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Date:	08/30/2023
Your Name:	CLAPUYT Philippe
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial
Manuscript Number (if known):	173095-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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		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)
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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 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None  Pfizer provided sirolimus for VASE trial (copromotor)	
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None 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	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None  Pfizer provided sirolimus for this trial	
13	Other financial or non-financial interests	None     Non	
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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	, Nytucu	
Date:	08/30/2023	
Your Name:	REVENCU Nicole	
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial	
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13	Other financial or non-financial interests		None	
Plea ⊠	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.			

Morenen

Date:	08/30/2023
Your Name:	VIKKULA Miikka
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial
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Your Name:	Legrand Catherine	
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	e:	08/30/2023	
You	r Name:	BOON Laurence	
Mai	nuscript Title:	Sirolimus in Slow-Flow Vascul Multicentric Phase III Trial	ar Malformations: Preliminary Results of the European
Mai	nuscript Number (if kno	own): 173095-INS-CMED-RV-3	Basic D of tourness E
con affe indi The epic	tent of your manuscript ected by the content of the cate a bias. If you are in author's relationships/ demiology of hypertens	c. "Related" means any relation with f the manuscript. Disclosure represents a doubt about whether to list a relation activities/interests should be defined.	ships/activities/interests listed below that are related to the for-profit or not-for-profit third parties whose interests may be a commitment to transparency and does not necessarily inship/activity/interest, it is preferable that you do so.  broadly. For example, if your manuscript pertains to the poss with manufacturers of antihypertensive medication, even if
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		ame all entities with whom you have elationship or indicate none (add row	
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	of study materials, medical writing, article processing charges, etc.) No time limit for		Click the tab key to add additional rows.  To bourse gribbing
	medical writing, article processing charges, etc.)	Time frame:	panding the same of the same o
2	medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	□ None  Pfizer provided sirolimus for VASE tria promotor)	past 36 months

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Date:	08/30/2023	
Your Name:	HAMMER Frank	. HATINÉN
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4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None ————————————————————————————————————
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
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13	Other financial or non-financial interests	None	
Plea		to the following statement to indicate your agreeme answered every question and have not altered the wo	

Frank HAMMER h.D

FN

Date:	08/30/2023
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4	Consulting fees		None	
5	Payment or honoraria for lectures,	×	None	
	presentations, speakers bureaus, manuscript writing or educational events			
6	Payment for expert testimony	8	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	

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Date:	08/30/2023		
Your Name:	DE BORTOLI Martina	luativa De	
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1 12/13/2021 ICMJE Disclosure Form

		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)	е
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	ICMJE DISCLOSURE FORM		
Date:	08/30/2023		
Your Name:	BROUILLARD Pascal		
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformati Multicentric Phase III Trial	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial	
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An Van Damme



Date:	08/30/2023
Your Name:	DUMITRIU Dana
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8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None

			pecifications/Comments (e.g., if payments were nade to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None  Pfizer provided sirolimus for this trial	
13	Other financial or non-financial interests	None None	
Plea ⊠		t to the following statement to indicate your agreement:  answered every question and have not altered the wordi	

Date:	08/30/2023
Your Name:	FUNCK-BRENTANO Thomas
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial
Manuscript Number (if known):	173095-INS-CMED-RV-3

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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.	None Time frame 2€ male	Click the tab key to add additional rows.		
		Time frame: past 36 month	S		
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None  Pfizer provided sirolimus for VASE trial (copromotor)			
3	Royalties or licenses	None     ■			

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None 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	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None  Pfizer provided sirolimus for this trial	
13	Other financial or non-financial interests	None     Non	
Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

Date:	08/30/2023	5
Your Name:	SEVESTRE Marie-Antoinette	
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the Euro Multicentric Phase III Trial	pean
Manuscript Number (if known)	17200E INIS CMED DV 2	

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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None  Pfizer provided sirolimus for VASE trial (copromotor)	
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Pfiz	None er provided sirolimus for this trial	
13	Other financial or non-financial interests		None	
Plea ⊠	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.			

Jan De la Company de la Compan

Date:	08/30/2023 SERONT E	
Your Name:		
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial	
Manuscript Number (if known):	173095-INS-CMED-RV-3	

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an extra		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)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Pfizer provided sirolimus for VASE trial (copromotor)	
3	Royalties or licenses	None None	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
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	

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11	Stock or stock options	None     ■	
12	Receipt of equipment,	□ None	
	materials, drugs, medical writing, gifts or other services	Pfizer provided sirolimus for this trial	
13	Other financial or non-financial	⊠ None	
	interests	En la company de la company de la company de la company de la company de	
Plea	se place an "X" nex	t to the following statement to indicate your agreeme	ent:
	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

ICIVISE DISCLOSORE FORIVI			
Date:	08/30/2023		
Your Name:	QUERE Isabelle	Isabelle Quéré	
Manuscript Title: Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial		ations: Preliminary Results of the European	
Manuscript Number (if known):	173095-INS-CMED-RV-3		
content of your manuscript. "Rela affected by the content of the ma	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 Specifications/Comments (e.g., if payments were made to you or to your institution) relationship or indicate none (add rows as needed) Time frame: Since the initial planning of the work All support for the  $\boxtimes$ None present 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 None contracts from any entity (if not Pfizer provided sirolimus for VASE trial (coindicated in item promotor) #1 above). Royalties or  $\boxtimes$ 3 None licenses

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

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11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None  Pfizer provided sirolimus for this trial	
13	Other financial or non-financial interests	None     Non	
Plea	Please place an "X" next to the following statement to indicate your agreement:  Sabelle Quéré  I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Munu Milyre ORCEL

Date:	8/30/2023
Your Name:	ORCEL Philippe
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European
	Multicentric Phase III Trial
Manuscript Number (if known):	173095-INS-CMED-RV-3

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		Time frame: past 36 month	s Table 1 to 12th a little to 12th a lit
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None  Pfizer provided sirolimus for VASE trial (copromotor)	
3	Royalties or licenses	None None	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	None     ■     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	



		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ <b>None</b> Pfizer provided sirolimus for this trial	
13	Other financial or non-financial interests	None None	
Plea ⊠		t to the following statement to indicate your agreeme	

08/30/2023

BISDORFF Annouk

Date:

Your Name:

Manuscript Title:		Sirolimus in Slow-Flow Vascular Malforma Multicentric Phase III Trial	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial		
Manuscript Number (if known):		known): 173095-INS-CMED-RV-3	173095-INS-CMED-RV-3		
con affe	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.				
epi	demiology of hyperte	ps/activities/interests should be defined broadly. For ension, you should declare all relationships with manu entioned in the manuscript.			
	tem #1 below, report ne for disclosure is th	all support for the work reported in this manuscript ne past 36 months.	without time limit. For all other items, the time		
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3	Royalties or licenses	⊠ 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)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None — — — — — — — — — — — — — — — — — — —
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None

			e all entities with whom ionship or indicate none		Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	×	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Pfiz	None er provided sirolimus for	this trial	
13	Other financial or non-financial interests		None		
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:				

3

Date:	8/21/2023
Your Name:	Seront Emmanuel
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial
Manuscript Number (if known):	173095-INS-CMED-RV-3

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2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None  Pfizer provided sirolimus for VASE trial (copromotor)	
3	Royalties or licenses	None     ■	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

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11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None  Pfizer provided sirolimus for this trial	
13	Other financial or non-financial interests	None	
	Please place an "X" next to the following statement to indicate your agreement:		
$\boxtimes$	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

Date:	8/30/2023
Your Name:	An Van Damme
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial
Manuscript Number (if known):	173095-INS-CMED-RV-3

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3	Royalties or licenses	None     Non	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

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11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None  Pfizer provided sirolimus for this trial	
13	Other financial or non-financial interests	None	
	Please place an "X" next to the following statement to indicate your agreement:		
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	8/30/2023
Your Name:	Catherine Legrand
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial
Manuscript Number (if known):	173095-INS-CMED-RV-3

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3	Royalties or licenses	None     ■	

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6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None  Pfizer provided sirolimus for this trial	
13	Other financial or non-financial interests	None	
	Please place an "X" next to the following statement to indicate your agreement:		
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	8/30/2023
Your Name:	Annouk Bisdorff-Bresson
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial
Manuscript Number (if known):	173095-INS-CMED-RV-3

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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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)
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None  Pfizer provided sirolimus for this trial	
13	Other financial or non-financial interests	None	
	Please place an "X" next to the following statement to indicate your agreement:		
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	8/30/2023	
Your Name:	Philippe Orcel	
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial	
lanuscript Number (if known): 173095-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		

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7	Support for attending meetings and/or travel	None 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	

		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	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None  Pfizer provided sirolimus for this trial	
13	Other financial or non-financial interests	None     Non	
Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	8/30/2023
Your Name:	Thomas Funck-Brentano
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial
Manuscript Number (if known):	173095-INS-CMED-RV-3

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		Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None  Pfizer provided sirolimus for VASE trial (copromotor)	
3	Royalties or licenses	None     Non	

			cations/Comments (e.g., if payments were co you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None □	
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13	Other financial or non-financial interests	None     Non	
Please place an "X" next to the following statement to indicate your agreement:			
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Date:	8/30/2023
Your Name:	Marie-Antoinette Pietri
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial
Manuscript Number (if known):	173095-INS-CMED-RV-3

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6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
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Date:	8/30/2023
Your Name:	Anne Dompmartin
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial
Manuscript Number (if known):	173095-INS-CMED-RV-3

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Date:	8/30/2023
Your Name:	Isabelle Quere
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial
Manuscript Number (if known):	173095-INS-CMED-RV-3

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Date:	8/30/2023
Your Name:	Pascal Brouillard
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial
Manuscript Number (if known):	173095-INS-CMED-RV-3

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Date:	8/30/2023
Your Name:	Nicole Revencu
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial
Manuscript Number (if known):	173095-INS-CMED-RV-3
	e ask you to disclose all relationships/activities/interests listed below that are related to the

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Date:	8/30/2023
Your Name:	Martina De Bortoli
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial
Manuscript Number (if known):	173095-INS-CMED-RV-3

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Date:	8/30/2023
Your Name:	Frank D. Hammer
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial
Manuscript Number (if known):	173095-INS-CMED-RV-3

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Date:	8/30/2023
Your Name:	Philippe R. Clapuyt
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial
Manuscript Number (if known):	173095-INS-CMED-RV-3

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Date:	8/30/2023		
Your Name:	Dana Dimitriu		
Manuscript Title: Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial			
Manuscript Number (if known):	lanuscript Number (if known): 173095-INS-CMED-RV-3		
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Date:	8/30/2023
Your Name:	Miikka Vikkula
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial
Manuscript Number (if known):	173095-INS-CMED-RV-3

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Date:	8/30/2023
Your Name:	Laurence M. Boon
Manuscript Title:	Sirolimus in Slow-Flow Vascular Malformations: Preliminary Results of the European Multicentric Phase III Trial
Manuscript Number (if known):	173095-INS-CMED-RV-3

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