Date:30 th November 2021	
Your Name:Prof James Lindsay	
Manuscript Title:	
Manuscript number (if known):	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIHR EME Grant	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Unrestricted research grants Investigator initiated research from Abbvie, Gilead, Takeda, Shire	To institution to support academic translational research

3	Royalties or licenses	None	
4	Consulting fees	I have been paid honoraria for advisory boards / consulting from: AbbVie, Allergan, Atlantic Healthcare, Bristol Meyer Squibb, Celgene, Celltrion, Eli Lilly, Ferring, Galapagos, Gilead, GSK, Janssen, MSD, Napp, Norgine, Pfizer, Shire, Takeda, Vifor Pharma;	Honoraria paid to me for consulting / advisory baords
5	Payment or honoraria for	AbbVie, Bristol Meyer	Honoraria paid to me
3	lectures, presentations, speakers bureaus, manuscript writing or educational events	Squibb, Ferring, Galapagos, Janssen, Norgine, Pfizer, Shire, Takeda Cornerstone Health	
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	Abbvie, Takeda, MSD, Ferring, Janssen	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	Notice	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		

	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_30/11/2021
Your Name:	Daniel Hind
Manuscript Title:	Autologous stem cell transplantation in refractory Crohn's disease –
	low intensity therapy evaluation: the ASTIClite RCT
Manuscript number (if known):	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None NIHR EME	Salary part funded by research grant. Payments made to institution for
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	X_ None	
	educational events	V N	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	_X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X None	
	,		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	NIHR HTA	Participation in HTA Clinical Evaluation and Trials Committee 01/11/2019 to 30/11/2023 and HTA Fast track committee (dates not available).
11	Stock or stock options	_X_ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_ None	
13	Other financial or non- financial interests	_X None	

_X I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: 18 th November 2021
Your Name: Lizzie Swaby
Manuscript Title: Autologous stem cell transplantation in refractory Crohn's disease – low intensity therapy evaluation:
the ASTIClite RCT
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	

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

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 2 nd December 2021
Your Name: Hannah Berntsson
Manuscript Title: Autologous stem cell transplantation in refractory Crohn's disease – low intensity therapy evaluation
the ASTIClite RCT
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:2 December 2021
Your Name:Mike Bradburn
Manuscript Title: Autologous stem cell transplantation in refractory Crohn's disease - low intensity therapy evaluation:
the ASTIClite RCT
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	NIHR	The University of Sheffield was supported by an EME
	any entity (if not indicated		grant reference 15/178/09
	in item #1 above).		
3	Royalties or licenses	None	

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 19/11/2021
Your Name: Uday Bannur C
Manuscript Title: ASTIClite stem cell transplantation in refractory Crohn's disease –
low intensity therapy evaluation: the ASTIClite RCT
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	None	planning of the work
1	manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
	D 111		
3	Royalties or licenses	None	

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

"X"_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

		ICMJE DISCI	LOSURE FORM
Yo Ma Ma In rel pa to	D / ダイン SE ー レッシー へ the interest of transparency ated to the content of your rties whose interests may be	JENNIFEN BY - MIKE STUDY - MIKE STUDY M CENT TRANSPL M CEN	ANTATIONID REFRACTORY CROHN'S TION ITHE ASTICITE RCT relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a
ma	inuscript only.		ps/activities/interests as they relate to the <u>current</u>
to me	the epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in toport for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items,
		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)
	<u>an ang an tanggan ang ang ang ang ang ang ang ang a</u>	Time frame: Since the initial	planning of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
-	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None	

3

Royalties or licenses

None

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,	and the second s	
	manuscript writing or educational events		
6	Payment for expert testimony	None	
	•		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
	F-1.2.1.6		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None .	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
	1	A Committee of the comm	A company of the comp

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Dau	e:19/11/202	.1	
You	r Name:	_Dr Christopher Clarke	
Mar	nuscript Title:	Autologous stem cell trans	splantation in refractory Crohn's disease – low intensity
ther	apy evaluation: the ASTIClit	te RCT	
Mar	nuscript number (if known):		
rela part to ti	ted to the content of your nices whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to tl		nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.
	em #1 below, report all sup time frame for disclosure is	-	in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	·
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	X None	
	No time limit for this item.		
	No time initial time items		
		Time frame: past	36 months
2	Grants or contracts from	None None	So moneno
	any entity (if not indicated	X	
	in item #1 above).		
3	Royalties or licenses	X None	

4	Consulting fees	_X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	_X None	
	manuscript writing or educational events		
6	Payment for expert testimony	_ X None	
7	Compart for attending	Y N	
7	Support for attending meetings and/or travel	X _ None	
8	Patents planned, issued or pending	_ X None	
0	Dankisia skia u su a Daka		
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_ X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
42	D	v	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other services		
13	Other financial or non-	Y None	
13	financial interests	X None	

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 05/01/21
Your Name: Lauren Desoysa
Manuscript Title: Autologous stem cell transplantation in refractory Crohn's disease – low intensity therapy evaluation:
the ASTIClite RCT
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None NIHR EME	Payments made to the institution to fund this work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None NIHR grants	I am a medical statistician funded to work on a number of NIHR grants, none of which are in Crohn's disease or investigating treatments similar to in ASTIClite.
3	Royalties or licenses	_x None	

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

X ____ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 25 November 2021
Your Name Dr Shahida Din
Manuscript Title Autologous stem cell transplantation in refractory Crohn's disease – low intensity therapy evaluation: the ASTIClite RCT
Manuscript number (if known):______

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None NHS Research Scotland via NHS Lothian	Dr Shahida Din Salary Funding to support clinical trial work.
		Time frame: past	36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

XI certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: 23/11/21
Your Name: Richard Emsley
Manuscript Title: Autologous stem cell transplantation in refractory Crohn's disease – low intensity therapy evaluation:
the ASTIClite RCT
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Funding from NIHR	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	NIHR	Participation in NIHR CTU Standing Advisory Committee 01/01/2020 until 01/01/2024
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	NIHR HTA	HTA Clinical Evaluation and Trials Committee 01/11/2017 until 30/11/2021
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:24/11/2021
Your Name: Dr Gemma A Foulds
Manuscript Title: Autologous stem cell transplantation in refractory Crohn's disease – low intensity therapy evaluation:
the ASTIClite RCT
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:26/Nov/2021
Your Name:John G Gribben
Manuscript Title: Autologous stem cell transplantation in refractory Crohn's disease – low intensity therap evaluation: the ASTIClite RCT
Manuscript number (if known):
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.
The following questions apply to the author's relationships/activities/interests as they relate to the current

manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials, medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time initial to this term	Time frame; nect	26 months
		Time frame: past	36 MONUS
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date:_Dec 13	
Your Name_Prof CJ	
Hawkey	Manuscript Title:_
Autologous stem cell transplantation in refractory Croevaluation: the ASTIClite RCT	ohn's disease – low intensity therapy
Manuscript number (if known):	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:22.11.21

Your Name: Peter Irving

Manuscript Title: Autologous stem cell transplantation in refractory Crohn's

disease – low intensity therapy evaluation: the ASTIClite RCT

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		T ime 6	26
2	Grants or contracts from any entity (if not indicated in item #1 above).	None MSD, Takeda, Celltrion, Pfizer	36 months
		FIIZEI	
3	Royalties or licenses	None	

4	Consulting fees	None	BMS
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AbbVie, BMS, Celgene, Celltrion, Falk Pharma, Ferring, Galapagos, Gilead, MSD, Janssen, Pfizer, Takeda, Tillotts, Sapphire Medical, Sandoz, Shire, Warner Chilcott	
6	Payment for expert testimony	None	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
	group, paid or unpaid	New	
11	Stock or stock options	None	
		AbbVie, Arena, Boehringer-Ingelheim, BMS, Celgene, Celltrion, Genentech, Gilead, Hospira, Janssen, Lilly, MSD, Pfizer, Pharmacosmos, Prometheus, Roche, Sandoz, Samsung Bioepis, Takeda, Topivert, VH2,	

		Vifor Pharma, Warner Chilcott	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non- financial interests	None	

x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	22,11,2	<u> </u>		
Your Name:	PETER	LE E	DOHNSON	
Manuscript Title:	<u> ASCIC</u>	wite TKI	<u> </u>	
Manuscript numl	oer(if known):			

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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 init	ial planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
	THE STREET AND THE STREET SHALL SHALL SHALL SHALL	Time frame: pa	ast 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

	Consulting fees	None	
-			
		None	
	Payment or honoraria for	-V None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events	. /	
6	Payment for expert	V None	
۱ ۱	testimony		
l			
7	Support for attending	V None	
	meetings and/or travel		
		-	
		l /	
8	Patents planned, issued or	V None	
Ü	pending		
9	Participation on a Data	V None	
	Safety Monitoring Board or		
	Advisory Board	<u> </u>	
		 	
10	Leadership or fiduciary role	V None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	None	
11	Stock or stock options	- Notie	
		 	
		1	
	The state of the s	None	
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other		
	services	1	
13		V None	
1 13	financial interests		· ·
	Intrancial intel cost		
		•	

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:____25/11/2021_____

Royalties or licenses

None

You	r Name:Dr Majid Ali	Kazmi	
Mar	nuscript Title:_ <i>Autologou</i>	s stem cell transplant	tation in refractory Crohn's disease – low intensity
	rapy evaluation: the AS		
Mar	nuscript number (if known):		
In th	ne interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that are
rela	ted to the content of your m	nanuscript. "Related" mea	ans any relation with for-profit or not-for-profit third
-		-	f the manuscript. Disclosure represents a commitment
	•		If you are in doubt about whether to list a
rela	tionship/activity/interest, it	is preferable that you do	so.
	following questions apply to suscript only.	o the author's relationshi _l	ps/activities/interests as they relate to the <u>current</u>
The	author's relationships/activ	iitias lintarasts shauld ha	defined breadly. For example, if your manuscript partains
			defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
	lication, even if that medica		•
In it	em #1 below, report all sup	port for the work reported	d in this manuscript without time limit. For all other items,
the	time frame for disclosure is	the past 36 months.	
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
2	Constant	Time frame: pas	t 36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
	iii iteiii #1 abovej.		

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_19 th Nov 2021
Your Name	e: Ellen Lee
Manuscrip	t Title: Autologous stem cell transplantation in refractory Crohn's disease – Iow
intensity	therapy evaluation: the ASTIClite RCT
Manuscrip	t number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None NIHR EME	Payments made to the institution to fund this work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None NIHR grants	I am a medical statistician funded to work on a number of NIHR grants, none of which are in Crohn's disease or investigating treatments similar to in ASTIClite.
3	Royalties or licenses	_x None	

4	Consulting fees	x None	
	· ·		
5	Payment or honoraria for	x None	
3	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	x None	
7	Support for attending	x None	
	meetings and/or travel		
8	Patents planned, issued or pending	_x None	
9	Participation on a Data	None	Two data manitoring and othics committees two trial
9	Safety Monitoring Board or	Independent	Two data monitoring and ethics committees, two trial steering committees. None of which are in Crohn's
	Advisory Board	statistician/chair on four NIHR study comitties	disease.
10	Landanskin au fidusianu sala	Name	
10	Leadership or fiduciary role in other board, society,	x_ None	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	x None	
	Stock of Stock options		
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
13	financial interests		

_X I certify that I have answered every question and have not altered the wording of any of the questions on t form.	this

Date	e:U1/12/2U21		
	r Name:Amanda Loban_		
Mar	nuscript Title: Autolog	gous stem cell transp	plantation in refractory Crohn's disease – low
			T
	nuscript number (if known):		
rela part to ti	ted to the content of your nies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t	o the author's relationship	os/activities/interests as they relate to the current
to the control of the	ne epidemiology of hyperter lication, even if that medica em #1 below, report all sup	nsion, you should declare ition is not mentioned in to port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other items,
tne	time frame for disclosure is	the past 36 months.	
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	x None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
2	Cuanta an agustus ets forcus	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated	x None	
	in item #1 above).		
	in item #1 abovej.		
3	Royalties or licenses	x None	

4 Consulting feesx_ None	
Payment or honoraria for lectures, presentations,	
speakers bureaus,	
manuscript writing or educational events	
6 Payment for expertx None testimony	
7 Support for attendingx_ None meetings and/or travel	
8 Patents planned, issued orx_ None pending	
9 Participation on a Datax_ None Safety Monitoring Board or	
Advisory Board	
10 Leadership or fiduciary role in other board, society,	
committee or advocacy	
group, paid or unpaid	
11 Stock or stock optionsx None	
12 Receipt of equipment,x_ None materials, drugs, medical	
writing, gifts or other	
services	
13 Other financial or non- financial interestsx None	

_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:3.12.21

Your Name: Professor Alan Lobo

Manuscript Title: Autologous stem cell transplantation in refractory Crohn's disease – low intensity therapy evaluation:

the ASTIClite RCT

Manuscript number (if known): 15/178/09

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present		
	manuscript (e.g., funding, provision of study materials,	National Institute for Health Research	As part of grant funding for this project
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees		
		Takeda Pharma	
		Vifor Pharma	
		Janssen	
		Predictimmune	
-			
5	Payment or honoraria for	Talanda Dhamas	
	lectures, presentations, speakers bureaus,	Takeda Pharma Janssen	
	manuscript writing or	Celltrion	
	educational events	Centrion	
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel		
	Ŭ .	Janssen	
		Tillotts	
		Takeda Pharma	
		Vifor Pharma	
8	Patents planned, issued or pending	None	
	perianig		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
	, , 200. u		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy	Director, Non-executive	No payment
	group, paid or unpaid	IBD Registry Board	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date:_22 nd November 2021
Your Name: Professor Yashwant Mahida
Manuscript Title:_ Autologous stem cell transplantation in refractory Crohn's disease – low intensity therapy
evaluation: the ASTIClite RCT
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time frame: Since the initial National Institute for Health Research	Provided funding to my institution to carry out research reported in this manuscript
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:22 November 2021_
Your Name:Gordon W. Moran
Manuscript Title: Autologous stem cell transplantation in refractory Crohn's disease - low
intensity therapy evaluation: the ASTIClite RCT
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time frame: Since the initial None	pranning of the work
2	Grants or contracts from any entity (if not indicated	Time frame: past	36 months
3	in item #1 above). Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
3	lectures, presentations,	Notic	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
7	Support for attending	None	
'	meetings and/or travel	140110	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	Nana	
11	Stock or stock options	None	
12	Descipt of aguinment	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
12	services Other financial or non-	None	
13	financial interests	None	

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:_24-11-021	
Your Name: Diana Papaioannou	
Manuscript Title: Autologous stem cell transplantation in refractory Crohn's disease –	
low intensity therapy evaluation: the ASTIClite RCT	
Manuscript number (if known):	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
	in item #1 above).		
3	Royalties or licenses	None	

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

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

You Mar the	e:: 18/11/2021 r Name: Miles Parkes nuscript Title: <i>Autologous</i> rapy evaluation: the A nuscript number (if known):	STIClite RCT	ation in refractory Crohn's disease – low intensity
rela part to ti	ted to the content of your miles whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to the med	he epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in the port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. In this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initial	Inlanning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Pfizer – funding for research fellow and for IBD BioResource (unconnected to ASTIC study) Gilead – support for IBD BioResource Crohn's and Colitis UK – research grant	36 months

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

x I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: 29 11/21	Andrews Pa
Your Name:	MUSI.
Manuscript Title: <u>A いたろしゅうしょ</u>	stem cell transplantation in Refraction Counts Disease
Manuscript number (if known):	-lowintently team evalues
:	To Astichite Lot

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
		T	plaining of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	

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

x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 22 November 2021
Your Name: Professor Alan Graham Pockley
Manuscript Title: Autologous stem cell transplantation in refractory Crohn's disease – low intensity therapy evaluation:
the ASTIClite RCT
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None	
2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	Cytomos Limited	Member of the Scientific Advisory Board of Cytomos Limited (Edinburgh, UK),
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	multimmune GmbH, Alphageneron Pharmaceuticals	Chief Executive Officer of multimmune GmbH (Munich, Germany) and Chief Scientific Officer of Alphageneron Pharmaceuticals Inc. (Cambridge, MA, USA)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

X I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date:28 Janu	ary 2022	
Your Name:	Jack Satsangi	
the ASTIClita PCT	ous stem cell transplantation in refractory Cro	ohn's disease – low intensity therapy evaluation:
	wn):	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	Grant funding for IBD research from ECCO, Helmsley Trust, CCUK, CCFA, Action Medical Research, EME, and European Commission FP-7 and Horizon 2020 programmes

3	Royalties or licenses	X None	
4	Consulting fees	X None	
_			
5	Payment or honoraria for lectures, presentations,	None	Lecture for Falk Foundation, 2019.
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	x_ None	
8	Patents planned, issued or pending	x None	
_			
9	Participation on a Data Safety Monitoring Board or	x_ None	
	Advisory Board		
10		N.	LIWIDD D AA
10	Leadership or fiduciary role in other board, society,	None	UK IBD Registry Management Board.
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	X None	
12	Descipt of agricument	V. Nana	
12	Receipt of equipment, materials, drugs, medical	X_ None	
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests		

x_ I certify that I have answered every question and have not altered the wording of form.	of any of the questions on this

Date:24/11/20	21
Your Name:Sree	dhar Subramanian
Manuscript Title:	_ Autologous stem cell transplantation in refractory Crohn's disease – low intensity
therapy evaluation	on: the ASTIClite RCT
Manuscript number	(if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None NIHR EME	Paid to institution
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Crohn's and colitis UK	Paid to institution
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Takeda, Janssen, Abbvie, Celltrion, Boehringer- Ingelheim, Bristol Myers- Squibbs	Paid to self
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Takeda, Janssen, Abbvie, Celltrion, Boehringer- Ingelheim, Bristol Myers- Squibbs, Vifor pharmaceuticals	Paid to self
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_20 Nov 2021
Your Name	e:Simon Travis
Manuscrip	t Title: Autologous stem cell transplantation in refractory Crohn's disease – low intensity therapy
evaluation	the ASTIClite RCT
Manuscrip	t number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).		ECCO, Helmsley Trust, Ferring, Janssen, Lilly, Pfizer, Takeda and Norman Collisson Foundation All paid to Institution
3	Royalties or licenses	None	

4	Consulting fees		ai4gi; Allergan; Amgen; Arena; AstraZeneca; Biogen; Boehringer Ingelheim; BMS; Buhlmann; Celgene; ChemoCentryx; Cosmo; Enterome; Equillium; Ferring; Genentech/Roche; Gilead; Glenmark; Grunenthal; GSK; Immunometabolism; Indigo; Janssen; Lilly; Merck; Mestag; Novartis; Pfizer; Pharmaventure; Phesi; Satisfai; Sensyne Health; Sorriso; Syndermix; Synthon; Takeda; Topivert; UCB Pharma; Vertex; VHsquared; Vifor
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		AbbVie, Amgen, Biogen, Falk; Ferring, Janssen, Pfizer, Shire, Takeda, UCB
6	Payment for expert testimony		Cosmo
7	Support for attending meetings and/or travel		AbbVie, Amgen, Biogen, Falk; Ferring, Janssen, Pfizer, Shire, Takeda, UCB
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board		Amgen
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Simon Travis Professor of Clinical Gastroenterology University of Oxford

Date: 23/11/2021
Your Name: Emily Turton
Manuscript Title: Autologous stem cell transplantation in refractory Crohn's disease – low intensity therapy evaluation:
the ASTIClite RCT
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No/ time limit for this		
	item./		
	-		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

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

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	25/11/2021
Your Name:	Dr Ben Uttenthal
Manuscript Title:	: Autologous stem cell transplantation in refractory Crohn's disease – low intensity therapy
evaluation: the ASTI	Clite RCT
Manuscript number	(if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All according to the constant		planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
_	Davidia anti-	None	
3	Royalties or licenses	None	

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

D	ate: 18 November 2021
Υ	our Name: Sergio Rutella
Ν	lanuscript Title: Autologous stem cell transplantation in refractory Crohn's disease – low intensity therapy evaluation:
+I	ne ASTIClite RCT

Manuscript number (if known):_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	X None	pranning of the work
1	manuscript (e.g., funding,		
	provision of study materials, medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	MacroGenics Inc,	Research funding
	any entity (if not indicated in item #1 above).	Rockville, MD, USA	
		Kura Oncology, San Diego,	Research funding
		USA	
3	Royalties or licenses	X None	

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

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 18/11/21			
Your Name: JOHN SNOWDEN			
Manuscript Title: Autologous stem cell transplantation in refractory Crohn's disease – low intensity therapy evaluation: the ASTIClite RCT			
Manuscript number (if known):			

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None NIHR EME Ref: 15/178/09 'Autologous Stem cell Transplantation In refractory Crohn's disease - Low Intensity Therapy Evaluation (ASTIC-LITE)'; £2,333,194.12 (CI Prof J Lindsay, Gastroenterology, Barts/QMUL, with Snowden as Lead Haematologist co- applicant. Multicentre randomised controlled trial run by University of Sheffield Clinical Trials Research Unit (CTRU).	Payment to institutions – Sheffied CTRU and Sheffield Teaching Hospitals NHS Foundation Trust.

		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None Medac: not directly related to Crohn's disease	Personal payment for out of hours work.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None Jazz, Mallinckrodt, Janssen, Gilead, Actelion: none directly related to	Personal payment for out of hours work.
	educational events	Crohn's disease	
6	Payment for expert testimony	None	
	•		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Kiadis Pharma trial IDMC: not directly related to Crohn's disease	Personal payment for out of hours work.
10	Leadership or fiduciary role	None	
10	in other board, society,	Notic	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	

12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.