

ICMJE DISCLOSURE FORM

Date: 8/31/21

Your Name: Professor Alistair McGuire

Manuscript Title: Mortality impact, risks, and benefits of general population screening for ovarian cancer: a randomised controlled trial UKCTOCS

Manuscript number (if known): 16/46/01

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.	_x_ None	
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	__x__ 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	Member of NIHR HTA and EME Editorial Board 01/04/12 to 31/03/22	
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: 27th January 2022

Your Name: Dr Aleksandra Gentry-Maharaj

Manuscript Title: Mortality impact, risks, and benefits of general population screening for ovarian cancer: a randomised controlled trial UKCTOCS

Manuscript number (if known): 16/46/01

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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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.	CRUK	Paid to Institution
		The Eve Appeal	Paid to Institution
		NIHR HTA - Award number 16/46/01	Paid to Institution
		MRC Core Funding – Award number MR_UU_12023	Paid to Institution
		NIHR UCL Hospitals Biomedical Research Centre	Paid to Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Contracts	
		Cambridge University, UK	
		QIMR Berghofer Medical Research Institute, Australia	
		University of Sussex, UK	

		Research collaboration with iLOF (intelligent Lab on Fiber)	Funding paid to Institution
		Research collaboration with RNA Guardian	Funding paid to Institution
		Research collaboration with Micronoma	Funding paid to Institution
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:

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: 1/2/22

Your Name: Professor Alistair McGuire

Manuscript Title: Mortality impact, risks, and benefits of general population screening for ovarian cancer: a randomised controlled trial UKCTOCS

Manuscript number (if known): 16/46/01

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).	__x__ None	
3	Royalties or licenses	__x__ 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> None	NIHR HTA and EME Editorial Board member 01/04/12 to 31/03/22
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: 3/2/2022

Your Name: Dr. Andy Ryan

Manuscript Title: Mortality impact, risks, and benefits of general population screening for ovarian cancer: a randomised controlled trial UKCTOCS

Manuscript number (if known): 16/46/01

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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		CRUK	Paid to Institution
		The Eve Appeal	Paid to Institution
		NIHR HTA - Award number 16/46/01	Paid to Institution
		MRC Core Funding – Award number MR_UU_12023	Paid to Institution
		NIHR UCL Hospitals Biomedical Research Centre	Paid to Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <u>X</u> None	
3	Royalties or licenses	<input type="checkbox"/> <u>X</u> 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.

ICMJE DISCLOSURE FORM

Date: 17 Dec 2021

Your Name: Anne Dawnay

Manuscript Title: Mortality impact, risks, and benefits of general population screening for ovarian cancer: a randomised controlled trial UKCTOCS

Manuscript number (if known): 16/46/01

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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		The Eve Appeal	Paid to Institution
		NIHR HTA - Award number 16/46/01	Paid to Institution
		MRC Core Funding	Paid to Institution
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 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: _____ 4.2.22 _____

Your Name: _____ Ian Jacobs _____

Manuscript Title: Mortality impact, risks, and benefits of general population screening for ovarian cancer: a randomised controlled trial UKCTOCS

Manuscript number (if known): 16/46/01

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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		MRC	
		CRUK	
		NIHR	
		Eve Appeal	
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	

		Abcodia Ltd	Potential royalty stream as coinventor Risk of Ovarian Cancer Algorithm licensed by MGH to Abcodia Ltd
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	
		Risk of Ovarian Cancer Algorithm	Co-inventor. Licensed to MGH
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	Board member Abcodia Ltd	
		Eve Appeal Charity Emeritus Trustee	
		Board member Ovarian Cancer Australia	
11	Stock or stock options	___ None	
		Shareholder Abcodia Ltd	
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: 06 09 21

Your Name: Jatinderpal Kalsi

Manuscript Title: **Mortality impact, risks, and benefits of general population screening for ovarian cancer: a randomised controlled trial UKCTOCS**

Manuscript number (if known): **16/46/01**

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.	___ None	x
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	x
3	Royalties or licenses	___ None	x

4	Consulting fees	<input type="checkbox"/> None	x
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	x
6	Payment for expert testimony	<input type="checkbox"/> None	x
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	x
8	Patents planned, issued or pending	<input type="checkbox"/> None	x
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	x
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	x
11	Stock or stock options	<input type="checkbox"/> None	x
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	x
13	Other financial or non-financial interests	<input type="checkbox"/> None	x

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

J. Kalsi 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: 01.02.2022

Your Name: Lesley Fallowfield

Manuscript Title: Mortality impact, risks, and benefits of general population screening for ovarian cancer: a randomised controlled trial UKCTOCS

Manuscript number (if known): 16/46/01

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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	
		The MRC provided funding for the psychosocial study in UKCTOCS	Grant paid to the University of Sussex
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	<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.

ICMJE DISCLOSURE FORM

Date: 2.2.2022
 Your Name: MATTHEW BURNELL
 Manuscript Title: Mortality impact, risks, and benefits of general population screening for ovarian cancer: a randomised controlled trial UKCTOCS
 Manuscript number (if known): 16/46/01

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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		MRC Core Funding	Paid to Institution
		MRC Core Funding – Award number MR_UU_12023	Paid to Institution
		NIHR UCL Hospitals Biomedical Research Centre	Paid to Institution
Time frame: past 36 months			
2		___ None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
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: 02/02/2022

Your Name: Prof Mahesh KB Parmar

Manuscript Title: Mortality impact, risks, and benefits of general population screening for ovarian cancer: a randomised controlled trial UKCTOCS

Manuscript number (if known): 16/46/01

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 checked="" type="checkbox"/>	NIHR Standing Advisory Committee 01/05/2011 to 01/05/2016 EME Funding Committee 01/07/2014 to 01/07/2018
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.

ICMJE DISCLOSURE FORM

Date: 2 February, 2022

Your Name: Naveena Singh

Manuscript Title: Mortality impact, risks, and benefits of general population screening for ovarian cancer: a randomised controlled trial UKCTOCS

Manuscript number (if known): 16/46/01

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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).	___ 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	Astra-Zeneca MSD	Personal payment for participation in advisory board
		Glaxo-SmithKline	Personal payment for participation in advisory board
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 August 2021

Your Name: Steven Skates

Manuscript Title: **Mortality impact, risks, and benefits of general population screening for ovarian cancer: a randomised controlled trial UKCTOCS**

Manuscript number (if known): 16/46/01

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	Payments to Massachusetts General Hospital (MGH)
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ NCI	Payments to Massachusetts General Hospital (MGH)
3	Royalties or licenses	___ Abcodia	MGH co-licensed software for early detection of ovarian cancer

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	US 5800347, US 6030341	Patents have expired.
9	Participation on a Data Safety Monitoring Board or Advisory Board	SISCAPA Assay Technologies	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____ None	
11	Stock or stock options	SISCAPA Assay Technologies	For service on Scientific Advisory Board
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	____ None	

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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: 25.03.2022

Your Name: Stuart Campbell

Manuscript Title: Mortality impact, risks, and benefits of general population screening for ovarian cancer: a randomised controlled trial UKTOCS

Manuscript number (if known): 16/46/01

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	

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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: Usha Menon

Manuscript Title: Mortality impact, risks, and benefits of general population screening for ovarian cancer: a randomised controlled trial UKCTOCS

Manuscript number (if known): 16/46/01

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.	Cancer Research UK (CRUK)	Paid to Institution
		The Eve Appeal	Paid to Institution
		NIHR HTA - Award number 16/46/01	Paid to Institution
		MRC Core Funding – Award number MR_UU_12023	Paid to Institution
		NIHR UCL Hospitals Biomedical Research Centre	Paid to Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	CRUK	Paid to Institution
		MRC	Paid to Institution
		CRUK DBT (India Alliance)	Paid to Institution

		UCL GCRF Internal Small Grant	Paid to Institution
		MRC Proximity to Discovery Industrial Connectivity Award	Paid to Institution
		NIHR BRC UCLH	Paid to Institution
		Research collaboration with iLOF (intelligent Lab on Fiber)	Funding paid to Institution
		Research collaboration with RNA Guardian	Funding paid to Institution
		Research collaboration with Micronoma	Funding paid to Institution
3	Royalties or licenses	Abcodia UK	Held personal shares between 1 st April 2011 and 30 October 2021
4	Consulting fees	_____ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Honorarium	Honorarium for lecture paid to myself
6	Payment for expert testimony	_____ None	
7	Support for attending meetings and/or travel	Invited talk at National Cancer Policy Forum, Washington, USA, March 2020	Travel and subsistence reimbursed
		Invited talk at Robinson College, Cambridge, February 2020	Travel reimbursed
8	Patents planned, issued or pending	Patent no: EP10178345.4 for Breast Cancer Diagnostics	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Member, ACED (International Alliance for Cancer Early Detection) Gynaecological Cancers Working Group	
		Member, Tina's Wish (TW) Scientific Advisory Board, USA	

		Member, Data Monitoring Committee: Mixed COVID Vaccines study, India	
		Member, Research Advisory Panel, Yorkshire Cancer Research	
		Chair, Data Monitoring Committee: GEM3	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Member, GCP Professional Certification Scheme Steering Committee, CDSA, THSTI, India	
		Member, Clinical and Public Health Fellowship Selection Committee, Wellcome Trust DBT India Alliance	
		Member, Prevention Expert Review Panel, Population Research Committee, CRUK	
		Member, Early Career Fellowship Selection Committee, Wellcome Trust DBT India Alliance	
11	Stock or stock options	Shares in Abcodia Ltd, awarded by UCL	Held personal shares between 1 st April 2011 and 30 October 2021
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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