Date:	11/12/2022
Your Name:	Prof Sunil Bhandari
Manuscript Title:	Multi-centre Randomised Controlled Trial of Angiotensin Converting Enzyme inhibitor (ACEi) / Angiotensin Receptor Blocker (ARB) withdrawal in advanced kidney disease; The STOP-ACEi Trial
Manuscript Number (if known):	N/A
• • • •	e ask you to disclose all relationships/activities/interests listed below that are related to the

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.

		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	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.	National Institute for Health Research > Efficacy and Mechanism Evaluation Programme 11/30/07 Time frame: past 36 months	Funding for trial and any Journal Fees Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None ■	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None Non	
5	Payment or honoraria for	☐ None	
	lectures, presentations,	Pharmacosmos	Honorarium to self for lecturing and presentations, unrelated to topic
	speakers bureaus,	Astellas	Honorarium to self for lecturing, unrelated to topic
	manuscript writing or	GSK	Honorarium to self for lecturing and educational events including webinars, unrelated to topic
	educational events	Vifor Pharma	Honorarium to self for lecturing and
	events	Bayer	presentations, unrelated to topic Honorarium to self for lecturing, unrelated to
			topic
		Astra Zeneca	Honorarium to self for lecturing and presentations on SGLT2 inhibitors – not directly related to topic
6	Payment for expert testimony	None	
7	Support for attending	None	
	meetings and/or travel	National Institute for Health Research > Efficacy and Mechanism Evaluation Programme 11/30/07	Fundings within grant to attend and present data
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data Safety Monitoring	None	
	Board or Advisory Board		
10	Leadership or fiduciary role in	None	
	other board, society,		

		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)
	committee or advocacy group, paid or unpaid		
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 [⊠]	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.		

Date:	11/8/2022		
Your Name:	Samir Mehta		
Manuscript Title:	Multi-centre Randomised Controlled Trial of Angiotensin Converting Enzyme inhibitor (ACEi) / Angiotensin Receptor Blocker (ARB) withdrawal in advanced kidney disease; The STOP-ACEi Trial		
Manuscript Number (if known):	N/A		
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned In item #1 below, report all suppo	rt for the work reported in this manuscript without time limit. For all other items, the time		
manie for disclosure is the past 30	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)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Image: square of the square o	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:	11/8/2022
Your Name:	Dr Arif Khwaja
Manuscript Title:	Multi-centre Randomised Controlled Trial of Angiotensin Converting Enzyme inhibitor (ACEi) / Angiotensin Receptor Blocker (ARB) withdrawal in advanced kidney disease; The STOP-ACEi Trial
Manuscript Number (if known):	Click or tap here to enter text.

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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 🖂	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.		

Date:	11/10/2022	
Your Name:	John Cleland	
Manuscript Title:	Multi-centre Randomised Controlled Trial of Angiotensin Converting Enzyme inhibitor (ACEi) / Angiotensin Receptor Blocker (ARB) withdrawal in advanced kidney disease; The STOP-ACEi Trial	
Manuscript Number (if known):	Click or tap here to enter text.	

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		Time frame: Since the initial plannir	g 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.	National Institute for Health Research > Efficacy and Mechanism Evaluation Programme 11/30/07	Funding for trial and any Journal Fees Click the tab key to add additional rows.
		Time frame: past 36 mon	uis
2	Grants or contracts from	None	
	any entity (if not indicated in item	Amgen	Honoraria for steering committee and research grants >\$10,000 paid to institution
	#1 above).	Bristol Myers Squibb	Grant and honoraria for research on cimlanod >\$10,000 paid to institution
		Bayer	Grant to institution for epidemiological analysis of coronary and peripheral arterial disease >\$10,000
		British Heart Foundation	University of Glasgow – grant to institution >\$100,000
		Johnson & Johnson	Honoraria for steering committee and research grants >\$10,000 paid to institution
		Medtronic	Honoraria for IDMC <\$10,000 paid to

		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)
		Myokardia Pharmacosmos of IV iron	institution Honoraria for steering committee and research grants >\$10,000 paid to institution Unrestricted additional financial support
			>\$100,000 and provision of supplies of ferric derisomaltose for a clinical trial of IV iron
		Pharma Nord Vifor	Grant to institution for research on coenzyme Q10 >\$10,000 paid to institution Grant to institution and honoraria for research
		VIIO	on patiromer >\$10,000 paid to institution
3	Royalties or licenses	None	
4	Consulting fees	⊠ None	
5	Payment or honoraria for	□ None	
	lectures, presentations,	Abbott	Honoraria for Advisory Board <\$10,000 paid to institution
	speakers bureaus,	Amgen	Honoraria for Advisory Board <\$10,000 paid to institution
	manuscript writing or	Astra-Zeneca	Honorarium for educational lecture. <\$10,000 paid to institution
	educational events	Boehringer-Ingelheim	Support for analysis and writing a paper using data from the EMPA-REG trial. <\$10.000
		Innolife	Honoraria for advisory boards and Steering Committee <\$10,000 paid to institution
		NI Medical	Honoraria for advisory boards and donation of equipment to institution
		Novartis	Honoraria for steering committees and advisory boards <\$10,000 paid to institution
		Servier	Honoraria for advisory boards <\$10,000 paid to institution
		Torrent	Honoraria for advisory boards and Steering Committee >\$10,000 paid to self
6	Payment for expert testimony	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
7	Support for attending meetings and/or travel	None Pharmacosmos Boehringer-Ingelheim	Travel support to AHA Congress 2022 Travel support to ESC Congress 2022
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Idorsia Medtronic	Honorarium for independent data-monitoring committee <\$10,000 paid to institution Honorarium for independent data-monitoring committee <\$10,000 paid to institution
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None Heartfelt Limited	Non-invasive diagnostic company focused on assessing congestion
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	NI Medical Heart felt Limited	Honoraria for advisory boards and donation of equipment to institution Receipt of monitoring equipment
13	Other financial or non-financial interests	None	
Plea	se place an "X" next	to the following statement to indicate your agreemen	nt:

	Specifications/Comments (e.g., if payments were made to you or to your institution)

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

4 12/13/2021 ICMJE Disclosure Form

	ICIVISE DISCLOSORE I ORIVI			
Date:	11/7/2022			
Your Name:	Natalie Ives			
Manuscript Title:	L L	Multi-centre Randomised Controlled Trial of Angiotensin Converting Enzyme inhibitor (ACEi) / Angiotensin Receptor Blocker (ARB) withdrawal in advanced kidney disease; The STOP-ACEi Trial		
Manuscript Number (if k	nown): N/A			
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.		ent to transparency and does not necessarily y/interest, it is preferable that you do so. example, if your manuscript pertains to the facturers of antihypertensive medication, even if		
	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were		

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	National Institute for Health Research Efficacy and Mechanism Evaluation Programme 11/30/07 Time frame: past 36 months	Funding for trial; to Institution Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None	
3	Royalties or licenses	None □	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)
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 None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	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.		

Date: 11/8/2022	
Your Name:	Elizabeth Brettell
Manuscript Title:	Multi-centre Randomised Controlled Trial of Angiotensin Converting Enzyme inhibitor (ACEi) / Angiotensin Receptor Blocker (ARB) withdrawal in advanced kidney disease; The STOP-ACEi Trial
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: Since the initial planning of	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 Time frame: past 36 months	Funding for the STOP-ACEi trial. Ref: 11/30/07 Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
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	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	8/11/2022
Your Name:	Marie Chadburn
Manuscript Title:	Multi-centre Randomised Controlled Trial of Angiotensin Converting Enzyme inhibitor (ACEi) / Angiotensin Receptor Blocker (ARB) withdrawal in advanced kidney disease; The STOP-ACEi Trial
Manuscript Number (if known):	N/A
	e ask you to disclose all relationships/activities/interests listed below that are related to the

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., 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	
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 None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	■ None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	11/11/2022
Your Name:	Paul Cockwell
Manuscript Title:	Multi-centre Randomised Controlled Trial of Angiotensin Converting Enzyme inhibitor (ACEi) / Angiotensin Receptor Blocker (ARB) withdrawal in advanced kidney disease; The STOP-ACEi Trial
Manuscript Number (if known):	Click or tap here to enter text.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None ■	

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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None National Institute for Health Research > Efficacy and Mechanism Evaluation Programme 11/30/07	Fundings within grant to attend and present data
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	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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