

ICMJE DISCLOSURE FORM

Date: 11/8/2021

Your Name: Carel Hoyng

Manuscript Title: Nieuwe Inzichten in de Behandeling van Leeftijdsgebonden Maculadegeneratie

Manuscript Number (if known): D6416

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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%;">Bayer</td> <td>Investigator initiated research grant</td> </tr> <tr> <td>Uitzicht and several other Dutch blindness funding organizations</td> <td>Grant support for studies on second eye progression in age-related macular degeneration</td> </tr> <tr> <td>FFB USA</td> <td>Project program award: splice modulation to treat inherited retinal diseases</td> </tr> <tr> <td>FFB USA</td> <td>Translational Research Acceleration program award: antisense oligonucleotides for the treatment of Stargardt disease</td> </tr> <tr> <td>EU H2020 program</td> <td>Macustar consortium: novel clinical endpoints for intermediate AMD</td> </tr> <tr> <td>EU H2020 program</td> <td>Soraprazan in Stargardt disease</td> </tr> </table>	Bayer	Investigator initiated research grant	Uitzicht and several other Dutch blindness funding organizations	Grant support for studies on second eye progression in age-related macular degeneration	FFB USA	Project program award: splice modulation to treat inherited retinal diseases	FFB USA	Translational Research Acceleration program award: antisense oligonucleotides for the treatment of Stargardt disease	EU H2020 program	Macustar consortium: novel clinical endpoints for intermediate AMD	EU H2020 program	Soraprazan in Stargardt disease	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Bayer</td> <td>Investigator initiated research grant</td> </tr> <tr> <td>Uitzicht and several other Dutch blindness funding organizations</td> <td>Grant support for studies on second eye progression in age-related macular degeneration</td> </tr> <tr> <td>FFB USA</td> <td>Project program award: splice modulation to treat inherited retinal diseases</td> </tr> <tr> <td>FFB USA</td> <td>Translational Research Acceleration program award: antisense oligonucleotides for the treatment of Stargardt disease</td> </tr> <tr> <td>EU H2020 program</td> <td>Macustar consortium: novel clinical endpoints for intermediate AMD</td> </tr> <tr> <td>EU H2020 program</td> <td>Soraprazan in Stargardt disease</td> </tr> </table>	Bayer	Investigator initiated research grant	Uitzicht and several other Dutch blindness funding organizations	Grant support for studies on second eye progression in age-related macular degeneration	FFB USA	Project program award: splice modulation to treat inherited retinal diseases	FFB USA	Translational Research Acceleration program award: antisense oligonucleotides for the treatment of Stargardt disease	EU H2020 program	Macustar consortium: novel clinical endpoints for intermediate AMD	EU H2020 program	Soraprazan in Stargardt disease
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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: 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>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Bayer</td><td style="width: 50%;">Fee received for presentation</td></tr> <tr><td>Novartis</td><td>Fee received for presentation</td></tr> <tr><td>Abbvie</td><td>Fee received for presentation</td></tr> <tr><td>Horus Pharma</td><td>Fee received for presentation</td></tr> </table>	Bayer	Fee received for presentation	Novartis	Fee received for presentation	Abbvie	Fee received for presentation	Horus Pharma	Fee received for presentation	
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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: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input 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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Horus Pharma</td><td style="width: 50%;">Advisory Board</td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Horus Pharma	Advisory Board							
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10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>									

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	society, committee or advocacy group, paid or unpaid								
11	Stock or stock options	<input type="checkbox"/> None <table border="1"> <tr> <td>Astherna</td> <td>Stock holder</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Astherna	Stock holder					
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></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.