

ICMJE DISCLOSURE FORM

Date: 2/10/2022

Your Name: Karen Innes

Manuscript Title: Laparoscopic cholecystectomy versus observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones: the C-Gall RCT

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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Time frame: past 36 months								
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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: 2/10/2022

Your Name: Irfan Ahmed

Manuscript Title: Laparoscopic cholecystectomy versus observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones: the C-Gall RCT

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

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ICMJE DISCLOSURE FORM

Date: 2/10/2022

Your Name: Jemma Hudson

Manuscript Title: Laparoscopic cholecystectomy versus observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones: the C-Gall RCT

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

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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: 28-February-2022

Your Name: RODOLFO HERNANDEZ

Manuscript Title: Laparoscopic cholecystectomy versus observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones: the C-Gall RCT

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

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Date: 2/10/2022

Your Name: Dr Katie Gillies

Manuscript Title: Laparoscopic cholecystectomy versus observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones: the C-Gall RCT

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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 type="checkbox"/> None	
		NIHR HTA CET Committee member – since 2020	

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: 12/05/22

Your Name: Rebecca Bruce

Manuscript Title: Laparoscopic cholecystectomy versus observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones: the C-Gall RCT

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.

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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: 5/12/2022

Your Name: Victoria Bell

Manuscript Title: Laparoscopic cholecystectomy versus observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones: the C-Gall RCT

Manuscript Number (if known): 14/192/71

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: 5/12/2022

Your Name: Alison Avenell

Manuscript Title: Laparoscopic cholecystectomy versus observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones: the C-Gall RCT

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.

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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: 2/10/2022

Your Name: Jane Blazeby

Manuscript Title: Laparoscopic cholecystectomy versus observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones: the C-Gall RCT

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

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>Member of the NIHR Clinical Trials Unit Standing Advisory Committee</td> <td>2015-2019</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Member of the NIHR Clinical Trials Unit Standing Advisory Committee	2015-2019							
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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 <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		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	<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:

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: 2/10/2022

Your Name: Miriam Brazzelli

Manuscript Title: Laparoscopic cholecystectomy versus observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones: the C-Gall RCT

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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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: 5/13/2022

Your Name: Seonaidh Cotton

Manuscript Title: Laparoscopic cholecystectomy versus observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones: the C-Gall RCT

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.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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.

ICMJE DISCLOSURE FORM

Date: 23/05/22

Your Name: Bernard Croal

Manuscript Title: Laparoscopic cholecystectomy versus observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones: the C-Gall RCT

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.

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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: 12/05/2022

Your Name: Mark Forrest

Manuscript Title: Laparoscopic cholecystectomy versus observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones: the C-Gall RCT

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.

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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: 24/05/22

Your Name: Graeme MacLennan

Manuscript Title: Laparoscopic cholecystectomy versus observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones: the C-Gall RCT

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.

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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:

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: 5/13/2022

Your Name: PETER MURCHIE

Manuscript Title: Laparoscopic cholecystectomy versus observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones: the C-Gall RCT

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.

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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: 17 May 2022

Your Name: Samantha Wileman

Manuscript Title: Laparoscopic cholecystectomy versus observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones: the C-Gall RCT

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.

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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: 6/7/2022

Your Name: Craig Ramsay

Manuscript Title: Laparoscopic cholecystectomy versus observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones: the C-Gall RCT

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

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		member of the NIHR HTA General Committee 2017 - 2022	unpaid

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