	
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 checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Brainsway	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		filed patent PCT/IL2017/051163 entitled "Apparatus and methods for predicting therapy outcome"	
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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ICMJE DISCLOSURE FORM

Date: 9/11/2022

Your Name: Yiftach Roth

Manuscript Title: Pursuing personalized medicine for depression by targeting lateral or medial prefrontal cortex with Deep TMS

Manuscript Number (if known): 165271-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 9/9/2022

Your Name: Abraham Zangen

Manuscript Title: Pursuing personalized medicine for depression by targeting lateral or medial prefrontal cortex with Deep TMS

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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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 20%;"></td></tr> <tr><td style="height: 15px;"> </td><td></td></tr> <tr><td style="height: 15px;"> </td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">[Israel Science Foundation, European Research Council H2020, Israel Innovation Authority, BrainsWay]</td> <td style="width: 40%;">To my institute (Ben Gurion University)</td> </tr> <tr><td style="height: 15px;"> </td><td></td></tr> <tr><td style="height: 15px;"> </td><td></td></tr> </table>	[Israel Science Foundation, European Research Council H2020, Israel Innovation Authority, BrainsWay]	To my institute (Ben Gurion University)				
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3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">National Institute of Health]</td> <td style="width: 40%;">To me</td> </tr> <tr><td style="height: 15px;"> </td><td></td></tr> <tr><td style="height: 15px;"> </td><td></td></tr> </table>	National Institute of Health]	To me				
National Institute of Health]	To me							

		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)
4	Consulting fees	<input type="checkbox"/> None	
		BrainsWay]	To me
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 checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		BrainsWay]	
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	

		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)
11	Stock or stock options	<input type="checkbox"/> None	
		BrainsWay	To me.
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.

ICMJE DISCLOSURE FORM

Date: 9/11/2022

Your Name: Ahava Stein

Manuscript Title: Pursuing personalized medicine for depression by targeting lateral or medial prefrontal cortex with Deep TMS

Manuscript Number (if known): 165271-INS-CMED-RV-3

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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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></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></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)
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.

ICMJE DISCLOSURE FORM

Date: 9/11/2022

Your Name: Aron Tendler

Manuscript Title: Pursuing personalized medicine for depression by targeting lateral or medial prefrontal cortex with Deep TMS

Manuscript Number (if known): 165271-INS-CMED-RV-3

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.

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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.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">BrainsWay</td> <td>Research funding for this clinical trial</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	BrainsWay	Research funding for this clinical trial			Click the tab key to add additional rows.	
BrainsWay	Research funding for this clinical trial								
Click the tab key to add additional rows.									
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Liva Nova</td> <td>Research Funding for VNS clinical trial for refractory depression</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Liva Nova	Research Funding for VNS clinical trial for refractory depression				
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3	Royalties or licenses	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </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)
4	Consulting fees	<input type="checkbox"/> None	
		BrainsWay	Chief Medical Officer, Half-Time position
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Clinical TMS Society	Speaker honoraria
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Clinical TMS Society	Insurance Committee, unpaid

		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)
11	Stock or stock options	<input type="checkbox"/> None	
		BrainsWay	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Private practice, commercial TMS center	

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: 12/14/2022

Your Name: ~~Click or tap here to enter text.~~ David Feifel

Manuscript Title: Pursuing personalized medicine for depression by targeting lateral or medial prefrontal cortex with Deep TMS

Manuscript Number (if known): 165271-INS-CMED-RV-3

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									
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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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Patent pending : PSYCHEDELIC DRUG TREATMENT OF NEUROPSYCHIATRIC DISORDERS AND CEREBRAL PALSY</td> <td style="width: 50%;">Patent Issued: Oxytocin treatment to improve memory and modify blood glucose</td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	Patent pending : PSYCHEDELIC DRUG TREATMENT OF NEUROPSYCHIATRIC DISORDERS AND CEREBRAL PALSY	Patent Issued: Oxytocin treatment to improve memory and modify blood glucose							
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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%;">Scientific Board: Brainsway (unpaid)</td> <td style="width: 50%;"></td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	Scientific Board: Brainsway (unpaid)								
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Board member: "Kadima Brain Initiative"</td> <td style="width: 50%;"></td> </tr> <tr> <td>Clinical TMS Society</td> <td></td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	Board member: "Kadima Brain Initiative"		Clinical TMS Society						
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Clinical TMS Society											

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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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: 9/11/2022

Your Name: Daniel M. Blumberger

Manuscript Title: Should lateral or medial prefrontal cortex be targeted by deep transcranial-magnetic-stimulation to treat depression?

Manuscript Number (if known): 165271-JCI-CMED-1

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.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Brainsway site PI for this sponsored clinical trial.</td> <td>No salary, funds direct to my institution.</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Brainsway site PI for this sponsored clinical trial.	No salary, funds direct to my institution.			Click the tab key to add additional rows.			
Brainsway site PI for this sponsored clinical trial.	No salary, funds direct to my institution.										
Click the tab key to add additional rows.											
Time frame: past 36 months											
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Canadian Institutes of Health Research</td> <td> </td> </tr> <tr> <td>National Institute of Mental Health (US)</td> <td> </td> </tr> <tr> <td>Brain Canada</td> <td> </td> </tr> <tr> <td>Magventure</td> <td>In kind equipment support for investigator initiated trials</td> </tr> </table>	Canadian Institutes of Health Research		National Institute of Mental Health (US)		Brain Canada		Magventure	In kind equipment support for investigator initiated trials
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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 checked="" 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 type="checkbox"/> None	
		Welcony	1 advisory board meeting
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Clinical TMS Society Clinical Standard Committee Member	

		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)
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	

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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: 12/14/2022

Your Name: Geoffrey Grammer

Manuscript Title: Pursuing personalized medicine for depression by targeting lateral or medial prefrontal cortex with Deep TMS

Manuscript Number (if known): 165271-INS-CMED-RV-3

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; margin-top: 5px;"> <tr><td style="width: 60%;"></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; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></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)
4	Consulting fees	<input checked="" type="checkbox"/> None	
		Janssen	Consulting fees to review educational materials related to Spravato
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
		Janssen Pharmaceuticals	Payment for educational event related to Spravato
6	Payment for expert testimony	<input checked="" 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	

		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)
11	Stock or stock options	<input type="checkbox"/> None	
		Greenbrook TMS NeuroHealth	Stock Options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		Brainsway	Device and EEG materials used in this study
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.

ICMJE DISCLOSURE FORM

Date: 12/14/2022

Your Name: IGOR FILIPCIC

Manuscript Title: Pursuing personalized medicine for depression by targeting lateral or medial prefrontal cortex with Deep TMS

Manuscript Number (if known): 165271-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 9/11/2022

Your Name: Noam Barnea-Ygael

Manuscript Title: Pursuing personalized medicine for depression by targeting lateral or medial prefrontal cortex with Deep TMS

Manuscript Number (if known): 165271-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 9/11/2022

Your Name: Samuel Zibman

Manuscript Title: Pursuing personalized medicine for depression by targeting lateral or medial prefrontal cortex with Deep TMS

Manuscript Number (if known): 165271-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 9/11/2022

Your Name: Tatiana Gulevsky

Manuscript Title: Pursuing personalized medicine for depression by targeting lateral or medial prefrontal cortex with Deep TMS

Manuscript Number (if known): 165271-INS-CMED-RV-3

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13	Other financial or non-financial interests	<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>							

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: 12/14/2022
Your Name: Click or tap here to enter text. *Tanya Vapnik*
Manuscript Title: Pursuing personalized medicine for depression by targeting lateral or medial prefrontal cortex with Deep TMS
Manuscript Number (if known): 165271-INS-CMED-RV-3

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.) None
 No time limit for this item.

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, None

speakers
bureaus,
manuscript
writing or
educational
events

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.



12/15/22

ICMJE DISCLOSURE FORM

Date: 9/9/2022

Your Name: Mark S. George, MD

Manuscript Title: Pursuing personalized medicine for depression by targeting lateral or medial prefrontal cortex with Deep TMS

Manuscript Number (if known): 165271-INS-CMED-RV-3

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Babystrong – taVNS for oromotor feeding, MAAVINS - closed loop taVNS for rehab]	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Several]	
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 type="checkbox"/> None	
		Magstim – Clinical TMS system integrated with EEG]	
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.

Checklist for submitting a revised Clinical Medicine manuscript

In addition to addressing the items noted in the decision letter regarding your manuscript, ensure that your revised manuscript adheres to the guidelines below. For full submission details, [visit the JCI website](#).

Required files

Manuscript

- PDF of a clean version of the entire manuscript; include references, figures, figure legends, and tables.
- PDF of a marked-up version of the entire manuscript showing revisions and beginning with a point-by-point response to reviewer comments.
- Word or RTF file of all manuscript text; include references, figure legends, tables, and table legends (*but not* figures, images, markup, or point-by-point responses).
- Single PDF file of completed [ICMJE uniform disclosure forms](#) from all authors.
- For clinical trials, a PDF of the appropriate reporting checklist (CONSORT, STROBE, etc.).

Figures

- Publication-quality figures in TIFF format. See detailed [instructions for figure preparation](#).
- Recommended: Graphical abstract ([details available here](#)).

Supplemental material

- Supplemental information, figures, and modest-sized tables, as:
 - (if applicable) a PDF in which reviewer-requested changes are highlighted
 - a clean, publication-quality PDF
- Upload any supplemental videos and/or large spreadsheets separately.
- Before submission, carefully review all supplemental files; they will not be checked by a copy editor. The Journal is not responsible for any errors contained in supplemental material.

Blot/gel images

- For any figure showing a cropped blot or gel: a PDF, PPT, or PPTX file (distinct from any other supplemental material) that shows the unedited blot or gel images in their entirety.
- Annotate each image as, e.g., "Full unedited gel for Figure 2B."
- Clearly indicate which bands were used for the figures.
- [View Journal policy on gel/blot images](#).

Formatting and style

- Recommended 9,000/maximum 12,000 words (including title page, full text, references, figure legends, and tables).
- Double-spaced throughout, including references and tables; figure legends may be single spaced if necessary to keep a figure and its legend on the same page.
- All pages are numbered.
- Each section begins on a new page.

Abbreviations and acronyms

- [Standard JCI abbreviations and acronyms](#) are used without definition.
- All other abbreviations and acronyms are spelled out at first use in the Abstract and again at first use in the main text (with the abbreviated form appearing in parentheses) and used without definition thereafter.

Gene names and symbols

- Gene names and symbols conform to official [NCBI Gene Nomenclature](#).
- Presented according to [JCI Gene nomenclature and style](#).

Italicization

- Generally reserved for gene symbols, genotypes, and species names.
- Terms such as *in vivo*, *in vitro*, etc., are not italicized.

Unpublished data, manuscripts in preparation or under review, and personal communications

- Cited parenthetically in the text, not as numbered references; e.g., "(Jane L. Doe, UCLA, Los Angeles, California, USA, unpublished observations)."
- Written permission to cite unpublished observations by individuals external to the author's research team (email is sufficient) is submitted.

Reference citations

- Appear in parentheses preceded by a space, e.g., "as described previously (1, 2)"; "several research groups (4–10) have found."
- No superscript, boldface, italics, etc.

Figure and table callouts

- Figures and tables are called out in numerical order.
- "Figure," "Table," "Supplemental Figure," "Supplemental Table," etc., are spelled out.
- Callouts appear in parentheses (no boldface or italics) preceded by a space, unless grammatically part of the sentence: "the levels increased (Figure 5A)"; "data shown in Table 2."
- Parts are called out as, e.g., "Figure 1A," "Figure 2, A and B," "Figure 3, B–D."

Manuscript preparation and required reporting

Title page

Manuscript title

- Clear, concise, and limited to 15 words, including conjunctions.
- Refers to the relevant disease or disease model studied.
- No subtitles, colons, periods, or nonstandard abbreviations.

Authors and affiliations

- Author names are provided in full (for example, "Benita J. Sjögren") and in the appropriate order.
- No titles, honorifics, degrees, or certifications.
- Affiliations correspond to the period when the work was performed.
- For authors whose affiliation has changed since completion of the work, specify the present affiliation and location below the numbered list.
- Affiliation footnotes are assigned consecutively using superscripted numbers (1, 2, 3, etc.).
- Affiliations include departments, institutions, city, state (if applicable), and country (but not mailing addresses or zip/regional codes).
- Corresponding author's complete name, address, telephone number (including country code if applicable), and email address.
- Consortium/study groups shown as authors (e.g., CARDIoGRAM Consortium)
 - Unless the members of the group appear as authors, each individual member and their affiliation are listed in the supplemental material, under the heading Supplemental Acknowledgments.
 - The following sentence appears in Acknowledgments: "See Supplemental Acknowledgments for details on {name of consortium}."

Conflict-of-interest statement

- A statement consistent with the Journal's [conflict-of-interest policy](#) is included; if no author has a conflict, state the following: "The authors have declared that no conflict of interest exists."
- If patents are involved, the patent or patent application number(s) are provided and the names of the associated authors specified.

Abstract

Structured format with the sections Background, Methods, Results, Conclusion, Trial registration, Funding.

Maximum 250 words.

No references.

All nonstandard abbreviations are defined at first use.

Main text (presented in the following order)

Introduction

Results

Discussion

Methods

Demographic reporting ([see details here](#))

Reporting on race and ethnicity adheres to [NIH guidelines](#) or other applicable authoritative standards.

Descriptors for any demographic identities are clear, unbiased, and up-to-date.

Data for any demographic variable are inclusive; if any information is unavailable or incomplete, an explanation is provided.

Specify whether the participants or investigators made the classifications; and whether the options were defined by the investigators or participants.

Complete manufacturer name (omit location) is provided for each proprietary item used.

For animal models, precise genotype, strain, number of backcrosses, sex, age, and source are specified.

Antibodies: Commercial — source and catalog/clone number are specified for each; custom — generation of antibodies is described (or an appropriate reference is cited).

Source of all cell lines used is indicated.

Data sets for gene expression microarrays, SNP arrays, and high-throughput sequencing studies are deposited in a public repository, and accession number(s) provided in Methods in the main text (for publication, data must be publicly available).

Statistics

Section appears near the end of Methods ([before](#) “Study approval”).

The *P* value used to determine significance of differences is specified; e.g., “A *P* value less than 0.05 was considered significant.”

Analysis appropriately corrects for multiple comparisons (more than 2 groups) and for repeated measures (multiple measurements within subjects).

If samples were excluded, a statement describes inclusion/exclusion criteria.

Study approval

Stand-alone paragraph at the end of Methods.

Declaration of approval of human and/or animal studies, specifying the official name and location of the applicable institutional review board(s).

For human studies, a statement indicates receipt of written informed consent from participants and/or their parents/guardians.

For use of photographs of participants, a separate statement of written informed consent is included.

Author contributions

Contribution of each author (identified by initials) is specified; e.g., designing research studies, conducting experiments, acquiring data, analyzing data, providing reagents, writing the manuscript. Multiple contributions may be listed for a single individual, and more than one individual may be associated with a single contribution.

Grammatically complete sentences are used.

For manuscripts with 2 or more co-first authors, the method used to assign authorship order among these authors is stated.

Acknowledgments

States sources of support in the form of grants, equipment, or drugs.

Grant numbers are provided as applicable.

Other acknowledgments, such as of colleagues for advice, are included as appropriate.

References

Prepared according to [How to prepare references for submission](#).

Figure legends

Maximum 300 words.

Each begins with a stand-alone title, irrespective of the individual parts.

Figure parts are called out in boldface: **(A)**, **(B–D)**, **(C and E)**.

Symbols and abbreviations introduced in figures are defined and used consistently throughout.

Use of terms within the legends is consistent with that in the figures themselves.

In each figure legend where appropriate, the statistical test(s) used are described.

For each panel representing multiple experiments, the exact number of samples (*n*) is reported.

For representative experiments, the number of times the experiment was conducted is reported.

Error bars are defined either in Statistics or in the individual legends; e.g., “Data represent mean ± SEM.”

Variance around the mean and statistical analysis are not provided for figures representing fewer than 3 independent samples.

For histological panels and insets, scale bars are defined or total original magnification is specified in the legends.

Figures

Prepared according to [How to prepare figures for submission](#).

For clinical trials, the appropriate flow diagram appears as a figure.

Parts are labeled with capital letters: A, B, C, etc., with no designated subparts.

Graphs of quantitative data are presented as either dot plots, with average and appropriate error bars indicated; or box-and-whisker plots, with values defined in the legend (bounds of the boxes, lines within the boxes, whiskers, and any outlying values). Dynamite plunger plots are not permitted.

If lanes in a gel or blot image are spliced together into a composite image, the lanes are distinguished with a thin vertical dividing line (black on a gray background; or white on a black background). State in the legend that the lanes were run on the same gel but were noncontiguous.

Tables

Prepared in Word table format (not pasted in from another application).

Self-contained and self-explanatory.

Preceded by brief titles.

Each table fits on a single page and is presented on its own page.

Callouts to footnotes (designated with superscript capital letters) are assigned alphabetically row by row.

No subparts or subsections (for example, Table 1A and Table 1B).

Column headings in tables apply to all values throughout the column; a new row of column headings may not be introduced within a table.

See “Methods” above for reporting on demographics.