

## ICMJE DISCLOSURE FORM

**Date:** 5/23/2022

**Your Name:** Catherine Arundel

**Manuscript Title:** The PROMoting THE USE of Studies Within A Trial (PROMETHEUS) programme: lessons learnt for undertaking randomised SWATs

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
<b>Time frame: Since the initial planning of the work</b>										
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 2px;">Medical Research Council (MR/R013748/1)</td> <td style="padding: 2px;">Funding provision made to institution to support conduct and delivery of PROMETHEUS programme</td> </tr> <tr> <td style="padding: 2px;">NIHR CTU Infrastructure award (NIHR132547)</td> <td style="padding: 2px;">Funding provision made to institution to support continuation of PROMETHEUS programme</td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: right;"><small><a href="#">Click the tab key to add additional rows.</a></small></td> </tr> </table>	Medical Research Council (MR/R013748/1)	Funding provision made to institution to support conduct and delivery of PROMETHEUS programme	NIHR CTU Infrastructure award (NIHR132547)	Funding provision made to institution to support continuation of PROMETHEUS programme	<small><a href="#">Click the tab key to add additional rows.</a></small>			
Medical Research Council (MR/R013748/1)	Funding provision made to institution to support conduct and delivery of PROMETHEUS programme									
NIHR CTU Infrastructure award (NIHR132547)	Funding provision made to institution to support continuation of PROMETHEUS programme									
<small><a href="#">Click the tab key to add additional rows.</a></small>										
<b>Time frame: past 36 months</b>										
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 2px;">NIHR Health Technology Assessment Programme (16/73/03)</td> <td style="padding: 2px;">Coapplicant funded on PROFHER-2 Trial, a study included in the PROMETHEUS programme</td> </tr> <tr> <td style="padding: 2px;">NIHR Health Technology Assessment Programme (17/42/94)</td> <td style="padding: 2px;">Coapplicant funded on SWHSI-2 Trial, a study included in the PROMETHEUS programme</td> </tr> <tr> <td style="padding: 2px;">NIHR Health Technology Assessment Programme (15/102/04)</td> <td style="padding: 2px;">Study team member funded via the DISC Trial, a study included in the PROMETHEUS programme</td> </tr> <tr> <td style="padding: 2px;">NIHR Health Technology Assessment (15/102/04)</td> <td style="padding: 2px;"></td> </tr> </table>	NIHR Health Technology Assessment Programme (16/73/03)	Coapplicant funded on PROFHER-2 Trial, a study included in the PROMETHEUS programme	NIHR Health Technology Assessment Programme (17/42/94)	Coapplicant funded on SWHSI-2 Trial, a study included in the PROMETHEUS programme	NIHR Health Technology Assessment Programme (15/102/04)	Study team member funded via the DISC Trial, a study included in the PROMETHEUS programme	NIHR Health Technology Assessment (15/102/04)	
NIHR Health Technology Assessment Programme (16/73/03)	Coapplicant funded on PROFHER-2 Trial, a study included in the PROMETHEUS programme									
NIHR Health Technology Assessment Programme (17/42/94)	Coapplicant funded on SWHSI-2 Trial, a study included in the PROMETHEUS programme									
NIHR Health Technology Assessment Programme (15/102/04)	Study team member funded via the DISC Trial, a study included in the PROMETHEUS programme									
NIHR Health Technology Assessment (15/102/04)										

		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)						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>10</b>	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>							

		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)
	society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 5/24/2022

**Your Name:** Declan Devane

**Manuscript Title:** The PROMoting THE USE of Studies Within A Trial (PROMETHEUS) programme: lessons learnt for undertaking randomised SWATs

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 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								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">Medical Research Council (MR/R013748/1)</td> <td style="width: 50%;">Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.</td> </tr> <tr> <td></td> <td>Payment made to institution via grant</td> </tr> <tr> <td colspan="2" style="text-align: center;"><small><a href="#">Click the tab key to add additional rows.</a></small></td> </tr> </table>	Medical Research Council (MR/R013748/1)	Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.		Payment made to institution via grant	<small><a href="#">Click the tab key to add additional rows.</a></small>	
Medical Research Council (MR/R013748/1)	Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.							
	Payment made to institution via grant							
<small><a href="#">Click the tab key to add additional rows.</a></small>								
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">Declan Devane is Scientific Director of the Health Research Board-Trials Methodology Research Network (HRB-TMRN). The HRB-TMRN is funded by the Health Research Board and its brief includes the funding of SWATs.</td> <td style="width: 50%;"></td> </tr> <tr> <td>NIHR HS&amp;DR - Award ID: NIHR150979</td> <td>Co-applicant. Funded institution - University of Aberdeen</td> </tr> <tr> <td>NIHR HTA - Award ID: 17/148/07</td> <td>Co-applicant. Funded institution - University of Birmingham</td> </tr> </table>	Declan Devane is Scientific Director of the Health Research Board-Trials Methodology Research Network (HRB-TMRN). The HRB-TMRN is funded by the Health Research Board and its brief includes the funding of SWATs.		NIHR HS&DR - Award ID: NIHR150979	Co-applicant. Funded institution - University of Aberdeen	NIHR HTA - Award ID: 17/148/07	Co-applicant. Funded institution - University of Birmingham
Declan Devane is Scientific Director of the Health Research Board-Trials Methodology Research Network (HRB-TMRN). The HRB-TMRN is funded by the Health Research Board and its brief includes the funding of SWATs.								
NIHR HS&DR - Award ID: NIHR150979	Co-applicant. Funded institution - University of Aberdeen							
NIHR HTA - Award ID: 17/148/07	Co-applicant. Funded institution - University of Birmingham							

		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)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input 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 type="checkbox"/> None	
		Declan Devane participates in a number of Data Safety Monitoring Boards and Advisory Board	
		Clarifying Optimal Sodium Intake Project 1 (COSIP-1): A Randomised Controlled Trial	
		Sodium Intake in Chronic Kidney Disease (STICK): A Randomised Controlled Trial	

		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)
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 5/19/2022

**Your Name:** Dr Katie Gillies

**Manuscript Title:** The PROMoting THE USE of Studies Within A Trial (PROMETHEUS) programme: lessons learnt for undertaking SWATs

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)												
<b>Time frame: Since the initial planning of the work</b>															
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Medical Research Council (MR/R013748/1)</td> <td>Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.</td> </tr> <tr> <td></td> <td>Payment made to institution via grant</td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	Medical Research Council (MR/R013748/1)	Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.		Payment made to institution via grant	<small>Click the tab key to add additional rows.</small>							
Medical Research Council (MR/R013748/1)	Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.														
	Payment made to institution via grant														
<small>Click the tab key to add additional rows.</small>															
<b>Time frame: past 36 months</b>															
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIHR HTA - Award ID: NIHR129248</td> <td>Lead applicant. Funded institution - University of Aberdeen</td> </tr> <tr> <td>NIHR RfPB - Award ID: PB-PG-0416-20033</td> <td>Co-applicant. Funded institution - Northern Care Alliance NHS Foundation Trust</td> </tr> <tr> <td>NIHR HTA - Award ID: NIHR132999</td> <td>Co-applicant. Funded institution - University of Aberdeen</td> </tr> <tr> <td>NIHR HTA - Award ID: 14/192/71</td> <td>Co-applicant. Funded institution - University of Aberdeen</td> </tr> <tr> <td>NIHR HTA - Award ID: NIHR133561</td> <td>Co-applicant. Funded institution - The Newcastle Upon Tyne Hospitals NHS Foundation Trust</td> </tr> <tr> <td>NIHR HTA - Award ID: 17/68/01</td> <td>Co-applicant. Funded institution - Imperial College London</td> </tr> </table>	NIHR HTA - Award ID: NIHR129248	Lead applicant. Funded institution - University of Aberdeen	NIHR RfPB - Award ID: PB-PG-0416-20033	Co-applicant. Funded institution - Northern Care Alliance NHS Foundation Trust	NIHR HTA - Award ID: NIHR132999	Co-applicant. Funded institution - University of Aberdeen	NIHR HTA - Award ID: 14/192/71	Co-applicant. Funded institution - University of Aberdeen	NIHR HTA - Award ID: NIHR133561	Co-applicant. Funded institution - The Newcastle Upon Tyne Hospitals NHS Foundation Trust	NIHR HTA - Award ID: 17/68/01	Co-applicant. Funded institution - Imperial College London
NIHR HTA - Award ID: NIHR129248	Lead applicant. Funded institution - University of Aberdeen														
NIHR RfPB - Award ID: PB-PG-0416-20033	Co-applicant. Funded institution - Northern Care Alliance NHS Foundation Trust														
NIHR HTA - Award ID: NIHR132999	Co-applicant. Funded institution - University of Aberdeen														
NIHR HTA - Award ID: 14/192/71	Co-applicant. Funded institution - University of Aberdeen														
NIHR HTA - Award ID: NIHR133561	Co-applicant. Funded institution - The Newcastle Upon Tyne Hospitals NHS Foundation Trust														
NIHR HTA - Award ID: 17/68/01	Co-applicant. Funded institution - Imperial College London														

		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)						
		NIHR HTA - Award ID: NIHR130310	Co-applicant. Funded institution - University of Aberdeen						
		NIHR HTA - Award ID: NIHR127280	Co-applicant. Funded institution - University of Aberdeen						
		NIHR HS&DR - Award ID: NIHR131537	Co-applicant. Funded institution - University of Oxford						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>9</b>	Participation on a Data Safety	<input checked="" type="checkbox"/> <b>None</b>							



		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)
	Monitoring Board or Advisory Board	<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		NIHR HTA CET Committee member – since 2020	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

**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:** 5/24/2022

**Your Name:** Laura Clark

**Manuscript Title:** The PROMoting THE USE of Studies Within A Trial (PROMETHEUS) programme: lessons learnt for undertaking randomised SWATs

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 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								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Medical Research Council (MR/R013748/1)</td> <td>Funding provision made to the institution to support conduct and delivery of PROMETHEUS programme</td> </tr> <tr> <td>NIHR CTU Support funding (NIHR132547)</td> <td>Funding provision to the institution to support the implementation of SWATs</td> </tr> <tr> <td colspan="2" style="text-align: right;"><small><a href="#">Click the tab key to add additional rows.</a></small></td> </tr> </table>	Medical Research Council (MR/R013748/1)	Funding provision made to the institution to support conduct and delivery of PROMETHEUS programme	NIHR CTU Support funding (NIHR132547)	Funding provision to the institution to support the implementation of SWATs	<small><a href="#">Click the tab key to add additional rows.</a></small>	
Medical Research Council (MR/R013748/1)	Funding provision made to the institution to support conduct and delivery of PROMETHEUS programme							
NIHR CTU Support funding (NIHR132547)	Funding provision to the institution to support the implementation of SWATs							
<small><a href="#">Click the tab key to add additional rows.</a></small>								
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

		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	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

		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	<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:** 5/23/2022

**Your Name:** Laura Doherty

**Manuscript Title:** The PROMoting THE USE of Studies Within A Trial (PROMETHEUS) programme: lessons learnt for undertaking randomised SWATs

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">MRC methods research programme (MR/R013748/1)</td> <td>Salary funded through award</td> </tr> <tr> <td>NIHR CTU Infrastructure award (NIHR132547)</td> <td>Salary funded through institutional award</td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	MRC methods research programme (MR/R013748/1)	Salary funded through award	NIHR CTU Infrastructure award (NIHR132547)	Salary funded through institutional award	<small>Click the tab key to add additional rows.</small>	
MRC methods research programme (MR/R013748/1)	Salary funded through award								
NIHR CTU Infrastructure award (NIHR132547)	Salary funded through institutional award								
<small>Click the tab key to add additional rows.</small>									
<b>Time frame: past 36 months</b>									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>						

		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	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

		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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <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>							

**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:** 5/18/2022

**Your Name:** Lucy Culliford

**Manuscript Title:** The PROMoting THE USE of Studies Within A Trial (PROMETHEUS) programme: lessons learnt for undertaking SWATs

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)										
<b>Time frame: Since the initial planning of the work</b>													
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">NIHR HTA. Medical Research Council (MR/R013748/1)</td> <td style="width: 50%; padding: 2px;">Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	NIHR HTA. Medical Research Council (MR/R013748/1)	Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.			<small>Click the tab key to add additional rows.</small>					
NIHR HTA. Medical Research Council (MR/R013748/1)	Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.												
<small>Click the tab key to add additional rows.</small>													
<b>Time frame: past 36 months</b>													
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">NIHR EME - Award ID: NIHR134140</td> <td style="width: 50%; padding: 2px;">Co-applicant. Funded institution - University of Southampton</td> </tr> <tr> <td style="padding: 2px;">NIHR PRP - Award ID: NIHR203243</td> <td style="padding: 2px;">Co-applicant. Funded institution - University Hospitals Bristol and Weston NHS Foundation Trust</td> </tr> <tr> <td style="padding: 2px;">NIHR RfPB - Award ID: NIHR201483</td> <td style="padding: 2px;">Co-applicant. Funded institution - University Hospitals Bristol and Weston NHS Foundation Trust</td> </tr> <tr> <td style="padding: 2px;">NIHR RfPB - Award ID: PB-PG-0418-20029</td> <td style="padding: 2px;">Co-applicant. Funded institution - North Bristol NHS Trust</td> </tr> <tr> <td style="padding: 2px;">NIHR HTA - Award ID: NIHR127849</td> <td style="padding: 2px;">Co-applicant. Funded institution - North Bristol NHS Trust</td> </tr> </table>	NIHR EME - Award ID: NIHR134140	Co-applicant. Funded institution - University of Southampton	NIHR PRP - Award ID: NIHR203243	Co-applicant. Funded institution - University Hospitals Bristol and Weston NHS Foundation Trust	NIHR RfPB - Award ID: NIHR201483	Co-applicant. Funded institution - University Hospitals Bristol and Weston NHS Foundation Trust	NIHR RfPB - Award ID: PB-PG-0418-20029	Co-applicant. Funded institution - North Bristol NHS Trust	NIHR HTA - Award ID: NIHR127849	Co-applicant. Funded institution - North Bristol NHS Trust
NIHR EME - Award ID: NIHR134140	Co-applicant. Funded institution - University of Southampton												
NIHR PRP - Award ID: NIHR203243	Co-applicant. Funded institution - University Hospitals Bristol and Weston NHS Foundation Trust												
NIHR RfPB - Award ID: NIHR201483	Co-applicant. Funded institution - University Hospitals Bristol and Weston NHS Foundation Trust												
NIHR RfPB - Award ID: PB-PG-0418-20029	Co-applicant. Funded institution - North Bristol NHS Trust												
NIHR HTA - Award ID: NIHR127849	Co-applicant. Funded institution - North Bristol NHS Trust												



		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)
		NIHR EME - Award ID: 15/180/55	Co-applicant. Funded institution - University of Bristol
		NIHR HTA - Award ID: NIHR133554	Co-applicant. Funded institution - University Hospital Southampton NHS Foundation Trust
		NIHR EME - Award ID: 13/94/15	Co-applicant. Funded institution - University Hospital Southampton NHS Foundation Trust
		NIHR HTA - Award ID: NIHR131850	Co-applicant. Funded institution - North Bristol NHS Trust
		NIHR HTA - Award ID: NIHR127457	Co-applicant. Funded institution - North Bristol NHS Trust
		NIHR HTA - Award ID: 16/24/09	Co-applicant. Funded institution - University Hospitals Bristol and Weston NHS Foundation Trust
		NIHR HTA - Award ID: 15/101/16	Co-applicant. Funded institution - University Hospitals Bristol and Weston NHS Foundation Trust
		NIHR HTA - Award ID: 16/142/04	Co-applicant. Funded institution - Leeds Teaching Hospitals NHS Trust
		NIHR EME - Award ID: 17/145/40	Co-applicant. Funded institution - University Hospitals Bristol and Weston NHS Foundation Trust
		NIHR HTA - Award ID: 16/140/07	Co-applicant. Funded institution - University Hospitals Bristol and Weston NHS Foundation Trust
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	

		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)
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	

	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)
--	--	---

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:** 5/23/2022

**Your Name:** Alan Montgomery

**Manuscript Title:** The PROMoting THE USE of Studies Within A Trial (PROMETHEUS) programme: lessons learnt for undertaking randomised SWATs

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 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														
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">MRC/NIHR. Medical Research Council (MR/R013748/1)</td> <td style="width: 50%;">Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.</td> </tr> <tr> <td></td> <td>Payment made to institution via grant</td> </tr> <tr> <td colspan="2" style="text-align: center;"><small><a href="#">Click the tab key to add additional rows.</a></small></td> </tr> </table>	MRC/NIHR. Medical Research Council (MR/R013748/1)	Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.		Payment made to institution via grant	<small><a href="#">Click the tab key to add additional rows.</a></small>							
MRC/NIHR. Medical Research Council (MR/R013748/1)	Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.													
	Payment made to institution via grant													
<small><a href="#">Click the tab key to add additional rows.</a></small>														
Time frame: past 36 months														
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIHR CTU - Award ID: NIHR132545</td> <td style="width: 50%;">Lead applicant. Funded institution - The University of Nottingham</td> </tr> <tr> <td>NIHR CTU - Award ID: NIHR135422</td> <td>Lead applicant. Funded institution - Nottingham University Hospitals NHS Trust</td> </tr> <tr> <td>NIHR CTU - Award ID: CTU-26</td> <td>Lead applicant. Funded institution - The University of Nottingham</td> </tr> <tr> <td>NIHR RfPB - Award ID: PB-PG-0613-31083</td> <td>Co-applicant. Funded institution - Nottingham University Hospitals NHS Trust</td> </tr> <tr> <td>NIHR RfPB - Award ID: PB-PG-1217-20026</td> <td>Co-applicant. Funded institution - University Hospitals of Derby and Burton NHS Foundation Trust</td> </tr> <tr> <td>NIHR HTA - Award ID: 12/190/05</td> <td>Co-applicant. Funded institution - The University of Nottingham</td> </tr> </table>	NIHR CTU - Award ID: NIHR132545	Lead applicant. Funded institution - The University of Nottingham	NIHR CTU - Award ID: NIHR135422	Lead applicant. Funded institution - Nottingham University Hospitals NHS Trust	NIHR CTU - Award ID: CTU-26	Lead applicant. Funded institution - The University of Nottingham	NIHR RfPB - Award ID: PB-PG-0613-31083	Co-applicant. Funded institution - Nottingham University Hospitals NHS Trust	NIHR RfPB - Award ID: PB-PG-1217-20026	Co-applicant. Funded institution - University Hospitals of Derby and Burton NHS Foundation Trust	NIHR HTA - Award ID: 12/190/05	Co-applicant. Funded institution - The University of Nottingham
NIHR CTU - Award ID: NIHR132545	Lead applicant. Funded institution - The University of Nottingham													
NIHR CTU - Award ID: NIHR135422	Lead applicant. Funded institution - Nottingham University Hospitals NHS Trust													
NIHR CTU - Award ID: CTU-26	Lead applicant. Funded institution - The University of Nottingham													
NIHR RfPB - Award ID: PB-PG-0613-31083	Co-applicant. Funded institution - Nottingham University Hospitals NHS Trust													
NIHR RfPB - Award ID: PB-PG-1217-20026	Co-applicant. Funded institution - University Hospitals of Derby and Burton NHS Foundation Trust													
NIHR HTA - Award ID: 12/190/05	Co-applicant. Funded institution - The University of Nottingham													

	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)
	NIHR EME - Award ID: 11/47/03	Co-applicant. Funded institution - North Bristol NHS Trust
	NIHR RfPB - Award ID: PB-PG-0817-20005	Co-applicant. Funded institution - Nottingham University Hospitals NHS Trust
	NIHR HTA - Award ID: 15/110/02	Co-applicant. Funded institution - University Hospitals Birmingham NHS Foundation Trust
	NIHR HTA - Award ID: NIHR132711	Co-applicant. Funded institution - The University of Nottingham
	NIHR HTA - Award ID: 10/57/24	Co-applicant. Funded institution - Nottingham University Hospitals NHS Trust
	NIHR HTA - Award ID: NIHR129210	Co-applicant. Funded institution - The University of Nottingham
	NIHR HTA - Award ID: NIHR127393	Co-applicant. Funded institution - Nottingham University Hospitals NHS Trust
	NIHR HTA - Award ID: NIHR127292	Co-applicant. Funded institution - The University of Nottingham
	NIHR HTA - Award ID: NIHR131159	Co-applicant. Funded institution - Manchester University NHS Foundation Trust
	NIHR HTA - Award ID: 16/96/09	Co-applicant. Funded institution - Nottinghamshire Healthcare NHS Foundation Trust
	NIHR HTA - Award ID: NIHR132016	Co-applicant. Funded institution - The University of Nottingham
	NIHR EME - Award ID: NIHR128240	Co-applicant. Funded institution - The University of Nottingham
	NIHR PGfAR - Award ID: NIHR203279	Co-applicant. Funded institution - Nottingham University Hospitals NHS Trust
	NIHR HTA - Award ID: 12/24/02	Co-applicant. Funded institution - The University of Nottingham
	NIHR HTA - Award ID: NIHR129515	Co-applicant. Funded institution - Nottingham University Hospitals NHS Trust
	NIHR PRP - Award ID: 015/0309	Co-applicant. Funded institution - University of Bristol
	NIHR PDG - Award ID: RP-DG-0615-10005	Co-applicant. Funded institution - Derby Teaching Hospitals NHS Foundation Trust
	NIHR HTA - Award ID: NIHR129917	Co-applicant. Funded institution - The University of Nottingham
	NIHR HTA - Award ID: 12/127/10	Co-applicant. Funded institution - University Hospitals Birmingham NHS Foundation Trust
	NIHR HTA - Award ID: 17/94/31	Co-applicant. Funded institution - University Hospitals of Derby and Burton NHS Foundation Trust
	NIHR HTA - Award ID: NIHR131440	Co-applicant. Funded institution - The University of Nottingham
	NIHR COVID-19 - Award ID: NIHR133443	Co-applicant. Funded institution - The University of Nottingham
	MRC - MR/K025643/1	Co-applicant. Funded institution - The University of Nottingham
	MRC - MR/V020803/1	Lead applicant. Funded institution - The University of Nottingham

		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)						
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <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>							
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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 checked="" type="checkbox"/> <b>None</b> <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>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <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"/> <b>None</b> <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"/> <b>None</b> <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"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;">Independent member of Trial Steering / Data Monitoring Committees for various NIHR-funded studies</td> <td style="width: 50%;">No payment to either me or my institution for this work</td> </tr> <tr> <td style="height: 20px;">HTA Clinical Evaluation and Trials Committee (2015-2021)</td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Independent member of Trial Steering / Data Monitoring Committees for various NIHR-funded studies	No payment to either me or my institution for this work	HTA Clinical Evaluation and Trials Committee (2015-2021)				
Independent member of Trial Steering / Data Monitoring Committees for various NIHR-funded studies	No payment to either me or my institution for this work								
HTA Clinical Evaluation and Trials Committee (2015-2021)									

		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)
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 5/19/2022

**Your Name:** Sandra Eldridge

**Manuscript Title:** The PROMoting THE USE of Studies Within A Trial (PROMETHEUS) programme: lessons learned for undertaking SWATs

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)												
<b>Time frame: Since the initial planning of the work</b>														
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Medical Research Council (MR/R013748/1)</td> <td style="width: 50%; padding: 5px;">Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York. Payment made to institution via grant</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	Medical Research Council (MR/R013748/1)	Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York. Payment made to institution via grant			<small>Click the tab key to add additional rows.</small>							
Medical Research Council (MR/R013748/1)	Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York. Payment made to institution via grant													
<small>Click the tab key to add additional rows.</small>														
<b>Time frame: past 36 months</b>														
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">NIHR CTU - Award ID: CTU-32 (infrastructure award)</td> <td style="width: 50%; padding: 5px;">Lead applicant. Funded institution - Queen Mary University of London</td> </tr> <tr> <td style="padding: 5px;">NIHR CTU - Award ID: NIHR135421</td> <td style="padding: 5px;">Lead applicant. Funded institution - Queen Mary University of London</td> </tr> <tr> <td style="padding: 5px;">NIHR CTU - Award ID: NIHR129741</td> <td style="padding: 5px;">Lead applicant. Funded institution - Queen Mary University of London</td> </tr> <tr> <td style="padding: 5px;">NIHR PGfAR - Award ID: RP-PG-0610-10097</td> <td style="padding: 5px;">Co-applicant. Funded institution - Camden and Islington NHS Foundation Trust</td> </tr> <tr> <td style="padding: 5px;">NIHR HTA - Award ID: 08/14/41</td> <td style="padding: 5px;">Co-applicant. Funded institution - University of Warwick</td> </tr> <tr> <td style="padding: 5px;">NIHR PGfAR - Award ID: NIHR202037</td> <td style="padding: 5px;">Co-applicant. Funded institution - Barts Health NHS Trust</td> </tr> </table>	NIHR CTU - Award ID: CTU-32 (infrastructure award)	Lead applicant. Funded institution - Queen Mary University of London	NIHR CTU - Award ID: NIHR135421	Lead applicant. Funded institution - Queen Mary University of London	NIHR CTU - Award ID: NIHR129741	Lead applicant. Funded institution - Queen Mary University of London	NIHR PGfAR - Award ID: RP-PG-0610-10097	Co-applicant. Funded institution - Camden and Islington NHS Foundation Trust	NIHR HTA - Award ID: 08/14/41	Co-applicant. Funded institution - University of Warwick	NIHR PGfAR - Award ID: NIHR202037	Co-applicant. Funded institution - Barts Health NHS Trust
NIHR CTU - Award ID: CTU-32 (infrastructure award)	Lead applicant. Funded institution - Queen Mary University of London													
NIHR CTU - Award ID: NIHR135421	Lead applicant. Funded institution - Queen Mary University of London													
NIHR CTU - Award ID: NIHR129741	Lead applicant. Funded institution - Queen Mary University of London													
NIHR PGfAR - Award ID: RP-PG-0610-10097	Co-applicant. Funded institution - Camden and Islington NHS Foundation Trust													
NIHR HTA - Award ID: 08/14/41	Co-applicant. Funded institution - University of Warwick													
NIHR PGfAR - Award ID: NIHR202037	Co-applicant. Funded institution - Barts Health NHS Trust													



		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)						
		NIHR PGfAR - Award ID: RP-PG-0611-20002	Co-applicant. Funded institution - East London NHS Foundation Trust						
		NIHR PGfAR - Award ID: RP-PG-0615-20009	Co-applicant. Funded institution - East London NHS Foundation Trust						
		NIHR PGfAR - Award ID: RP-PG-1212-20018	Co-applicant. Funded institution - University Hospitals Coventry and Warwickshire NHS Trust						
		NIHR PHR - Award ID: 16/139/01	Co-applicant. Funded institution - Queen Mary University of London						
		NIHR RIGHT - Award ID: NIHR200824	Co-applicant. Funded institution - Queen Mary University of London						
		NIHR PHR - Award ID: NIHR127793	Co-applicant. Funded institution - Cardiff University						
		NIHR PGfAR - Award ID: RP-PG-0609-10181	Co-applicant. Funded institution - Barts Health NHS Trust						
		NIHR PGfAR - Award ID: RP-PG-0617-20004	Co-applicant. Funded institution - Devon Partnership NHS Trust						
		NIHR PGfAR - Award ID: RP-PG-1016-20008	Co-applicant. Funded institution - NHS Kent and Medway CCG						
		NIHR PGfAR - Award ID: RP-PG-0612-20001	Co-applicant. Funded institution - Barts Health NHS Trust						
		NIHR PGfAR - Award ID: RP-PG-1209-10038	Co-applicant. Funded institution - Barts Health NHS Trust						
		NIHR PGfAR - Award ID: RP-PG-0218-20001	Co-applicant. Funded institution - Barts Health NHS Trust						
		NIHR GHR - Award ID: NIHR133850	Co-applicant. Funded institution - Queen Mary University of London						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <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>							

		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)
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"/> None	
		NIHR CTU standing advisory committee	
		HTA Clinical Evaluation and Trials Committee (2014-2018)	
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	

	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)
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>		

## ICMJE DISCLOSURE FORM

**Date:** 5/23/2022

**Your Name:** Peter Bower

**Manuscript Title:** The PROMoting THE USE of Studies Within A Trial (PROMETHEUS) programme: lessons learnt from undertaking randomised SWATs

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)										
<b>Time frame: Since the initial planning of the work</b>													
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">MRC methods research programme (MR/R013748/1)</td> <td style="width: 50%;">Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.</td> </tr> <tr> <td></td> <td>Payment made to institution via grant</td> </tr> <tr> <td>NIHR Senior Investigator award</td> <td><a href="#">Click the tab key to add additional rows.</a></td> </tr> </table>	MRC methods research programme (MR/R013748/1)	Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.		Payment made to institution via grant	NIHR Senior Investigator award	<a href="#">Click the tab key to add additional rows.</a>				
MRC methods research programme (MR/R013748/1)	Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.												
	Payment made to institution via grant												
NIHR Senior Investigator award	<a href="#">Click the tab key to add additional rows.</a>												
<b>Time frame: past 36 months</b>													
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIHR HS&amp;DR – Award ID: 12/130/33</td> <td style="width: 50%;">Lead applicant. Funded institution - Salford Royal NHS Foundation Trust.</td> </tr> <tr> <td>NIHR PRP – Award ID: NIHR201428</td> <td>Lead applicant. Funded institution – The University of Manchester.</td> </tr> <tr> <td>NIHR RfPB - Award ID: PB-PG-0416-20033</td> <td>Lead applicant. Funded institution - Northern Care Alliance NHS Foundation Trust</td> </tr> <tr> <td>NIHR RfPB - Award ID: PB-PG-0816-20035</td> <td>Lead applicant. Funded institution - Northern Care Alliance NHS Foundation Trust</td> </tr> <tr> <td>NIHR PGfAR - Award ID: RP-PG-1016-20010</td> <td>Lead or co-applicant. Funded institution - Greater Manchester Mental Health NHS Foundation Trust</td> </tr> </table>	NIHR HS&DR – Award ID: 12/130/33	Lead applicant. Funded institution - Salford Royal NHS Foundation Trust.	NIHR PRP – Award ID: NIHR201428	Lead applicant. Funded institution – The University of Manchester.	NIHR RfPB - Award ID: PB-PG-0416-20033	Lead applicant. Funded institution - Northern Care Alliance NHS Foundation Trust	NIHR RfPB - Award ID: PB-PG-0816-20035	Lead applicant. Funded institution - Northern Care Alliance NHS Foundation Trust	NIHR PGfAR - Award ID: RP-PG-1016-20010	Lead or co-applicant. Funded institution - Greater Manchester Mental Health NHS Foundation Trust
NIHR HS&DR – Award ID: 12/130/33	Lead applicant. Funded institution - Salford Royal NHS Foundation Trust.												
NIHR PRP – Award ID: NIHR201428	Lead applicant. Funded institution – The University of Manchester.												
NIHR RfPB - Award ID: PB-PG-0416-20033	Lead applicant. Funded institution - Northern Care Alliance NHS Foundation Trust												
NIHR RfPB - Award ID: PB-PG-0816-20035	Lead applicant. Funded institution - Northern Care Alliance NHS Foundation Trust												
NIHR PGfAR - Award ID: RP-PG-1016-20010	Lead or co-applicant. Funded institution - Greater Manchester Mental Health NHS Foundation Trust												

		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)						
		NIHR HS&DR – Award ID: 17/09/08	Co-applicant. Funded institution - Greater Manchester Mental Health NHS Foundation Trust						
		NIHR HS&DR – Award ID: 13/54/34	Co-applicant. Funded institution – Keele University						
		NIHR HS&DR – Award ID: 14/21/21	Co-applicant. Funded institution – University of York						
		NIHR HTA – Award ID: 16/84/01	Co-applicant. Funded institution - University of Oxford						
		NIHR PRP – Award ID: NIHR200933	Co-applicant. Funded institution – The University of Manchester						
		NIHR HS&DR – Award ID: NIHR151666	Co-applicant. Funded institution – The University of Manchester						
		NIHR HS&DR – Award ID: 12/130/15	Co-applicant. Funded institution - NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group						
		NIHR HS&DR – Award ID: NIHR134436	Co-applicant. Funded institution – The University of Manchester						
		NIHR HTA – Award ID: 14/29/01	Co-applicant. Funded institution - Manchester Mental Health and Social Care Trust						
		NIHR PDG – Award ID: NIHR202044	Co-applicant. Funded institution - Manchester University NHS Foundation Trust						
		NIHR HS&DR – Award ID: 16/48/07	Co-applicant. Funded institution - Salford Royal NHS Foundation Trust						
		NIHR PGfAR - Award ID: RP-PG-0216-20003	Co-applicant. Funded institution - Bradford Teaching Hospitals NHS Foundation Trust						
		NIHR HS&DR – Award ID: 14/156/16	Co-applicant. Funded institution - Salford Royal NHS Foundation Trust						
		NIHR PGfAR – Award ID: NIHR202030	Co-applicant. Funded institution - Northern Care Alliance NHS Foundation Trust						
		NIHR PGfAR - Award ID: RP-PG-1210-12007	Co-applicant. Funded institution - Greater Manchester Mental Health NHS Foundation Trust						
		NIHR PGfAR - Award ID: RP-PG-1214-20003	Co-applicant. Funded institution - Oxford Health NHS Foundation Trust						
		NIHR GHRG – Award ID: NIHR134638	Co-applicant. Funded institution - The University of Manchester						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>5</b>	Payment or honoraria for	<input checked="" type="checkbox"/> <b>None</b>							

		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)						
	lectures, presentations, speakers bureaus, manuscript writing or educational events	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing,	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

		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)
	gifts or other services		
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 5/23/2022

**Your Name:** Dr. Chris Sutton

**Manuscript Title:** The PROMoting THE USE of Studies Within A Trial (PROMETHEUS) programme: lessons learnt for undertaking randomised SWATs

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)										
<b>Time frame: Since the initial planning of the work</b>												
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 2px;">Medical Research Council (MR/R013748/1)</td> <td style="padding: 2px;">Payment made to my institution via grant</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">Travel expenses for my attendance at the project team meeting funded through grant</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York</td> </tr> </table>	Medical Research Council (MR/R013748/1)	Payment made to my institution via grant		Travel expenses for my attendance at the project team meeting funded through grant		Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York				
Medical Research Council (MR/R013748/1)	Payment made to my institution via grant											
	Travel expenses for my attendance at the project team meeting funded through grant											
	Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York											
<b>Time frame: past 36 months</b>												
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 2px;">NIHR HS&amp;DR - Award ID: NIHR130581</td> <td style="padding: 2px;">Co-applicant. Funded institution - The University of Manchester</td> </tr> <tr> <td style="padding: 2px;">NIHR RfPB - Award ID: NIHR201093</td> <td style="padding: 2px;">Co-applicant. Funded institution - Greater Manchester Mental Health NHS Foundation Trust</td> </tr> <tr> <td style="padding: 2px;">NIHR RfPB - Award ID: NIHR203475</td> <td style="padding: 2px;">Co-applicant. Funded institution - Greater Manchester Mental Health NHS Foundation Trust</td> </tr> <tr> <td style="padding: 2px;">NIHR HTA - Award ID: 16/111/31</td> <td style="padding: 2px;">Co-applicant. Funded institution - University of Central Lancashire</td> </tr> <tr> <td style="padding: 2px;">NIHR RfPB - Award ID: PB-PG-0214-33010</td> <td style="padding: 2px;">Co-applicant. Funded institution - Northern Care Alliance NHS Foundation Trust</td> </tr> </table>	NIHR HS&DR - Award ID: NIHR130581	Co-applicant. Funded institution - The University of Manchester	NIHR RfPB - Award ID: NIHR201093	Co-applicant. Funded institution - Greater Manchester Mental Health NHS Foundation Trust	NIHR RfPB - Award ID: NIHR203475	Co-applicant. Funded institution - Greater Manchester Mental Health NHS Foundation Trust	NIHR HTA - Award ID: 16/111/31	Co-applicant. Funded institution - University of Central Lancashire	NIHR RfPB - Award ID: PB-PG-0214-33010	Co-applicant. Funded institution - Northern Care Alliance NHS Foundation Trust
NIHR HS&DR - Award ID: NIHR130581	Co-applicant. Funded institution - The University of Manchester											
NIHR RfPB - Award ID: NIHR201093	Co-applicant. Funded institution - Greater Manchester Mental Health NHS Foundation Trust											
NIHR RfPB - Award ID: NIHR203475	Co-applicant. Funded institution - Greater Manchester Mental Health NHS Foundation Trust											
NIHR HTA - Award ID: 16/111/31	Co-applicant. Funded institution - University of Central Lancashire											
NIHR RfPB - Award ID: PB-PG-0214-33010	Co-applicant. Funded institution - Northern Care Alliance NHS Foundation Trust											



		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)						
		NIHR RfPB - Award ID: PB-PG-1216-20024	Co-applicant. Funded institution - Greater Manchester Mental Health NHS Foundation Trust						
		NIHR RfPB - Award ID: NIHR203468	Co-applicant. Funded institution - Greater Manchester Mental Health NHS Foundation Trust						
		NIHR RfPB - Award ID: NIHR203507	Co-applicant. Funded institution - Pennine Care NHS Foundation Trust						
		NIHR HTA - Award ID: NIHR131483	Co-applicant. Funded institution - Lancaster University						
		NIHR PDG - Award ID: NIHR202044	Co-applicant. Funded institution - Manchester University NHS Foundation Trust						
		NIHR HS&DR - Award ID: 14/04/16	Co-applicant. Funded institution - Lancaster University						
		NIHR EME - Award ID: NIHR132622	Co-applicant. Funded institution - Greater Manchester Mental Health NHS Foundation Trust						
		NIHR HTA - Award ID: NIHR133418	Co-applicant. Funded institution - Wrightington, Wigan & Leigh NHS Foundation Trust						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <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>							

		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)
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"/> None	Member of the NIHR HTA Commissioning Committee (2020 to present) Unpaid
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:** 5/20/2022

**Your Name:** Cindy Cooper

**Manuscript Title:** The PROMoting THE USE of Studies Within A Trial (PROMETHEUS) programme: lessons learnt for undertaking randomised SWATs

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)												
<b>Time frame: Since the initial planning of the work</b>														
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 2px;">My time has been funded to work on this project Medical Research Council (MR/R013748/1)</td> <td style="width: 50%; padding: 2px;">Payment made to institution via grant Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.</td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: right;"><small><a href="#">Click the tab key to add additional rows.</a></small></td> </tr> </table>	My time has been funded to work on this project Medical Research Council (MR/R013748/1)	Payment made to institution via grant Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.	<small><a href="#">Click the tab key to add additional rows.</a></small>									
My time has been funded to work on this project Medical Research Council (MR/R013748/1)	Payment made to institution via grant Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.													
<small><a href="#">Click the tab key to add additional rows.</a></small>														
<b>Time frame: past 36 months</b>														
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 2px;">NIHR CTU - Award ID: NIHR135424</td> <td style="width: 50%; padding: 2px;">Lead applicant. Funded institution – The University of Sheffield.</td> </tr> <tr> <td style="padding: 2px;">NIHR CTU - Award ID: NIHR132546</td> <td style="padding: 2px;">Lead applicant. Funded institution – The University of Sheffield.</td> </tr> <tr> <td style="padding: 2px;">NIHR CTU - Award ID: NIHR129761</td> <td style="padding: 2px;">Lead applicant. Funded institution – The University of Sheffield.</td> </tr> <tr> <td style="padding: 2px;">NIHR CTU - Award ID: NIHR130354</td> <td style="padding: 2px;">Lead applicant. Funded institution – The University of Sheffield.</td> </tr> <tr> <td style="padding: 2px;">NIHR CTU - Award ID: CTU-34 (Infrastructure award)</td> <td style="padding: 2px;">Lead applicant. Funded institution – The University of Sheffield.</td> </tr> <tr> <td style="padding: 2px;">NIHR CTU - Award ID: NIHR129671</td> <td style="padding: 2px;">Lead applicant. Funded institution – The University of Sheffield.</td> </tr> </table>	NIHR CTU - Award ID: NIHR135424	Lead applicant. Funded institution – The University of Sheffield.	NIHR CTU - Award ID: NIHR132546	Lead applicant. Funded institution – The University of Sheffield.	NIHR CTU - Award ID: NIHR129761	Lead applicant. Funded institution – The University of Sheffield.	NIHR CTU - Award ID: NIHR130354	Lead applicant. Funded institution – The University of Sheffield.	NIHR CTU - Award ID: CTU-34 (Infrastructure award)	Lead applicant. Funded institution – The University of Sheffield.	NIHR CTU - Award ID: NIHR129671	Lead applicant. Funded institution – The University of Sheffield.
NIHR CTU - Award ID: NIHR135424	Lead applicant. Funded institution – The University of Sheffield.													
NIHR CTU - Award ID: NIHR132546	Lead applicant. Funded institution – The University of Sheffield.													
NIHR CTU - Award ID: NIHR129761	Lead applicant. Funded institution – The University of Sheffield.													
NIHR CTU - Award ID: NIHR130354	Lead applicant. Funded institution – The University of Sheffield.													
NIHR CTU - Award ID: CTU-34 (Infrastructure award)	Lead applicant. Funded institution – The University of Sheffield.													
NIHR CTU - Award ID: NIHR129671	Lead applicant. Funded institution – The University of Sheffield.													

		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)
		NIHR CTU - Award ID: NIHR129743	Lead applicant. Funded institution – The University of Sheffield.
		NIHR CTU - Award ID: NIHR129762	Lead applicant. Funded institution – The University of Sheffield.
		NIHR CTU - Award ID: NIHR135420	Lead applicant. Funded institution – The University of Sheffield.
		NIHR CTU - Award ID: NIHR135458	Lead applicant. Funded institution – The University of Sheffield.
		NIHR HTA - Award ID: 12/21/01	Co-applicant. Funded institution – The University of Sheffield.
		NIHR RfPB - Award ID: PB-PG-0817-20027	Co-applicant. Funded institution – Sheffield Health and Social Care NHS Foundation Trust
		NIHR HTA - Award ID: 09/06/01	Co-applicant. Funded institution – The University of Sheffield
		NIHR EME - Award ID: NIHR133169	Co-applicant. Funded institution – Sheffield Teaching Hospitals NHS Foundation Trust
		NIHR HTA - Award ID: 13/14/01	Co-applicant. Funded institution – The University of Nottingham
		NIHR HTA - Award ID: 15/08/40	Co-applicant. Funded institution – The University of Sheffield
		NIHR PDG - Award ID: NIHR202607	Co-applicant. Funded institution – Sheffield Teaching Hospitals NHS Foundation Trust
		NIHR HTA - Award ID: 14/140/80	Co-applicant. Funded institution – Sheffield Health & Social Care NHS Foundation Trust
		NIHR HS&DR - Award ID: 14/140/80	Co-applicant. Funded institution – NHS Sheffield CCG
		Undefined stream - Award ID: NIHR127963	Co-applicant. Funded institution – Great Ormond Street Hospital for Children NHS Foundation Trust
		NIHR PDG - Award ID: RP-DG-0615-10008	Co-applicant. Funded institution – Nottinghamshire Healthcare NHS Foundation Trust
		NIHR HTA - Award ID: 16/81/01	Co-applicant. Funded institution – University College London
		NIHR PHR - Award ID: 15/49/32	Co-applicant. Funded institution – Leeds and York Partnership NHS Foundation Trust
		NIHR HTA - Award ID: 15/38/04	Co-applicant. Funded institution – Leeds and York Partnership NHS Foundation Trust
		NIHR HTA - Award ID: 17/16/04	Co-applicant. Funded institution – The University of Sheffield
		NIHR PGfAR - Award ID: NIHR201618	Co-applicant. Funded institution – Sheffield Health and Social Care NHS Foundation Trust
		NIHR HTA - Award ID: 15/35/03	Co-applicant. Funded institution – Sheffield Teaching Hospitals NHS Foundation Trust
		NIHR PGfAR - Award ID: RP-PG-1016-20006	Co-applicant. Funded institution – Sheffield Teaching Hospitals NHS Foundation Trust
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

		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	<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"/>	
		Funding has been provided from the project grant to attend project meetings	Institution
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	
		NIHR CTU Standing Advisory Committee (2016-2023)	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> 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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <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>							

**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:** 5/25/2022

**Your Name:** Richard Emsley

**Manuscript Title:** The PROMoting THE USE of Studies Within A Trial (PROMETHEUS) programme: lessons learned for undertaking randomised SWATs

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)																										
<b>Time frame: Since the initial planning of the work</b>																												
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">National Institute for Health and Care Research (NIHR) Biomedical Research Centre at South London and Maudsley NHS Foundation Trust and King's College London</td> <td style="padding: 2px;">Part-funding of salary through institution</td> </tr> <tr> <td style="padding: 2px;">NIHR Research Professorship, Professor Richard Emsley, NIHR300051</td> <td style="padding: 2px;">Funding of salary through institution</td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center;"><small><a href="#">Click the tab key to add additional rows.</a></small></td> </tr> </table>	National Institute for Health and Care Research (NIHR) Biomedical Research Centre at South London and Maudsley NHS Foundation Trust and King's College London	Part-funding of salary through institution	NIHR Research Professorship, Professor Richard Emsley, NIHR300051	Funding of salary through institution	<small><a href="#">Click the tab key to add additional rows.</a></small>																					
National Institute for Health and Care Research (NIHR) Biomedical Research Centre at South London and Maudsley NHS Foundation Trust and King's College London	Part-funding of salary through institution																											
NIHR Research Professorship, Professor Richard Emsley, NIHR300051	Funding of salary through institution																											
<small><a href="#">Click the tab key to add additional rows.</a></small>																												
<b>Time frame: past 36 months</b>																												
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">NIHR CD Award ID: NIHR300051</td><td style="padding: 2px;">Funding of salary through institution</td></tr> <tr><td style="padding: 2px;">NIHR Award ID: PB-PG-1014-35011</td><td style="padding: 2px;">Funding of salary through institution</td></tr> <tr><td style="padding: 2px;">NIHR Award ID: NIHR127755</td><td style="padding: 2px;">Funding of salary through institution</td></tr> <tr><td style="padding: 2px;">NIHR Award ID: NIHR130971</td><td style="padding: 2px;">Funding of salary through institution</td></tr> <tr><td style="padding: 2px;">NIHR Award ID: 15/187/05</td><td style="padding: 2px;">Funding of salary through institution</td></tr> <tr><td style="padding: 2px;">NIHR Award ID: RP-PG-0216-20009</td><td style="padding: 2px;">Funding of salary through institution</td></tr> <tr><td style="padding: 2px;">NIHR Award ID: PB-PG-0613-31113</td><td style="padding: 2px;">Funding of salary through institution</td></tr> <tr><td style="padding: 2px;">NIHR Award ID: 17/80/09</td><td style="padding: 2px;">Funding of salary through institution</td></tr> <tr><td style="padding: 2px;">NIHR Award ID: 15/48/21</td><td style="padding: 2px;">Funding of salary through institution</td></tr> <tr><td style="padding: 2px;">NIHR Award ID: 16/111/51</td><td style="padding: 2px;">Funding of salary through institution</td></tr> <tr><td style="padding: 2px;">NIHR Award ID: 12/3000/40</td><td style="padding: 2px;">Funding of salary through institution</td></tr> <tr><td style="padding: 2px;">NIHR Award ID: NIHR128623</td><td style="padding: 2px;">Funding of salary through institution</td></tr> <tr><td style="padding: 2px;">NIHR Award ID: NIHR131175</td><td style="padding: 2px;">Funding of salary through institution</td></tr> </table>	NIHR CD Award ID: NIHR300051	Funding of salary through institution	NIHR Award ID: PB-PG-1014-35011	Funding of salary through institution	NIHR Award ID: NIHR127755	Funding of salary through institution	NIHR Award ID: NIHR130971	Funding of salary through institution	NIHR Award ID: 15/187/05	Funding of salary through institution	NIHR Award ID: RP-PG-0216-20009	Funding of salary through institution	NIHR Award ID: PB-PG-0613-31113	Funding of salary through institution	NIHR Award ID: 17/80/09	Funding of salary through institution	NIHR Award ID: 15/48/21	Funding of salary through institution	NIHR Award ID: 16/111/51	Funding of salary through institution	NIHR Award ID: 12/3000/40	Funding of salary through institution	NIHR Award ID: NIHR128623	Funding of salary through institution	NIHR Award ID: NIHR131175	Funding of salary through institution
NIHR CD Award ID: NIHR300051	Funding of salary through institution																											
NIHR Award ID: PB-PG-1014-35011	Funding of salary through institution																											
NIHR Award ID: NIHR127755	Funding of salary through institution																											
NIHR Award ID: NIHR130971	Funding of salary through institution																											
NIHR Award ID: 15/187/05	Funding of salary through institution																											
NIHR Award ID: RP-PG-0216-20009	Funding of salary through institution																											
NIHR Award ID: PB-PG-0613-31113	Funding of salary through institution																											
NIHR Award ID: 17/80/09	Funding of salary through institution																											
NIHR Award ID: 15/48/21	Funding of salary through institution																											
NIHR Award ID: 16/111/51	Funding of salary through institution																											
NIHR Award ID: 12/3000/40	Funding of salary through institution																											
NIHR Award ID: NIHR128623	Funding of salary through institution																											
NIHR Award ID: NIHR131175	Funding of salary through institution																											

		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)
		NIHR Award ID: 13/119/18	Funding of salary through institution
		NIHR Award ID: NIHR200605	Funding of salary through institution
		NIHR Award ID: NIHR129926	Funding of salary through institution
		NIHR Award ID: 16/101/02	Funding of salary through institution
		NIHR Award ID: NIHR131125	Funding of salary through institution
		NIHR Award ID: NIHR134702	Funding of salary through institution
		NIHR Award ID: 15/178/09	Funding of salary through institution
		NIHR Award ID: 14/29/01	Funding of salary through institution
		NIHR Award ID: RP-PG-0218-20006	Funding of salary through institution
		NIHR Award ID: RP-PG-1016-20010	Funding of salary through institution
		NIHR Award ID: 14/197/65	Funding of salary through institution
		NIHR Award ID: 15/31/04	Funding of salary through institution
		NIHR Award ID: NIHR132690	Funding of salary through institution
		NIHR Award ID: 14/68/08	Funding of salary through institution
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	



		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)
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 type="checkbox"/> None	
		Member of NIHR Strategy Board (2022)	Unpaid
		Member of NIHR HTA CET committee (2018-2021)	Unpaid
		Member of NIHR CTU SAC (2020-2023)	Unpaid

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:** 5/24/2022

**Your Name:** Sandra Galvin

**Manuscript Title:** The PROMoting THE USE of studies Within A Trial (PROMETHEUS) programme: lessons learnt for undertaking randomised SWATs

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Health Research Board (Ireland)</td> <td>Employed under funding grant HRB-TMRN-2021-001</td> </tr> <tr> <td>Medical Research Council (MR/R013748/1)</td> <td>Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York. Payment made to institution via grant.</td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	Health Research Board (Ireland)	Employed under funding grant HRB-TMRN-2021-001	Medical Research Council (MR/R013748/1)	Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York. Payment made to institution via grant.	<small>Click the tab key to add additional rows.</small>	
Health Research Board (Ireland)	Employed under funding grant HRB-TMRN-2021-001								
Medical Research Council (MR/R013748/1)	Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York. Payment made to institution via grant.								
<small>Click the tab key to add additional rows.</small>									
<b>Time frame: past 36 months</b>									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse; height: 40px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse; height: 40px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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	<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"/> None	
		SWAT Collection Advisor for F1000 Research	

		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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

**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:** 5/20/2022

**Your Name:** Shaun Treweek

**Manuscript Title:** The PROMoting THE USE of Studies Within A Trial (PROMETHEUS) programme: lessons learnt for undertaking randomised SWATs

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
<b>Time frame: Since the initial planning of the work</b>										
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">MRC/NIHR. Medical Research Council (MR/R013748/1)</td> <td style="width: 50%; padding: 2px;">Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">Payment made to institution via grant</td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center;"><small><a href="#">Click the tab key to add additional rows.</a></small></td> </tr> </table>	MRC/NIHR. Medical Research Council (MR/R013748/1)	Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York		Payment made to institution via grant	<small><a href="#">Click the tab key to add additional rows.</a></small>			
MRC/NIHR. Medical Research Council (MR/R013748/1)	Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York									
	Payment made to institution via grant									
<small><a href="#">Click the tab key to add additional rows.</a></small>										
<b>Time frame: past 36 months</b>										
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">NIHR PHR - Award ID: NIHR129791</td> <td style="width: 50%; padding: 2px;">Co-applicant. Funded institution - University of Glasgow</td> </tr> <tr> <td style="padding: 2px;">NIHR HTA - Award ID: 12/127/12</td> <td style="padding: 2px;">Co-applicant. Funded institution - Glasgow Caledonian University</td> </tr> <tr> <td style="padding: 2px;">NIHR HTA - Award ID: 15/130/73</td> <td style="padding: 2px;">Co-applicant. Funded institution - Glasgow Caledonian University</td> </tr> <tr> <td style="padding: 2px;">MRC - MR/K025643/1</td> <td style="padding: 2px;">Co-applicant. Funded institution, University of Bristol</td> </tr> </table>	NIHR PHR - Award ID: NIHR129791	Co-applicant. Funded institution - University of Glasgow	NIHR HTA - Award ID: 12/127/12	Co-applicant. Funded institution - Glasgow Caledonian University	NIHR HTA - Award ID: 15/130/73	Co-applicant. Funded institution - Glasgow Caledonian University	MRC - MR/K025643/1	Co-applicant. Funded institution, University of Bristol
NIHR PHR - Award ID: NIHR129791	Co-applicant. Funded institution - University of Glasgow									
NIHR HTA - Award ID: 12/127/12	Co-applicant. Funded institution - Glasgow Caledonian University									
NIHR HTA - Award ID: 15/130/73	Co-applicant. Funded institution - Glasgow Caledonian University									
MRC - MR/K025643/1	Co-applicant. Funded institution, University of Bristol									

		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)						
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 15px;">Editor-in-Chief of the journal 'Trials'</td> <td style="width: 50%;"></td> </tr> </table>	Editor-in-Chief of the journal 'Trials'						
Editor-in-Chief of the journal 'Trials'									

		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)
	society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 5/23/2022

**Your Name:** David J Torgerson

**Manuscript Title:** The PROMoting THE USE of Studies Within A Trial (PROMETHEUS) programme: lessons learnt for undertaking randomised SWATs

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)												
<b>Time frame: Since the initial planning of the work</b>															
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Medical Research Council (MR/R013748/1)</td> <td style="width: 50%;">Lead applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.</td> </tr> <tr> <td></td> <td>Payment made to institution via grant</td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	Medical Research Council (MR/R013748/1)	Lead applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.		Payment made to institution via grant	<small>Click the tab key to add additional rows.</small>							
Medical Research Council (MR/R013748/1)	Lead applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.														
	Payment made to institution via grant														
<small>Click the tab key to add additional rows.</small>															
<b>Time frame: past 36 months</b>															
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIHR HTA - Award ID: 14/49/149</td> <td style="width: 50%;">Lead applicant. Funded institution – University of York</td> </tr> <tr> <td>NIHR PHR - Award ID: 15/05/28</td> <td>Lead applicant. Funded institution – University of York</td> </tr> <tr> <td>NIHR CTU - Award ID: CTU-40 (infrastructure award)</td> <td>Lead applicant. Funded institution – University of York</td> </tr> <tr> <td>NIHR HTA - Award ID: NIHR127510</td> <td>Lead applicant. Funded institution – University of York</td> </tr> <tr> <td>NIHR PHR - Award ID: NIHR128341</td> <td>Lead applicant. Funded institution – University of York</td> </tr> <tr> <td>NIHR CTU - Award ID: NIHR132547</td> <td>Lead applicant. Funded institution – University of York</td> </tr> </table>	NIHR HTA - Award ID: 14/49/149	Lead applicant. Funded institution – University of York	NIHR PHR - Award ID: 15/05/28	Lead applicant. Funded institution – University of York	NIHR CTU - Award ID: CTU-40 (infrastructure award)	Lead applicant. Funded institution – University of York	NIHR HTA - Award ID: NIHR127510	Lead applicant. Funded institution – University of York	NIHR PHR - Award ID: NIHR128341	Lead applicant. Funded institution – University of York	NIHR CTU - Award ID: NIHR132547	Lead applicant. Funded institution – University of York
NIHR HTA - Award ID: 14/49/149	Lead applicant. Funded institution – University of York														
NIHR PHR - Award ID: 15/05/28	Lead applicant. Funded institution – University of York														
NIHR CTU - Award ID: CTU-40 (infrastructure award)	Lead applicant. Funded institution – University of York														
NIHR HTA - Award ID: NIHR127510	Lead applicant. Funded institution – University of York														
NIHR PHR - Award ID: NIHR128341	Lead applicant. Funded institution – University of York														
NIHR CTU - Award ID: NIHR132547	Lead applicant. Funded institution – University of York														



	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)
	NIHR RfPB - Award ID: NIHR203506	Lead applicant. Funded institution – Tees, Esk and Wear Valleys NHS Foundation Trust
	NIHR PGfAR - Award ID: RP-PG-0609-10171	Co-applicant. Funded institution – Hull University Teaching Hospitals NHS Trust
	NIHR HTA - Award ID: 13/26/01	Co-applicant. Funded institution – South Tees Hospitals NHS Foundation Trust
	NIHR HTA - Award ID: 15/166/08	Co-applicant. Funded institution – Cardiff University
	NIHR PGfAR - Award ID: RP-PG-0615-20003	Co-applicant. Funded institution - Nottinghamshire Healthcare NHS Foundation Trust
	NIHR HTA - Award ID: 15/130/84	Co-applicant. Funded institution – Hull University Teaching Hospitals NHS Trust
	NIHR HTA - Award ID: 15/154/07	Co-applicant. Funded institution – South Tees Hospitals NHS Foundation Trust
	NIHR RfPB - Award ID: PB-PG-0416-20035	Co-applicant. Funded institution – North East London NHS Foundation Trust
	NIHR HTA - Award ID: 16/73/03	Co-applicant. Funded institution – South Tees Hospitals NHS Foundation Trust
	NIHR PHR - Award ID: 16/122/20	Co-applicant. Funded institution – University of Southampton
	NIHR HTA - Award ID: 16/167/56	Co-applicant. Funded institution – University Hospitals Coventry & Warwickshire NHS Trust
	NIHR HTA - Award ID: 16/167/57	Co-applicant. Funded institution – Barts Health NHS Trust
	NIHR HTA - Award ID: 17/42/94	Co-applicant. Funded institution – Hull University Teaching Hospitals NHS Trust
	NIHR HTA - Award ID: 17/94/36	Co-applicant. Funded institution – Northumbria University
	NIHR RfPB - Award ID: PB-PG-0418-20034	Co-applicant. Funded institution – NHS Commissioning Board - NHS North of England CSU
	NIHR HTA - Award ID: NIHR127739	Co-applicant. Funded institution – Wrightington, Wigan & Leigh NHS Foundation Trust
	NIHR HTA - Award ID: NIHR128625	Co-applicant. Funded institution – Manchester University NHS Foundation Trust
	NIHR HTA - Award ID: NIHR132718	Co-applicant. Funded institution – South Tees Hospitals NHS Foundation Trust
	NIHR PHR - Award ID: NIHR131745	Co-applicant. Funded institution – University of Bedfordshire
	NIHR HTA - Award ID: NIHR131805	Co-applicant. Funded institution – The University of Sheffield
	NIHR HTA - Award ID: NIHR132674	Co-applicant. Funded institution – Hull University Teaching Hospitals NHS Trust
	NIHR RfPB - Award ID: NIHR202203	Co-applicant. Funded institution – Northern Care Alliance NHS Foundation Trust

		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)
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 type="checkbox"/> None	
		Editorial Board member for the Journal Research Methods in Medicine	
		Health Sciences: SWAT Collection Advisor at F1000 Research	

		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)
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 5/23/2022

**Your Name:** Elizabeth Coleman

**Manuscript Title:** The PROMoting THE USE of Studies Within A Trial (PROMETHEUS) programme: lessons learnt for undertaking randomised SWATs

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 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								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Medical Research Council (MR/R013748/1)</td> <td style="width: 50%; padding: 2px;">Funding provision made to institution to support conduct and delivery of PROMETHEUS programme</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	Medical Research Council (MR/R013748/1)	Funding provision made to institution to support conduct and delivery of PROMETHEUS programme			<small>Click the tab key to add additional rows.</small>	
Medical Research Council (MR/R013748/1)	Funding provision made to institution to support conduct and delivery of PROMETHEUS programme							
<small>Click the tab key to add additional rows.</small>								
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>  <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>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>  <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>						

		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	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

		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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <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>							

**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:** 5/23/2022

**Your Name:** Catherine Hewitt

**Manuscript Title:** The PROMoting THE USE of Studies Within A Trial (PROMETHEUS) programme: lessons learnt from undertaking randomised SWATs

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 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														
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Medical Research Council (MR/R013748/1)</td> <td style="width: 50%;">Funding provision made to institution to support conduct and delivery of PROMETHEUS programme</td> </tr> <tr> <td></td> <td>Payments made to the University of York</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Medical Research Council (MR/R013748/1)	Funding provision made to institution to support conduct and delivery of PROMETHEUS programme		Payments made to the University of York								
Medical Research Council (MR/R013748/1)	Funding provision made to institution to support conduct and delivery of PROMETHEUS programme													
	Payments made to the University of York													
Time frame: past 36 months														
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">NIHR HTA – Award ID: NIHR133865</td> <td style="width: 50%;">Lead or co-applicant. Payments made to the University of York</td> </tr> <tr> <td>NIHR HTA - Award ID: 16/111/91</td> <td>Lead or co-applicant. Payments made to the University of York</td> </tr> <tr> <td>NIHR HTA - Award ID: NIHR132718</td> <td>Lead or co-applicant. Payments made to the University of York</td> </tr> <tr> <td>NIHR HTA - Award ID: 17/94/36</td> <td>Lead or co-applicant. Payments made to the University of York</td> </tr> <tr> <td>NIHR HTA- Award ID: 17/76/06</td> <td>Lead or co-applicant. Payments made to the University of York</td> </tr> <tr> <td>NIHR RfPB - Award ID: PB-PG-0317-20047</td> <td>Lead or co-applicant. Payments made to the University of York</td> </tr> </table>	NIHR HTA – Award ID: NIHR133865	Lead or co-applicant. Payments made to the University of York	NIHR HTA - Award ID: 16/111/91	Lead or co-applicant. Payments made to the University of York	NIHR HTA - Award ID: NIHR132718	Lead or co-applicant. Payments made to the University of York	NIHR HTA - Award ID: 17/94/36	Lead or co-applicant. Payments made to the University of York	NIHR HTA- Award ID: 17/76/06	Lead or co-applicant. Payments made to the University of York	NIHR RfPB - Award ID: PB-PG-0317-20047	Lead or co-applicant. Payments made to the University of York
NIHR HTA – Award ID: NIHR133865	Lead or co-applicant. Payments made to the University of York													
NIHR HTA - Award ID: 16/111/91	Lead or co-applicant. Payments made to the University of York													
NIHR HTA - Award ID: NIHR132718	Lead or co-applicant. Payments made to the University of York													
NIHR HTA - Award ID: 17/94/36	Lead or co-applicant. Payments made to the University of York													
NIHR HTA- Award ID: 17/76/06	Lead or co-applicant. Payments made to the University of York													
NIHR RfPB - Award ID: PB-PG-0317-20047	Lead or co-applicant. Payments made to the University of York													

	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)
	NIHR HTA - Award ID: NIHR131483	Lead or co-applicant. Payments made to the University of York
	NIHR RfPD - Award ID: NIHR201176	Lead or co-applicant. Payments made to the University of York
	NIHR RfPB - Award ID: PB-PG-0418-20034	Lead or co-applicant. Payments made to the University of York
	NIHR HTA - Award ID: 15/154/07	Lead or co-applicant. Payments made to the University of York
	NIHR HTA - Award ID: NIHR131784	Lead or co-applicant. Payments made to the University of York
	NIHR HTA - Award ID: NIHR135304	Lead or co-applicant. Payments made to the University of York
	NIHR PHR - Award ID: 16/122/20	Lead or co-applicant. Payments made to the University of York
	NIHR HTA - Award ID: 15/102/04	Lead or co-applicant. Payments made to the University of York
	NIHR PHR - Award ID: 15/05/28	Lead or co-applicant. Payments made to the University of York
	NIHR HS&DR - Award ID: 15/70/26	Lead or co-applicant. Payments made to the University of York
	NIHR PGfAR - Award ID: NIHR201174	Lead or co-applicant. Payments made to the University of York
	NIHR HTA - Award ID: 15/130/84	Lead or co-applicant. Payments made to the University of York
	NIHR HTA - Award ID: 16/167/57	Lead or co-applicant. Payments made to the University of York
	NIHR HTA - Award ID: 16/73/03	Lead or co-applicant. Payments made to the University of York
	NIHR HTA - Award ID: NIHR127739	Lead or co-applicant. Payments made to the University of York
	NIHR HTA - Award ID: 11/36/37	Lead or co-applicant. Payments made to the University of York
	NIHR PHR - Award ID: 14/186/11	Lead or co-applicant. Payments made to the University of York
	NIHR HTA - Award ID: NIHR132808	Lead or co-applicant. Payments made to the University of York
	NIHR HTA - Award ID: NIHR127467	Lead or co-applicant. Payments made to the University of York
	NIHR HTA - Award ID: 15/166/08	Lead or co-applicant. Payments made to the University of York
	NIHR HTA - Award ID: NIHR128625	Lead or co-applicant. Payments made to the University of York
	NIHR HTA - Award ID: NIHR133880	Lead or co-applicant. Payments made to the University of York
	NIHR HTA - Award ID: 17/42/94	Lead or co-applicant. Payments made to the University of York
	NIHR HTA - Award ID: 11/136/52	Lead or co-applicant. Payments made to the University of York
	NIHR PGfAR- Award ID: RP-PG-1214-20017	Lead or co-applicant. Payments made to the University of York
	NIHR HS&DR - Award ID: NIHR129213	Lead or co-applicant. Payments made to the University of York



		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)						
		NIHR HTA - Award ID: NIHR133784	Lead or co-applicant. Payments made to the University of York						
		NIHR PGfAR - Award ID: RP-PG-0216-20002	Lead or co-applicant. Payments made to the University of York						
		NIHR HTA - Award ID: 14/49/149	Lead or co-applicant. Payments made to the University of York						
		NIHR PGfAR - Award ID: RP-PG-1016-20003	Lead or co-applicant. Payments made to the University of York						
		NIHR PHR - Award ID: NIHR128341	Lead or co-applicant. Payments made to the University of York						
		NIHR HTA - Award ID: NIHR131805	Lead or co-applicant. Payments made to the University of York						
		NIHR PGfAR - Award ID: NIHR200607	Lead or co-applicant. Payments made to the University of York						
		NIHR HTA - Award ID: NIHR133418	Lead or co-applicant. Payments made to the University of York						
		NIHR HTA - Award ID: NIHR127510	Lead or co-applicant. Payments made to the University of York						
		NIHR RIGHT - Award ID: NIHR200806	Lead or co-applicant. Payments made to the University of York						
		NIHR PGfAR - Award ID: RP-PG-0217-20006	Lead or co-applicant. Payments made to the University of York						
		NIHR HTA - Award ID: 13/26/01	Lead or co-applicant. Payments made to the University of York						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <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>							

		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)
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"/> None	
		member of the NIHR HTA Commissioning Board (2015 to present) and Deputy Chair (2019 to present)	Payments made to University of York for Deputy Chair role
		HTA Commissioning Sub-Board (2016-2017)	
		NIHR CTU Standing Advisory Committee (2020-2024)	
		HTA Post-Funding Committee (2020-2023)	
		HTA Funding Committee Policy Group (2020-2023)	
		HTA Commissioning Committee (2015-2023)	
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	

		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)
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:** 5/30/2022

**Your Name:** Adwoa Parker

**Manuscript Title:** The PROMoting THE USE of Studies Within A Trial (PROMETHEUS) programme: lessons learned for undertaking randomised SWATs

**Manuscript Number (if known):** NIHR HTA NIHR135580

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 relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None	
		Torgerson, D.J., Parker, A., Beard, D., Bower, P., Brocklehurst, P., Coleman, E., Cooper, C., Culliford L., Devane, D., Eldridge, S., Emsley R., Galvin, S., Hewitt, C., Montgomery, A., Sutton, S., & Treweek, S. 2018-2020. Medical Research Council Methodology Research Panel. (MR/R013748/1) £618,152.52. 'Routinely embedding recruitment and retention interventions within randomised controlled trials'	Co-applicant on the PROMETHEUS programme
		Parker, A., Torgerson, D.J., Brealey, S. 2017-2018. Wellcome Trust, through the Centre for Future Health (CFH) at the University of York. £32,285.35. 'Developing a training intervention for staff to improve participant recruitment into randomised controlled trials'	Lead applicant. Funding provision to institution
		NIHR CTU Infrastructure award (NIHR132547)	Funding provision made to institution to support continuation of PROMETHEUS programme
		NIHR HTA - Award ID: 15/130/84	Co-applicant
<b>Time frame: past 36 months</b>			

		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)
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Torgerson, D.J., & Parker, A. 2019-2022. £47,277. The University of York. PhD Studentship. Proposed thesis entitled: 'The cost effectiveness of Studies Within A Trial (SWATs) for improving recruitment and retention in RCTs'	Funding provision to host institution
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	

		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)
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"/> None	
		Studies Within A Trial (SWAT) Collection Advisor, <a href="#">F1000 Research</a>	
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:** 5/19/2022

**Your Name:** Professor David Beard

**Manuscript Title:** The PROMoting THE USE of Studies Within A Trial (PROMETHEUS) programme: lessons learnt for undertaking randomised SWATs

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 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														
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">Medical Research Council (MR/R013748/1)</td> <td style="width: 50%;">Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.</td> </tr> <tr> <td>Holds an NIHR Senior Investigator award</td> <td>Payment made to institution via grant</td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	Medical Research Council (MR/R013748/1)	Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.	Holds an NIHR Senior Investigator award	Payment made to institution via grant	<small>Click the tab key to add additional rows.</small>							
Medical Research Council (MR/R013748/1)	Co-applicant for the conduct and delivery of PROMETHEUS programme. Funded institution – University of York.													
Holds an NIHR Senior Investigator award	Payment made to institution via grant													
<small>Click the tab key to add additional rows.</small>														
Time frame: past 36 months														
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">NIHR HS&amp;DR - Award ID: NIHR131537</td> <td style="width: 50%;">Lead applicant. Funded institution - University of Oxford</td> </tr> <tr> <td>NIHR HTA - Award ID: 14/140/63</td> <td>Lead applicant. Funded institution - University of Oxford</td> </tr> <tr> <td>NIHR HTA - Award ID: NIHR129830</td> <td>Lead applicant. Funded institution - University of Oxford</td> </tr> <tr> <td>NIHR HTA - Award ID: NIHR127807</td> <td>Co-applicant. Funded institution - University of Oxford</td> </tr> <tr> <td>NIHR RfPB - Award ID: PB-PG-1215-20041</td> <td>Co-applicant. Funded institution - Oxford University Hospitals NHS Foundation Trust</td> </tr> <tr> <td>NIHR RfPB - Award ID: PB-PG-0215-36084</td> <td>Co-applicant. Funded institution - Leeds Teaching Hospitals NHS Trust</td> </tr> </table>	NIHR HS&DR - Award ID: NIHR131537	Lead applicant. Funded institution - University of Oxford	NIHR HTA - Award ID: 14/140/63	Lead applicant. Funded institution - University of Oxford	NIHR HTA - Award ID: NIHR129830	Lead applicant. Funded institution - University of Oxford	NIHR HTA - Award ID: NIHR127807	Co-applicant. Funded institution - University of Oxford	NIHR RfPB - Award ID: PB-PG-1215-20041	Co-applicant. Funded institution - Oxford University Hospitals NHS Foundation Trust	NIHR RfPB - Award ID: PB-PG-0215-36084	Co-applicant. Funded institution - Leeds Teaching Hospitals NHS Trust
NIHR HS&DR - Award ID: NIHR131537	Lead applicant. Funded institution - University of Oxford													
NIHR HTA - Award ID: 14/140/63	Lead applicant. Funded institution - University of Oxford													
NIHR HTA - Award ID: NIHR129830	Lead applicant. Funded institution - University of Oxford													
NIHR HTA - Award ID: NIHR127807	Co-applicant. Funded institution - University of Oxford													
NIHR RfPB - Award ID: PB-PG-1215-20041	Co-applicant. Funded institution - Oxford University Hospitals NHS Foundation Trust													
NIHR RfPB - Award ID: PB-PG-0215-36084	Co-applicant. Funded institution - Leeds Teaching Hospitals NHS Trust													

		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)
		NIHR HTA - Award ID: NIHR134398	Co-applicant. Funded institution - University Hospitals Coventry & Warwickshire NHS Trust
		NIHR HTA - Award ID: 12/196/08	Co-applicant. Funded institution - University of Oxford
		NIHR HTA - Award ID: NIHR131629	Co-applicant. Funded institution - University Hospitals Coventry & Warwickshire NHS Trust
		NIHR HTA - Award ID: 15/80/40	Co-applicant. Funded institution - University of Oxford
		NIHR HTA - Award ID: NIHR135260	Co-applicant. Funded institution - University Hospitals Birmingham NHS Foundation Trust
		NIHR HTA - Award ID: 15/103/03	Co-applicant. Funded institution - University of Oxford
		NIHR HTA - Award ID: 15/39/06	Co-applicant. Funded institution - University of Oxford
		NIHR HTA - Award ID: NIHR128043	Co-applicant. Funded institution - University of Oxford
		NIHR PGfAR - Award ID: RP-PG-0615-20002	Co-applicant. Funded institution - NHS North Staffordshire CCG
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	



		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)
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		Member of NIHR Commissioning Committee (2020-present)	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			