

ICMJE DISCLOSURE FORM

Date: 1 Sept 2021 _____

Your Name: Prof. Dame Caroline Watkins _____

Manuscript Title: Identifying Continence Options after Stroke (ICONS-II): a Pragmatic Multicentre RCT

Manuscript number (if known): _____

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.	NIHR	Research Grant
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).		PREPARE: imPROving End of life care Practice in stroke cARE. NIHR Programme Development Grant (PDG). Applicants: Thetford C, Lightbody L, Watkins C, Wee B, Clegg A, Burton C, Sprigg N, Jenkinson D, Forshaw D, Medina-Lara A, Prescott G, Brotherton A, Ogden M. Awarded: £149,980. 2020.
			PROMoting Stroke Pathway development EnhanCed by Technology (PROSPECT). Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR) and HEIF (Research

			England). Applicant: Watkins C. Awarded £310,356. 2020.
			Covid-Liv Cohort Study: The Psychological and social impact of Covid 19. NIHR. COVID-19 Strategic Research Fund. Applicants: Bennett K, Corcoran R, Gabbay M, Giebel C, Shaw L, Watkins C, Reilly S, Cooper C, Lord K, Downs M, Komuravelli A, Rajagopal M, Rogers C, Gaughan A, Ward K, Shenton J, Tetlow H, Bell M, Eley R, Butchard S, Limbert S, Cannon J, Whittington R, Callaghan S. Awarded £33,500. 2020.
			Stroke-Specific Education Framework (SSEF): Adoption and Development. (Title on Je-S form/GFU): Development and Maintenance of Stroke-Specific Education Framework (SSEF) (website). NHS Health Education England (HEE). Applicants: Watkins C, Nelson L, Miller C. Awarded £126,000. 2020.
			IMPROVing Stroke care in India - Advancing The Instruct Operations and Network (IMPROVIS-ATION). NIHR Global Health Research Group on Improving Stroke Care at University of Central Lancashire. NIHR Global Health Research. Applicants: Watkins C, Georgiou R, Lightbody CE, Gibson J, Hackett M, Sutton C, Clegg A, Schroeder D, Sharma A, Forshaw D, Maulik P, Pandian J, Kalkonde Y, Gabbay M, Walker M, Radford K, Lindley R, Cadilhac D, Sanders C, Srivastava P, Middleton S, Sylaja PN. Awarded £493,257. 2020.
			NIHR Applied Research Collaboration (ARC) North West Coast (NWC). NIHR. Director: Gabbay M, Implementation Lead: Watkins C. Theme Leads: Marson T, Barr B, Hatton C, Clegg A, Gabbay M, Rogers S. Total grant awarded £9,000,000. 2019; UCLan awarded £3,085,000. Liverpool CCG co-funding £1,500,000. 2019-2024.
			Standardised Neurological OBServation Schedule for Stroke (SNOBSS). NIHR Doctoral Research Fellowship (DRF). Applicant: McLoughlin A; Supervisors: Lightbody CE, Watkins C, Olive P, Price C. Awarded £271,872. 2018.
			DECISIONS: DEvelopment of a Comprehensive Intervention to Support Individuals with anticoagulatiON to prevent Stroke. NIHR RfPB. Applicants: Gibson J, Watkins C, Georgiou R, Chauhan U, Joshi M, Rutter P, Banerjee A, Lowe D, Lane D, Cheng Hock T. Awarded: £141,084. 2018.
			Stroke in Sierra Leone (SISLE). NIHR Global Health Research Group on stroke at King's College London. NIHR Global Health Research. Applicants: Sackley C, Youkee D, Wolfe C, Rudd A, Peacock J, Fox Rushby J, McKeivitt C, Leather A, Prince M, Watkins C, Langhorne P, Siegel FB. Awarded: £1,998,986. 2018.
3	Royalties or licenses	___ None	

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	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board		Chair, Trial Steering Committee (TSC) and Data Monitoring Committee (DMC) for COVID-NURSE: evaluation of the effects of a COVID-specific fundamental nursing care protocol compared to care as usual on experience of care for non-invasively ventilated patients in hospital with the SARS-CoV-2 virus: a randomised controlled trial. (Medical Research Council/UKRI Ref: COVO243; Grant no: MR/V02776X/1) (03.08.2020-until the project ends).
			Chair, Data Monitoring and Ethics Committee (DMEC) for Clinical and cost-effectiveness of an in-home personalised health promotion intervention enabling independence in older people with mild frailty ('HomeHealth'): A Randomised Controlled Trial NIHR
			Member, Study Steering Committee (SSC) for HTA Project: NIHR131227 - Predicting AF after Cardiac Surgery - the PARADISE Score A Clinical Prediction Rule for Post-operative Atrial Fibrillation in Patients Undergoing Cardiac Surgery. (05.08.2021-until the project ends)
			Member, International Scientific Advisory Committee for NIHR Global Health Research Group on Atrial Fibrillation Management (10.05.18-until the project ends)
			Member, Trial Steering Committee (TSC) for The Metoclopramide and selective oral decontamination for Avoiding Pneumonia after Stroke (MAPS-2) Trial (NIHR HTA Ref: 14/49/154) (17.11.2016-until the project ends)

10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		<p>Member, NIHR Advanced Fellowship Panel (29.10.2018-current).</p> <p>Committee Member, UK Swallowing Research Group (21.12.2018-to date)</p> <p>Member, International Stroke Rehabilitation and Recovery Alliance (ISRRRA) [former International Stroke Recovery and Rehabilitation Roundtable 2 (SRRR 2)] (13.04.2018-to date)</p> <p>Chair, UK Stroke Forum (UKSF) (1.01.2019-31.12.2020)</p> <p>Chair, European Stroke Organisation Conference (ESOC) AHP Sub-Committee (2018-date)</p> <p>Member, European Stroke Organisation Conference Planning Group (ESOC) (06.06.2016 – to date).</p>
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests		<p>NIHR CLAHRC North West Coast (Deputy Director)(Co-app)</p> <p>NIHR CLAHRC NWC COMMITS project (Co-app)</p> <p>NIHR STIMULATE-ICP Grant (Co-app)</p> <p>NIHR REVERSE RfPB Project Grant (Co-app)</p> <p>NIHR DOCTORAL FELLOWSHIP Alison McLoughlin (Co-app)</p> <p>NIHR DOCTORAL FELLOWSHIP Clare Gordon (Co-app)</p>

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

X 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: 01/09/2021

Your Name: Svetlana Tishkovskaya

Manuscript Title: Identifying Continence Options after Stroke (ICONS-II): a Pragmatic Multicentre RCT

Manuscript number (if known): _____

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.	___ None	
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	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
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	
11	Stock or stock options	<input type="checkbox"/> None	
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	

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: 02/09/2021
 Your Name: Christopher Brown
 Manuscript Title: Identifying Continence Options after Stroke (ICONS-II): a Pragmatic Multicentre RCT
 Manuscript number (if known): _____

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.

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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 checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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	
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.

ICMJJE DISCLOSURE FORM

Date: 31st August 2021
 Your Name: Dr. Chris J Sutton
 Manuscript Title: Identifying Continence Options after Stroke (ICONS-II): a Pragmatic Multicentre RCT
 Manuscript number (if known): _____

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.

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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.	___ None	
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, 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	
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	NIHR Health Technology Assessment Commissioning Funding Committee Member	Member since January 2020. No payment to myself or institution (except for travelling expenses incurred).
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:

X 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: 31Aug2021 _____
 Your Name: Yvonne Sylvestre Garcia _____
 Manuscript Title: Identifying ContinenCe OptioNs after Stroke (ICONS-II): a Pragmatic Multicentre RCT
 Manuscript number (if known): _____

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			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
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	
11	Stock or stock options	<input type="checkbox"/> None	
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	

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: 31/08/2021

Your Name: Denise Forshaw

Manuscript Title: Identifying Continence Options after Stroke (ICONS-II): a Pragmatic Multicentre RCT

Manuscript number (if known): _____

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.	Principal Clinical Trial Manager	Funded from award to provide senior oversight of study development, governance and set-up. Payment made to my institution.
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, 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	
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:

X_ 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: 31/08/2021

Your Name: GORDON PRESCOTT

Manuscript Title: Identifying Continence Options after Stroke (ICONS-II): a Pragmatic Multicentre RCT

Manuscript number (if known): _____

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**.

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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 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).		National Institute of Health Research programme development grant on end of life care after stroke - applicant
			National Institute of Health Research grant for trial STIMULATE-ICP: Understanding long COVID to improve diagnosis, treatment and care – trial management group member

			National Institute of Health Research artificial intelligence grant - Real-world testing of an AI autonomous algorithm to rule-out normal chest X-ray exams and to fast track the diagnosis of those suspected lung cancer patients, with same-day CT - applicant
3	Royalties or licenses	___ None	
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	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___	I am on the Data Monitoring Committee of the CATHETER II trial of two washout policies (saline, citric acid) versus no washout policy in preventing catheter associated complications in adults living with long-term catheters. This is unpaid.
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. X

ICMJE DISCLOSURE FORM

Date: 01-09-2021

Your Name: Lois Thomas

Manuscript Title: Identifying Continence Options after Stroke (ICONS-II): a Pragmatic Multicentre RCT

Manuscript number (if known): _____

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Time frame: past 36 months			
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3	Royalties or licenses	___ None	

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	
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	HS&DR commissioned Panel Member 2015-2019	

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

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: 30 –Aug 2021
 Your Name: Christine Roffe
 Manuscript Title: Identifying Continence OptioNs after Stroke (ICONS-II): a Pragmatic Multicentre RCT
 Manuscript number (if known): _____

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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3	Royalties or licenses	___ None	
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	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___	<p>Chair of the trial steering committee for the Imaging cerebral neuro-inflammation in acute and chronic cerebrovascular disease: a predictor of outcome and biomarker for guiding treatment (IN-CVD) study funded by NIHR EME (CI: Karl Herholz).</p> <p>Member of the Data and Safety Monitoring Committee for the CAARBS feasibility study comparing a CCB versus ACEI/ ARB-based regime to target BP variability following TIA and minor ischaemic stroke funded by a BHF/ TSA Programme Grant (2016-) CI: T. Robinson (2017-).</p> <p>Member of the Data and Safety Monitoring Committee for the PROOF Study examining high dose oxygen treatment in patients with large vessel occlusion and acute ischaemic stroke funded by an EU Horizon 2020 grant (2016-). CI: S. Poli.</p> <p>Independent member of the Trial Steering Committee for the LACunar Intervention (LACI-2) Trial -2: Assessment of safety and efficacy of cilostazol and isosorbide mononitrate to prevent recurrent lacunar</p>

			<p>stroke and progression of cerebral small vessel disease funded by a BHF grant. CI J Wardlaw (2016-)</p> <p>Independent member of the Trial Steering Committee for the Paramedic Acute Stroke Treatment Assessment (PASTA) Study Trial Steering Committee. CI C. Price (2015-2020)</p> <p>Co-applicant member of the Steering Group for the Right-2 study of pre-hospital treatment with GTN patches in acute stroke CI N. Bath (2015-2019).</p> <p>Co-applicant member of the Steering Group for the Tranexamic acid for hyperacute primary intracerebral haemorrhage (TICH-2) study, CIs N. Sprigg and P. Bath (2013-2019).</p>
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		<p>Member of the James Lind Alliance Stroke Research Priority Setting Group (2020-)</p> <p>Member of the UK Biotechnology and Biological Sciences Research Council Future Leaders Funding board (2020-)</p> <p>Member of The Stroke Association Research Awards Panel (2019-)</p> <p>Member of the UK Swallowing research group (2019-)</p> <p>Member of the UK Stroke Forum Steering Group (2015-)</p> <p>Chair of the NIHR Hyperacute Stroke Research Centre Oversight Group (2015-)</p> <p>Stroke NIHR National Specialty Group Portfolio Lead for Acute Clinical Studies (2015-)</p>

			Member of the NIHR HTA General Board (2017-2021) Member of the NIHR Stroke National Specialty Group (SNSG) (2015-2018)
11	Stock or stock options	<input type="checkbox"/> None	
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	

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: 31/08/21

Your Name: Joanne Booth

Manuscript Title: Identifying Continence Options after Stroke (ICONS-II): a Pragmatic Multicentre RCT

Manuscript number (if known): _____

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.	NIHR	Co-investigator on ICONS II
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR HTA	Tibial nerve stimulation compared with sham to reduce incontinence in care home residents: ELECTRIC RCT. HTA 15/130/73
3	Royalties or licenses	___ None	

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	
8	Patents planned, issued or pending	____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	____ None	TSC member: CATHETER II study: Randomised Controlled Trial Comparing THE Clinical And CostEffectiveness Of VaRious Washout Policies Versus No Washout Policy In Preventing Catheter Associated Complications In Adults Living With Long-Term Catheters. HTA 17/30/02
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.

ICMJE DISCLOSURE FORM

Date: 31st August 2021 _____

Your Name: Kina Bennett _____

Manuscript Title: Identifying Continence Options after Stroke (ICONS-II): a Pragmatic Multicentre RCT

Manuscript number (if known): _____

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.

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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.	NIHR	HTA Research Grant – ICONS II
		NIHR	Programme Development Grant - PREPARE
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	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	NIHR	I4i Research Grant - MYPAD
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 checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
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	

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.

ICMJJE DISCLOSURE FORM

Date: 31 August 2021.....

Your Name: Professor Brenda Roe

Manuscript Title: Identifying Continence Options after Stroke (ICONS-II): a Pragmatic Multicentre RCT

Manuscript number (if known): _____

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.

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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.	___ None	
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	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
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	
11	Stock or stock options	<input type="checkbox"/> None	
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	

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.

ICMJJE DISCLOSURE FORM

Date: 02/09/2021

Your Name: Professor Bruce Hollingsworth

Manuscript Title: Identifying Continence Options after Stroke (ICONS-II): a Pragmatic Multicentre RCT

Manuscript number (if known): _____

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.

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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.	___ None	
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	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
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	
11	Stock or stock options	<input type="checkbox"/> None	
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	

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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.

ICMJJE DISCLOSURE FORM

Date: 30/08/2021
 Your Name: Céu Mateus
 Manuscript Title: Identifying Continenence OptioNs after Stroke (ICONS-II): a Pragmatic Multicentre RCT
 Manuscript number (if known): _____

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.

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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.	___ None	
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	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
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	
11	Stock or stock options	<input type="checkbox"/> None	
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	

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

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ICMJE DISCLOSURE FORM

Date: 01/12/21 _____

Your Name: David Britt _____

Manuscript Title: Identifying ContinenCe OptioNs after Stroke (ICONS-II): a Pragmatic Multicentre RCT

Manuscript number (if known): _____

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			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
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	
11	Stock or stock options	<input type="checkbox"/> None	
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	

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: 01/12/21 _____

Your Name: Cliff Panton _____

Manuscript Title: Identifying ContinenCe OptioNs after Stroke (ICONS-II): a Pragmatic Multicentre RCT

Manuscript number (if known): _____

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			
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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	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> ICONS II PPI Member	Expenses received for attending PPI Meetings (£494)
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	
11	Stock or stock options	<input type="checkbox"/> None	
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	

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

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