

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

Use this section to report 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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jo

2. Surname (Last Name)

Worthington

3. Date

28-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 Primary Healthcare using non-pharmacological and non-surgical interventions: the TRIUMPH RCT and economic evaluation

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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  No

ADD

### Section 3. Relevant financial activities outside the 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 **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

ADD

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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 following relationships/conditions/circumstances are present (explain below):
- No other relationships/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 above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

#### Generate Disclosure Statement

Dr. Worthington has nothing to disclose.

### Evaluation and Feedback

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

## ICMJE DISCLOSURE FORM

Date: 28 July 2021

Your Name: Jessica 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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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

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

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

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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Emily

2. Surname (Last Name)

Sanderson

3. Date

20-June-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 Primary Healthcare using non-pharmacological and non-surgical interventions: the TRIUMPH RCT and economic evaluation

6. Manuscript Identifying Number (if you know it)

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**Generate Disclosure Statement**

Miss. Sanderson has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Madeleine

2. Surname (Last Name)  
Cochrane

3. Date  
01-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 Primary Healthcare using non-pharmacological and non-surgical interventions: the TRIUMPH RCT and economic evaluation

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |   |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|---|
| NIHR HTA                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          | X |
|                             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          | X |
| <b>ADD</b>                  |                                     |                          |                          |                          |          |   |

### Section 3. Relevant financial activities outside the 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 **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

**ADD**

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 5.

#### Relationships not covered above

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- No other relationships/conditions/circumstances that present a potential conflict of interest

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### Section 6.

#### Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

#### Generate Disclosure Statement

Dr. Cochrane reports grants from NIHR HTA during the conduct of the study; .

### Evaluation and Feedback

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

## 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:

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

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | NIHR HTA funded this project   | Payments were made to the University of Bristol                                     |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 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 |  |
|    |  |            |  |
|    |  |            |  |

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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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#### Identifying Information

1. Given Name (First Name)

Nikki

2. Surname (Last Name)

Cotterill

3. Date

28-July-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

5. Manuscript Title

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Did you or your institution **at any time** 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  No

ADD

### Section 3.

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Are there any relevant conflicts of interest?  Yes  No

ADD

### Section 4.

#### Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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?

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### Section 6.

#### Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

**Generate Disclosure Statement**

Dr. Cotterill has nothing to disclose.

### Evaluation and Feedback

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



## ICMJE DISCLOSURE FORM

Date: 28 July 2021

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

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 defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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

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

|    |  |   |  |
|----|--|---|--|
| 4  | Consulting fees  | <input checked="" type="checkbox"/> None  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <p>BOPP DMC: 2018 to current</p> <p>BRIMS DMC: 2016 – 2018</p> <p>ENGAGER TSC: 2017 – 2019</p> <p>PROGROUP Programme Steering Group Committee: 2021-current</p> <p>READ-IT : 2019 to current</p> <p>TARS TSC: 2017 to 2021</p> <p>HTA -General Committee 2020-current</p> |  |
| 10 | Leadership or fiduciary role in other board, society,  | <input checked="" type="checkbox"/> None  |  |

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

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

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

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#### 3. 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.

#### 5. Relationships not covered above.

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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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sian

2. Surname (Last Name)  
Noble

3. Date  
01-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 Primary Healthcare using non-pharmacological and non-surgical interventions: the TRIUMPH RCT and economic evaluation

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |                                     |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|-------------------------------------|
| NIHR HTA                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          | <input checked="" type="checkbox"/> |
|                             |                                     |                          |                          |                          |          | ADD                                 |

### Section 3. Relevant financial activities outside the submitted work.

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ADD

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



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**Generate Disclosure Statement**

Dr. Noble reports grants from NIHR HTA, during the conduct of the study; .

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Miriam

2. Surname (Last Name)  
Avery

3. Date  
16-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 Primary Healthcare using non-pharmacological and non-surgical interventions: the TRIUMPH RCT and economic evaluation

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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| Name of Institution/Company           | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments                |                                     |
|---------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------|-------------------------------------|
| National Institute of Health Research | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No conflict of interest | <input checked="" type="checkbox"/> |
| <b>ADD</b>                            |                                     |                          |                          |                          |                         |                                     |

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

**ADD**

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No





## ICMJE Form for Disclosure of Potential Conflicts of Interest

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**Generate Disclosure Statement**

Dr. Avery reports grants from National Institute of Health Research, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Samantha  | 2. Surname (Last Name)<br>Clarke                                    | 3. Date<br>07-July-2021                          |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Prof Marcus Drake |
| 5. Manuscript Title<br>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 know it)   |   |  |

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

ADD

### Section 3. Relevant financial activities outside the submitted work.

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ADD

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

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**Generate Disclosure Statement**

Dr. Clarke has nothing to disclose.

### Evaluation and Feedback

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mandy

2. Surname (Last Name) Fader

3. Date 21-June-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 Primary Healthcare using non-pharmacological and non-surgical interventions: the TRIUMPH RCT and economic evaluation

6. Manuscript Identifying Number (if you know it)

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| Name of Institution/Company           | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments                |   |
|---------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------|---|
| National Institute of Health Research | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No conflict of interest | X |

**ADD**

### Section 3. Relevant financial activities outside the submitted work.

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#### Generate Disclosure Statement

Dr. Fader reports grants from National Institute of Health Research, during the conduct of the study; .

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

Use this section to report 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.

#### Definitions.

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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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Hashim

2. Surname (Last Name)  
Hashim

3. Date  
30-June-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 Primary Healthcare using non-pharmacological and non-surgical interventions: the TRIUMPH RCT and economic evaluation

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |     |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|-----|
| NIHR                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          | X   |
|                             |                                     |                          |                          |                          |          | ADD |

### Section 3. Relevant financial activities outside the 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 **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

| Name of Entity    | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments |   |
|-------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|----------|---|
| Medtronic         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          | X |
| Allergan          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          | X |
| Boston Scientific | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          | X |

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| Name of Entity | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments |  |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|----------|--|
| Astellas       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          | <input type="button" value="X"/><br><input type="button" value="ADD"/> |

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### 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?

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#### Generate Disclosure Statement

Dr. Hashim reports grants from NIH, during the conduct of the study; personal fees from Medtronic, personal fees from Allergan, personal fees from Boston Scientific, personal fees from Astellas, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Dr Lucy   | 2. Surname (Last Name)<br>Hackshaw-Mcgeagh                          | 3. Date<br>20-July-2021                          |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Prof Marcus Drake |
| 5. Manuscript Title<br>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 know it)   |   |  |

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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  No

ADD

### Section 3. Relevant financial activities outside the 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 **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

ADD

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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 following relationships/conditions/circumstances are present (explain below):
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### Section 6. Disclosure Statement

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#### Generate Disclosure Statement

Dr. Hackshaw-Mcgeagh has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Margaret

2. Surname (Last Name) Macaulay

3. Date 24-June-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 Primary Healthcare using non-pharmacological and non-surgical interventions: the TRIUMPH RCT and economic evaluation

6. Manuscript Identifying Number (if you know it) \_\_\_\_\_

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Are there any relevant conflicts of interest?  Yes  No

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| Name of Institution/Company           | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments                |                                     |
|---------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------|-------------------------------------|
| National Institute of Health Research | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No conflict of interest | <input checked="" type="checkbox"/> |

**ADD**

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

**ADD**

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jonathan

2. Surname (Last Name)  
Rees

3. Date  
29-June-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 Primary Healthcare using non-pharmacological and non-surgical interventions: the TRIUMPH RCT and economic evaluation

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Are there any relevant conflicts of interest?  Yes  No

ADD

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If yes, please fill out the appropriate information below.

| Name of Entity               | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                              | Comments  |   |
|------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|---|---|
| Primary Care Urology Society | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | received non-promotional sponsorship for annual meetings from Ferring, Astellas, Neotract and IMedicare | × |
| Astellas Pharmaceuticals     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Received speaker fees   | × |

ADD

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 5.

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Dr. Rees reports other from Primary Care Urology Society, personal fees from Astellas Pharmaceuticals, outside the submitted work; .

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Luke

2. Surname (Last Name)

Robles

3. Date

25-June-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Prof Marcus Drake

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Did you or your institution **at any time** 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  No

ADD

### Section 3. Relevant financial activities outside the 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 **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

ADD

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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 following relationships/conditions/circumstances are present (explain below):
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**Generate Disclosure Statement**

Dr. Robles has nothing to disclose.

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### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Gordon  | 2. Surname (Last Name)<br>Taylor                                    | 3. Date<br>21-June-2021                               |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Professor Marcus Drake |
| 5. Manuscript Title<br>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 know it)   |   |   |

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## ICMJE DISCLOSURE FORM

**Date:** 12/29/2021

**Your 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

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

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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

|  |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  | Specifications/Comments (e.g., if payments were made to you or to your institution) |   |  |  |   |  |  |
|--|---|---|---|---|--|--|---|--|--|
| Time frame: Since the initial planning of the work |   |   |   |   |  |  |   |  |  |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br>No time limit for this item. | <input type="checkbox"/> None<br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIHR HTA funded this project</td> <td style="width: 50%;">Payments were made to the University of Bristol</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | NIHR HTA funded this project  | Payments were made to the University of Bristol |  |  | Click the tab key to add additional rows. |  |  |
| NIHR HTA funded this project                       | Payments were made to the University of Bristol   |   |   |   |  |  |   |  |  |
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| Time frame: past 36 months                         |   |   |   |   |  |  |   |  |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).  | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>  |   |   |  |  |   |  |  |
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| <b>3</b>   | Royalties or licenses   | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>  |   |   |  |  |   |  |  |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"> </td><td></td></tr> <tr><td style="height: 15px;"> </td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"> </td><td></td></tr> <tr><td style="height: 15px;"> </td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"> </td><td></td></tr> <tr><td style="height: 15px;"> </td><td></td></tr> </table> |   |  |  |  |  |  |  |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. 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 Primary Healthcare using non-pharmacological and non-surgical interventions: the TRIUMPH RCT and economic evaluation

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Athene

2. Surname (Last Name) Lane

3. Date 29-June-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 Primary Healthcare using non-pharmacological and non-surgical interventions: the TRIUMPH RCT and economic evaluation

6. Manuscript Identifying Number (if you know it) \_\_\_\_\_

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company          | Grant?                   | Personal Fees?           | Non-Financial Support?              | Other?                              | Comments          |   |
|--------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------|---|
| CTUs funded by NIHR until 31/08/2021 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                   | X |
| NIHR CTU Standing Advisory Committee | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Sits on the panel | X |
| <b>ADD</b>                           |                          |                          |                                     |                                     |                   |   |

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Are there any relevant conflicts of interest?  Yes  No

**ADD**

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 5.

#### Relationships not covered above

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### Section 6.

#### Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

#### Generate Disclosure Statement

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**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

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Matthew

2. Surname (Last Name) Ridd

3. Date 21-June-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 Primary Healthcare using non-pharmacological and non-surgical interventions: the TRIUMPH RCT and economic evaluation

6. Manuscript Identifying Number (if you know it) \_\_\_\_\_

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company                       | Grant?                              | Personal Fees?           | Non-Financial Support?              | Other?                   | Comments                         |     |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|----------------------------------|-----|
| NIHR HTA  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Funding for time as co-applicant | X   |
| Systematic Reviews NIHR Cochrane Incentive Awards | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sits on the panel                | X   |
| HTA General Committee                             | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sits on the panel                | X   |
| Evidence Synthesis Programme Grants Committee     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sits on the panel                | X   |
| Evidence Synthesis Programme Advisory Group       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sits on the panel                | X   |
| NIHR Incentive Awards Committee                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sits on the panel                | X   |
|   |                                     |                          |                                     |                          |                                  | ADD |

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Are there any relevant conflicts of interest?  Yes  No

ADD



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Ridd reports grants from NIHR HTA, non-financial support from Systematic Reviews NIHR Cochrane Incentive Awards, non-financial support from HTA General Committee, non-financial support from Evidence Synthesis Programme Grants Committee, non-financial support from Evidence Synthesis Programme Advisory Group, non-financial support from NIHR Incentive Awards Committee, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date  
 Marcus Drake 19-June-2021

4. Are you the corresponding author?  Yes  No

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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| Name of Institution/Company                        | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |   |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|---|
| National Institute of Health Research (HTA scheme) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          | X |
| <b>ADD</b>   |                                     |                          |                          |                          |          |   |

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| Name of Entity | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments |   |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|----------|---|
| Astellas       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          | X |
| Pfizer         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          | X |
| <b>ADD</b>     |                          |                                     |                          |                          |          |   |



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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