

ICMJE DISCLOSURE FORM

Date: 10/5/2022

Your Name: Deborah Moore

Manuscript Title: Water fLuOridaTion for adUltS: Effectiveness and cost-effectiveness using routinely-collected NHS dental claims data (The LOTUS study)

Manuscript Number (if known): NIHR 128533

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

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

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

ICMJE DISCLOSURE FORM

Date: 9/20/2022

Your Name: Blessing Nyakutsikwa

Manuscript Title: Water fLuOridaTion for adUltS: A retrospective cohort study using routinely collected NHS dental claims data (The LOTUS study)

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

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Date: 10/3/2022

Your Name: Thomas Allen

Manuscript Title: Water fLuOridaTion for adUltS: A retrospective cohort study using routinely collected NHS dental claims data (The LOTUS study)

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

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Date: 27/04/2023

Your Name: Mrs Emily Lam

Manuscript Title: Water fLuOridaTion for adUltS: Effectiveness and cost-effectiveness using routinely-collected NHS dental claims data (The LOTUS study)

Manuscript Number (if known): NIHR 128533

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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
| | | HTA PCCPI Panel 24/03/2015 - 01/09/2018 | NIHR i4i PDA Panel 1.11.2015- 27.11.2019 |
| | | HTA Prioritisation Committee A (Out of hospital) 01/09/2014 - 30/09/2018 | |
| | | Ad hoc lay reviewer for: NIHR PRP, HS&DR and RfPB. | |
| | | NIHR RDS North West lay reviewer Oct 2019 – current | |

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

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

ICMJE DISCLOSURE FORM

Date: 9/22/2021

Your Name: Stephen Birch

Manuscript Title: Water fLuOridaTion for adUltS: A retrospective cohort study using routinely collected NHS dental claims data (The LOTUS study)

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.

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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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.

ICMJE DISCLOSURE FORM

Date: 9/16/2022

Your Name: Martin Tickle

Manuscript Title: Water fLuOridaTion for adUltS: A retrospective cohort study using routinely collected NHS dental claims data (The LOTUS study)

Manuscript Number (if known): 128533

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.

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%; font-size: small;">NIHR HTA 16/23/01 <i>A Randomised controlled trial to Evaluate the effectiveness and cost benefit of prescribing high dose FLUORIDE toothpaste in preventing and treating dEntal Caries in high-risk older adults (REFleCt trial)</i></td> <td style="width: 40%; font-size: small;">PI – payments made to my institution (University of Manchester) for my time on the project</td> </tr> <tr> <td style="font-size: small;">NIHR PHR 12/3000/40 <i>An evaluation of a new water fluoridation scheme in Cumbria (CATFISH study).</i></td> <td style="font-size: small;">Co-I – payments made to my institution (University of Manchester) for my time on the project</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> | NIHR HTA 16/23/01 <i>A Randomised controlled trial to Evaluate the effectiveness and cost benefit of prescribing high dose FLUORIDE toothpaste in preventing and treating dEntal Caries in high-risk older adults (REFleCt trial)</i> | PI – payments made to my institution (University of Manchester) for my time on the project | NIHR PHR 12/3000/40 <i>An evaluation of a new water fluoridation scheme in Cumbria (CATFISH study).</i> | Co-I – payments made to my institution (University of Manchester) for my time on the project | | |
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 10/6/2022

Your Name: Iain Pretty

Manuscript Title: Water fLuOridaTion for adUltS: Effectiveness and cost-effectiveness using routinely-collected NHS dental claims data (The LOTUS study)

Manuscript Number (if known): NIHR 128533

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| | | editorial board member payments from Wiley-Blackwell (Hoboken, NJ, USA | |
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| | | | |
| | | | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> None | |
| | | Member of in practice training fellowship committee for NIHR | |
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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.

ICMJE DISCLOSURE FORM

Date: 10/3/2022

Your Name: [Tanya Walsh]

Manuscript Title: [Water fLuOridaTion for adUltS: A retrospective cohort study using routinely collected NHS dental claims data (The LOTUS study)]

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.

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="font-size: small;">NIHR grants NIHR201173, 16/23/01, 12/3000/40</td><td style="width: 100px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table> | NIHR grants NIHR201173, 16/23/01, 12/3000/40 | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 100px;"> </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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| 4 | Consulting fees | <input type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
| | | | |
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| | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> None | |
| | | Panel Membership Research for Patient Benefit North West | Non-financial |
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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.