ICMJE DISCLOSURE FORM

Date: 6/OCT/2021

Your Name: Professor Edward Jude

Manuscript Title: A multicentre, double-blind, centre-stratified multi-period crossover trial, including health economic analysis, to determine the Optimal Pathway for Treating Neuropathic Pain in Diabetes Mellitus (the OPTION-DM 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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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	
		Sanofi	Research support
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		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	X 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 Sanofi Novo Nordisk AstraZeneca	To me.
6	Payment for expert testimony	✓ None	
7	Support for attending meetings and/or travel	___ None Sanofi Napp Novo Nordisk	To me
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 Local meetings	✓ None Bayer Merck	

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

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