

#### **Instructions**

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#### Relevant financial activities outside the submitted work.

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# 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether

earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your

patent

Worthington 1



Section 1.	Identifying Inforn	nation		
1. Given Name (Fire	st Name)	Surname (Last Name Worthington	3. Date 28-July-2021	
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Prof Marcus Drake	
= :			ng non-pharmacological and non-surgical interventions: the	
6. Manuscript Iden	ntifying Number (if you k	now it)		
Section 2.	The Work Under O	Consideration for Pu	blication	
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?				
Are there any rele	evant conflicts of inter	est? ☐ Yes ✓ N	ADD	
Section 3.	Relevant financial	activities outside the	ne submitted work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .				
Are there any rele	evant conflicts of inter	est? ☐ Yes ✓ N	ADD	
Section 4.	Intellectual Prope	rty Patents & Copy	yrights	
Do you have any	patents, whether plan	nned, pending or issued	, broadly relevant to the work? Yes V No	

Worthington 2



Section F	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Disc	closure Statement
Dr. Worthington	has nothing to disclose.

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Worthington 3

#### ICMJE DISCLOSURE FORM

Date: 28 July	<u> 2021</u>	
Your Name:	<u>Jessica</u>	Frost

Manuscript Title: TReating Urinary symptoms in Men in Primary Healthcare using non-pharmacological and non-surgical

interventions: the TRIUMPH RCT and economic evaluation

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

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

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

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



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patent

Sanderson 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fir Emily	rst Name)	2. Surname (Last Name) Sanderson		3. Date 20-June-2021
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Nar Prof Marcus Drake	ne
			non-pharmacological and no	on-surgical interventions: the
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under C	onsideration for Public	cation	
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?				
Are there any re-	Are there any relevant conflicts of interest? Yes V No			
Section 3.	Relevant financial	activities outside the	submitted work.	
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				ADD
Section 4.	Intallactual Branco	ty Datanta & Commis	vlate	
	intellectual Proper	ty Patents & Copyrig	gnts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Sanderson 2



6 11 E	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.
Section C	
Section 6.	Disclosure Statement
Based on the abo	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Disc	closure Statement
Miss. Sanderson	has nothing to disclose.

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Sanderson 3



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patent

Cochrane 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fir Madeleine			ne (Last Name) e		3. Date 01-July-2	021	
4. Are you the cor	responding author?	Yes	✓ No	Corresponding Prof Marcus [	Author's Name Orake		
	symptoms in Men in I d economic evaluation	Primary He	althcare using	non-pharmacolo	ogical and non-surgica	I interventions: the	
6. Manuscript Ider	itifying Number (if you kn	ow it)					
Section 2.	The Work Under Co	onsiderat	ion for Publi	cation			
	titution <b>at any time</b> receiv submitted work (including etc.)?						ır
Are there any rele	evant conflicts of intere						
	out the appropriate info pe removed by pressing			ve more than one	entity press the "ADI	O" button to add a row	٧.
Name of Instituti	on/Company	Grant?		on-Financial Support?	ther? Comments		
NIHR HTA		<b>√</b>					×
							×
						A	\DD
Section 2							
Relevant financial activities outside the submitted work.							
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Are there any ren	evant connicts of intere	st:	ies V No			F	ADD
Section 4.	Intellectual Proper	ty Pate	nts & Copyri	ghts			
Do you have any	patents, whether plan	ned, pendi	ng or issued, b	roadly relevant t	to the work?	✓ No	

Cochrane 2



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Generate Disc	closure Statement
Dr. Cochrane rep	ports grants from NIHR HTA during the conduct of the study; .

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Cochrane 3

#### ICMJE DISCLOSURE FORM

Date: 29/07/21

Your Name: Jessica Wheeler

Manuscript Title: TReatIng Urinary symptoms in Men in Primary Healthcare using non-pharmacological and non-surgical

interventions: the TRIUMPH cluster RCT and economic evaluation

Manuscript number (if known:

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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

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Licensed: The patent has been licensed to an entity, whether

earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your

patent

Cotterill 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Nikki	2. Surname (Last Name) Cotterill	3. Date 28-July-2	2021	
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name		
5. Manuscript Title TReatIng Urinary symptoms in Men in P TRIUMPH RCT and economic evaluation 6. Manuscript Identifying Number (if you known		on-pharmacological and non-surgica	al interventions: the	
Section 2. The Work Under Co	onsideration for Public	ation		
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?				
Are there any relevant conflicts of intere	st?		ADD	
Section 3. Relevant financial a	activities outside the s	ubmitted work.		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo				
			ADD	
Section 4. Intellectual Bronow				
Intellectual Propert	ty Patents & Copyrig	nts		
Do you have any patents, whether plann	ned, pending or issued, bro	padly relevant to the work?	✓ No	

Cotterill 2



6 11 E	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.
Section C	
Section 6.	Disclosure Statement
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Disc	closure Statement
Dr. Cotterill has ı	nothing to disclose.

#### **Evaluation and Feedback**

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Cotterill 3

#### ICMJE DISCLOSURE FORM

Your Name: Stephanie J MacNeill

Manuscript Title: TReating Urinary symptoms in Men in Primary Healthcare using non-pharmacological and non-surgical

interventions: the TRIUMPH RCT and economic evaluation

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

4	Consulting fees	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	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	BOPP DMC: 2018 to current	
	,	BRiMS DMC: 2016 –	
		2018	
		ENGAGER TSC: 2017 – 2019	
		PROGROUP Programme	
		Steering Group	
		Committee: 2021-	
		current	
		READ-IT: 2019 to	
		current	
		TARS TSC: 2017 to 2021	
		HTA -General	
		Committee 2020-	
		current	
10	Leadership or fiduciary role	X None	
	in other board, society,		

	committee or advocacy group, paid or unpaid		
11		X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X None	
	services		
13	Other financial or non- financial interests	X None	

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

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



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patent

Noble 1



Section 1.	Identifying Inform	ation						
1. Given Name (Firs	st Name)	2. Surname (La Noble	st Name)			3. Date 01-July-20	21	
4. Are you the corr	esponding author?	Yes ✓	_	Correspondi Prof Marcu	ng Author's Is Drake	s Name		
	symptoms in Men in F d economic evaluation	Primary Healthc	are using non	-pharmacc	ological and	d non-surgical i	nterventions: t	he
6. Manuscript Iden	tifying Number (if you kn	ow it)						
Section 2.	The Work Under Co	onsideration :	for Publicati	on				
any aspect of the s statistical analysis, of Are there any rele	itution <b>at any time</b> receiv submitted work (including	e payment or ser g but not limited st?    Yes	vices from a thi to grants, data	rd party (go a monitorin	g board, stu	udy design, manu	uscript preparation	on,
	e removed by pressing	the "X" button.			<i>^</i> ·			
Name of Institution	on/Company	Giant	2	inancial port	Other?	Comments		
IIHR HTA		<b>V</b>						×
								ADD
Section 3.	Relevant financial	activities out	side the sub	mitted v	vork.			
of compensation) clicking the "Add	he appropriate boxes i with entities as descri +" box. You should re evant conflicts of intere	bed in the instr port relationsh	uctions. Use o	one line fo	r each enti	ty; add as man	y lines as you n	need by ion.
								ADD
Section 4.	Intellectual Proper	ty Patents 8	& Copyright:	5				
Do you have any	patents, whether plani	ned, pending or	issued, broad	lly relevan	t to the wo	ork? Yes	✓ No	

Noble 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
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Section 6.	Disclosure Statement
Based on the abo	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Disc	closure Statement
Dr. Noble reports	s grants from NIHR HTA, during the conduct of the study; .

### **Evaluation and Feedback**

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Avery 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fir Miriam	rst Name)	2. Surname (Last Name) Avery		3. D 16-J	ate uly-2021	
4. Are you the cor	responding author?	Yes 🗸 No	Correspond Prof Marcu	ing Author's Name us Drake		
		•	g non-pharmac	ological and non-su	rgical interventions: the	
6. Manuscript Ider	ntifying Number (if you kn	now it)				
Section 2.	The Work Under C	onsideration for Pub	lication			
	submitted work (includin				al, private foundation, etc.) f n, manuscript preparation,	or
Are there any rele	evant conflicts of intere					
	out the appropriate info se removed by pressing		ave more than o	one entity press the	"ADD" button to add a ro	w.
Name of Instituti	ion/Company	Grant? Personal Fees?	Ion-Financial Support	Other? Commer	nts	
National Institute of F	Health Research	<b>✓</b>		No conflict		×
						ADD
Section 3.						
Section 3.	Relevant financial	activities outside the	e submitted v	work.		
of compensation	) with entities as descri	ibed in the instructions. eport relationships that	Use one line fo were <b>present</b> of	or each entity; add a	ships (regardless of amous s many lines as you need ths prior to publication.	
Are there any rele	evant conflicts of intere	est? Yes ✓ No	)			ADD
						ADD
Section 4.	Intellectual Proper	ty Patents & Copy	rights			
Do you have any	•	ned, pending or issued,	•	nt to the work?	Yes 🗸 No	

Avery 2



C 11 F	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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Section 6.	Disclosure Statement
Based on the aborbelow.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Disc	closure Statement
Dr. Avery reports	grants from National Institute of Health Research, during the conduct of the study; .

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Clarke 1



Section 1. Identifying Inform	nation				
Given Name (First Name)  Samantha	2. Surname (Last Name) Clarke	3. Date 07-July-2021			
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Prof Marcus Drake			
5. Manuscript Title TReatIng Urinary symptoms in Men in F TRIUMPH RCT and economic evaluation	= -	on-pharmacological and non-surgical interventions: the			
6. Manuscript Identifying Number (if you kn	ow it)				
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Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?					
Are there any relevant conflicts of intere	est? Yes ✓ No	ADD			
Section 3. Relevant financial	activities outside the s	ubmitted work.			
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Are there any relevant connicts of intere	st: Tes V NO	ADD			
Section 4					
Section 4. Intellectual Proper	ty Patents & Copyrigh	nts			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Clarke 2



Section F	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
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Section 6.	Disclosure Statement
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Generate Dis	closure Statement
Dr. Clarke has no	othing to disclose.

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patent

Fader 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Mandy		2. Surname (Last Name) Fader		3. Date 21-June-2021	
4. Are you the corresponding author?		Yes Vo	Corresponding Author's Name Prof Marcus Drake		
= -		=	non-pharmacologica	al and non-surgical interventions: the	
6. Manuscript Ider	ntifying Number (if you kr	now it)			
Section 2.	The Work Under C	onsideration for Publi	cation		
Did you or your ins				nent, commercial, private foundation, etc.) for	
	submitted work (includin			rd, study design, manuscript preparation,	
	evant conflicts of intere	est? 🗸 Yes 🗌 No			
			ve more than one en	ntity press the "ADD" button to add a row.	
Excess rows can I	pe removed by pressing				
Name of Institut	ion/Company	Giant	on-Financial Support? Othe	r? Comments	
National Institute of I	Health Research	<b>✓</b>		No conflict of interest ×	
				ADD	D
	ı				
Section 3.	Relevant financial	activities outside the	submitted work.		
of compensation	) with entities as descri	ibed in the instructions. U	Ise one line for each	ancial relationships (regardless of amount nentity; add as many lines as you need by	
clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes    No					
				AD	D
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts		
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to th	he work? Yes V No	

Fader 2



C 11 E			
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Based on the abov below.	e disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Generate Discl	osure Statement		
Dr. Fader reports	grants from National Institute of Health Research,during the conduct of the study; .		

#### **Evaluation and Feedback**

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earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your

patent

Hashim 1



Section 1.					
	Identifying Inform	ation			
1. Given Name (F Hashim	irst Name)	2. Surname (Last Name) Hashim		3. Date 30-June-2021	
4. Are you the co	orresponding author?	Yes Vo	Corresponding Autho Prof Marcus Drake	r's Name	
_		Primary Healthcare using	non-pharmacological a	and non-surgical interventions:	the
6. Manuscript Ide	entifying Number (if you kn	ow it)			
Section 2.			_		
Section 2.	The Work Under Co	onsideration for Public	cation		
	submitted work (including			c, commercial, private foundation, estudy design, manuscript preparat	
Are there any re	elevant conflicts of intere	st? ✓ Yes No			
	out the appropriate info be removed by pressing		e more than one entity	press the "ADD" button to add	d a row.
Name of Institu	tion/Company	Giailt	on-Financial Other?	Comments	
NIHR		<b>✓</b>			×
					ADD
	_				
Section 3.	Relevant financial	activities outside the	submitted work.		
of compensation clicking the "Ad Are there any re	n) with entities as descri	bed in the instructions. Uport relationships that wast?   Yes No	lse one line for each er	cial relationships (regardless of ntity; add as many lines as you nee 36 months prior to publicate	need by
Name of Entity		Grant	on-Financial Support? Other?	Comments	
Medtronic					×
Allergan					×
Boston Scientific					×

Hashim 2



Name of Entity		Grant? Person		Other? Comments	
Astellas					×
					ADD
Section 4. In	tellectual Propert	ry Patents & C	opyrights		
Do you have any pat	ents, whether plann	ed, pending or issu	ued, broadly releva	nt to the work?	s No
Section 5. R	elationships not o	covered above			
Are there other relat potentially influencing	-		•	nfluenced, or that give t	he appearance of
	g relationships/cond			•	
✓ No other relation	nships/conditions/cir	cumstances that p	resent a potential	conflict of interest	
				if necessary, update the ported relationships.	eir disclosure statements.
Section 6. Di	sclosure Stateme	nt			
Based on the above below.	disclosures, this form	n will automatically	generate a disclos	ure statement, which wi	ill appear in the box
Generate Disclo	sure Statement				
· ·		-	• •	al fees from Medtronic, tside the submitted wor	•

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Hashim 3



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earning royalties or not

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patent

Hackshaw-Mcgeagh 1



Section 1. Identifying Inform	ation					
1. Given Name (First Name) Dr Lucy	2. Surname (Last Name) Hackshaw-Mcgeagh	3. Date 20-July-2021				
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Prof Marcus Drake				
5. Manuscript Title TReatIng Urinary symptoms in Men in Primary Healthcare using non-pharmacological and non-surgical interventions: the TRIUMPH RCT and economic evaluation						
6. Manuscript Identifying Number (if you kn	ow it)					
Section 2. The Work Under Co	onsideration for Publica	ation				
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?						
Are there any relevant conflicts of interest? Yes V No						
Section 3. Relevant financial	activities outside the s	ubmitted work.				
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes V No						
The arere dry relevant commets of intere	J. 103 V 140	ADD				
Section 4						
Section 4. Intellectual Proper	ty Patents & Copyrigh	nts				
Do you have any patents, whether plans	ned, pending or issued, bro	padly relevant to the work? Yes V No				

Hackshaw-Mcgeagh 2



Castian F				
Section 5.	Relationships not covered above			
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?				
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):			
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest			
	At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.			
Section 6.	Disclosure Statement			
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Generate Disc	closure Statement			
Dr. Hackshaw-M	cgeagh has nothing to disclose.			

#### **Evaluation and Feedback**

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Hackshaw-Mcgeagh 3



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patent

Macaulay 1



Section 1.	Identifying Inform	nation						
1. Given Name (Fir Margaret	st Name)	2. Surname (Last Name) Macaulay			3. Date 24-June-2021			
4. Are you the corresponding author?		Yes 🗸 No	Correspond Prof Marc	ding Author's Nam us Drake	ne			
TReatIng Urinary	5. Manuscript Title TReatIng Urinary symptoms in Men in Primary Healthcare using non-pharmacological and non-surgical interventions: the TRIUMPH RCT and economic evaluation							
6. Manuscript Ider	ntifying Number (if you kn	now it)						
Section 2.	The Work Under Co	onsideration for Publ	lication					
	submitted work (including	ve payment or services from g but not limited to grants						
-	evant conflicts of intere	est? 🗸 Yes 🔲 No ormation below. If you ha		one entity press	s the "ADD" bu	ıtton to add a ı	row.	
	pe removed by pressing	the "X" button.						
Name of Institut	on/Company	Grant? Personal N	on-Financial Support?	Other? Com	nments			
National Institute of I	lealth Research	<b>V</b>		No cor	nflict of interest		×	
							ADD	
Section 3.	Relevant financial	activities outside the	submitted	work.				
of compensation clicking the "Add	) with entities as descrid +" box. You should re	in the table to indicate vibed in the instructions.	Use one line f	or each entity; a	dd as many lii	nes as you nee	ed by	
Are there any rel	evant conflicts of intere	est?					ADD	
	ı							
Section 4.	Intellectual Proper	ty Patents & Copyr	ights					
Do you have any	patents, whether plans	ned, pending or issued, l	broadly releva	nt to the work?	Yes	✓ No		

Macaulay 2



Section 5.	Relationships not covered above					
	Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?					
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):					
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest					
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Section 6.						
	Disclosure Statement					
Based on the abo	we disclosures, this form will automatically generate a disclosure statement, which will appear in the box					
Generate Dis	closure Statement					
Dr. Macaulay rep	ports grants from National Institute of Health Research, during the conduct of the study; .					

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patent

Rees 1



Section 1. Identifying Inform	nation						
1. Given Name (First Name) Jonathan	2. Surname (Last Name Rees	)	3. Date 29-June-2021				
4. Are you the corresponding author?	Yes 🗸 No	Correspondi Prof Marcu	ng Author's Name s Drake				
5. Manuscript Title TReatIng Urinary symptoms in Men in Primary Healthcare using non-pharmacological and non-surgical interventions: the TRIUMPH RCT and economic evaluation							
6. Manuscript Identifying Number (if you kn	ow it)						
Section 2. The Work Under Co	onsideration for Pub	olication					
			vernment, commercial, private foundation, etc g board, study design, manuscript preparation				
Are there any relevant conflicts of intere	sst? Yes 🗸 No	0		ADD			
Section 3. Relevant financial	activities outside th	e submitted v	ork.				
of compensation) with entities as descri	bed in the instructions.	. Use one line fo	ve financial relationships (regardless of an reach entity; add as many lines as you ne during the 36 months prior to publicatio	ed by			
Are there any relevant conflicts of intered if yes, please fill out the appropriate info		)					
if yes, please fill out the appropriate into	illiation below.						
Name of Entity	Grant? Personal Fees?	Non-Financial Support	Other? Comments				
Primary Care Urology Society			received non-promotional sponsorship for annual meetings from Ferring, Astellas, Neotract and IMedicare	×			
Astellas Pharmaceuticals			Received speaker fees	×			
				ADD			
Section 4. Intellectual Proper	ty Patents & Copy	rights					
Do you have any patents, whether plans			t to the work? Yes V				

Rees 2



Section 5.	Relationships not covered above				
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?					
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):				
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On occasion, jour	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.				
Section 6.	Disclosure Statement				
Based on the abo	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
Generate Dis	closure Statement				
Dr. Rees reports submitted work;	other from Primary Care Urology Society, personal fees from Astellas Pharmaceuticals, outside the .				

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patent

Robles 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Luke	2. Surname (Last Name) Robles	3. Date 25-June-2021			
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Prof Marcus Drake			
5. Manuscript Title TReatIng Urinary symptoms in Men in F TRIUMPH RCT and economic evaluation		on-pharmacological and non-surgical interventions: the			
6. Manuscript Identifying Number (if you kn	now it)				
Section 2. The Work Under Co	onsideration for Publica	ation			
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?					
Are there any relevant conflicts of interest? Yes V No					
Section 3. Relevant financial	activities outside the s	ubmitted work.			
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Are there any relevant conflicts of intere	est?	ADD			
Continue A					
Section 4. Intellectual Proper	ty Patents & Copyrigl	nts			
Do you have any patents, whether plant	ned, pending or issued, bro	padly relevant to the work? Yes V No			

Robles 2



Cardian E				
Section 5.	Relationships not covered above			
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Generate Disc	closure Statement			
Dr. Robles has no	othing to disclose.			

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earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your

patent

Taylor 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fire	st Name)	2. Surname (Last Name) Taylor		3. Date 21-June-2021		
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Professor Marcus Drake	e		
		_	on-pharmacological and non	n-surgical interventions: the		
6. Manuscript Iden	itifying Number (if you kn	now it)				
			_			
Section 2.	The Work Under C	onsideration for Public	ation			
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?						
Are there any rele	Are there any relevant conflicts of interest?					
Section 3.	Relevant financial	activities outside the s	ubmitted work.			
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes V No						
,				ADD		
Section 4.						
3cction 4.	Intellectual Proper	ty Patents & Copyrig	hts			
Do you have any	patents, whether plan	ned, pending or issued, bro	padly relevant to the work?	☐ Yes ✓ No		

Taylor 2



6 11 E				
Section 5.	Relationships not covered above			
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?				
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):			
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest			
	At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.			
Section 6				
Section 6.	Disclosure Statement			
Based on the abo	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Generate Disc	closure Statement			
Dr. Taylor has no	othing to disclose.			

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Taylor 3

### **ICMJE DISCLOSURE FORM**

Date:			12/29/2021		
You	r Name:		_ Jodi Taylor		
Manuscript Title:			TReatIng Urinary symptoms in Men in Primary Healthcare using non-pharmacological and non- surgical interventions: the TRIUMPH cluster RCT and economic evaluation		
Ma	nuscript Number (if kn	nown):	Click or tap here to enter text.		
con affe indi The epic	tent of your manuscripected by the content of cate a bias. If you are author's relationships	pt. "Rela If the ma In doubt s/activitionsion, you	ated" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For each of the should declare all relationships with manufacture.	/interest, it is preferable that you do so.	
	em #1 below, report a		·	ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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		TA funded this project	Payments were made to the University of Bristol	
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.	
	medical writing, article processing charges, etc.) No time limit for		Time frame: past 36 month		
2	medical writing, article processing charges, etc.) No time limit for	⊠ No			

		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	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	None     ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		e all entities with whom you have this ionship 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠		e following statement to indicate your agreemer ered every question and have not altered the wor	



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patent

Thompson 1



Section 1. Identifying Inform	nation	
Given Name (First Name)  Joanne	2. Surname (Last Name) Thompson	3. Date 15-July-2021
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Prof Marcus Drake
5. Manuscript Title TReatIng Urinary symptoms in Men in TRIUMPH RCT and economic evaluation		non-pharmacological and non-surgical interventions: the
6. Manuscript Identifying Number (if you kn	now it)	
Section 2. The Work Under C	Consideration for Public	ation
any aspect of the submitted work (includin statistical analysis, etc.)?	ng but not limited to grants, c	third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of interest	est? Yes 🗸 No	ADD
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descr clicking the "Add +" box. You should re	ribed in the instructions. Us eport relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication.
Are there any relevant conflicts of interest	est?	ADD
Section 4. Intellectual Proper	rty Patents & Copyrig	hts
Do you have any patents, whether plan	ined, pending or issued, bro	oadly relevant to the work? Yes ✓ No

Thompson 2



6 · · · · · · ·	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Dis	closure Statement
Dr. Thompson ha	as nothing to disclose.

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patent

Lane 1



Section 1. Identifying Inform						
Identifying Inform	nation					
Given Name (First Name)     Athene	2. Surname (Last Name) Lane			3. Date 29-June-2021		
4. Are you the corresponding author?	Yes Vo	Correspond Prof Marc	_	r's Name		
5. Manuscript Title TReatIng Urinary symptoms in Men in TRIUMPH RCT and economic evaluation	=	non-pharmac	cological a	and non-surgical inte	erventions: the	
6. Manuscript Identifying Number (if you ki	now it)					
Section 2. The Work Under C	Consideration for Public	cation				
Did you or your institution <b>at any time</b> receivany aspect of the submitted work (including statistical analysis, etc.)?						
Are there any relevant conflicts of interest	est? ✓ Yes No					
If yes, please fill out the appropriate info		e more than	one entit	y press the "ADD" bu	itton to add a row	·.
Excess rows can be removed by pressing						
Name of Institution/Company	Grant	n-Financial Support	Other?	Comments		
CTUs funded by NIHR until 31/08/2021			<b>✓</b>			×
NIHR CTU Standing Advisory Committee		<b>√</b>		Sits on the panel		×
					Al	DD
Section 3. Relevant financial	activities outside the	submitted	work.			
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. Us	se one line fo	or each ei	ntity; add as many li	nes as you need b	
Are there any relevant conflicts of intere		•	_	•	·	
					A	DD
Section 4. Intellectual Proper	rty Patents & Copyrig	hts				

Lane 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
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•	other from CTUs funded by NIHR until 31/08/2021, non-financial support from NIHR CTU Standing Advisory ng the conduct of the study; .

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Ridd 1



Section 1. Identifying Information	ation						
Given Name (First Name)  Matthew	2. Surname (Last Name) 3. Date Ridd 21-June-2021						
4. Are you the corresponding author?	Yes	✓ No	Correspond Prof Marc	_	r's Name		
5. Manuscript Title TReatIng Urinary symptoms in Men in Primary Healthcare using non-pharmacological and non-surgical interventions: the TRIUMPH RCT and economic evaluation							
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Did you or your institution at any time receive				overnmen	t, commercial, private foundation, etc.)	for	
any aspect of the submitted work (including statistical analysis, etc.)?							
Are there any relevant conflicts of interes			No				
If yes, please fill out the appropriate infor Excess rows can be removed by pressing		-	have more than	one entit	y press the "ADD" button to add a r	ow.	
Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support	Other?	Comments		
NIHR HTA	<b>✓</b>				Funding for time as co-applicant	×	
Systematic Reviews NIHR Cochrane Incentive Awards			<b>V</b>		Sits on the panel	×	
HTA General Committee			<b>✓</b>		Sits on the panel	×	
Evidence Synthesis Programme Grants Committee			<b>√</b>		Sits on the panel	×	
Evidence Synthesis Programme Advisory Group			<b>✓</b>		Sits on the panel	×	
NIHR Incentive Awards Committee			<b>✓</b>		Sits on the panel	×	
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Continu 2							
Section 3. Relevant financial a	ctivities	outside t	he submitted	work.			
Place a check in the appropriate boxes in of compensation) with entities as described.			•		· · · · · · · · · · · · · · · · · · ·		
clicking the "Add +" box. You should rep	ort relati	ionships th			• • • • • • • • • • • • • • • • • • • •	-	
Are there any relevant conflicts of interes	it?'`	Yes ✓ I	No			ADD	

Ridd 2



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patent

Drake 1



Section 1. Identify	ing Information				
Given Name (First Name)     Marcus	2. Surnan Drake	ne (Last Name)		3. Date 19-June-2021	
4. Are you the corresponding	author?	No			
5. Manuscript Title TReatIng Urinary symptoms TRIUMPH RCT and economi	· · · · · · · · · · · · · · · · · · ·	althcare using non-	-pharmacological a	nd non-surgical interventi	ons: the
6. Manuscript Identifying Num	nber (if you know it)				
Section 2. The Wor	rk Under Considerat	ion for Publicati	on		
Did you or your institution at an any aspect of the submitted w statistical analysis, etc.)?	• • • • •			• •	
Are there any relevant confl					
If yes, please fill out the app Excess rows can be removed			ore than one entity	press the "ADD" button to	o add a row.
Name of Institution/Compa	any Grant?		nancial Other?	Comments	
lational Institute of Health Resea cheme)	arch (HTA				×
					ADD
Section 3. Relevant	t financial activities	outside the sub	mitted work.		
Place a check in the approp of compensation) with entit clicking the "Add +" box. Yo	ties as described in the	instructions. Use o	ne line for each en	tity; add as many lines as	you need by
Are there any relevant confl					
If yes, please fill out the app	ropriate information be	elow.			
Name of Entity	Grant?		nancial Other?	Comments	
Astellas		<b>√</b>			×
Pfizer		<b>✓</b>			×
					ADD

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Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
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Dr. Drake reports grants from National Institute of Health Research (HTA scheme), during the conduct of the study; personal fees from Astellas, personal fees from Pfizer, outside the submitted work; .

#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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