

## ICMJE DISCLOSURE FORM

**Date:** 1/9/2023

**Your Name:** Alan Montgomery

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

**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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<b>Time frame: past 36 months</b>									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">NIHR</td> <td style="width: 50%; padding: 2px;">Other research grants</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	NIHR	Other research grants				
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	<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> </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:** 3/9/2023

**Your Name:** Carsten Flohr

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

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

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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		Almirall symposium (non promotional)	
		Bioderma (non promotional)	
		Sanofi	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety	<input type="checkbox"/> <b>None</b>	

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	Monitoring Board or Advisory Board	Sanofi (unpaid) LEO (unpaid) Pfizer (unpaid)	Abbvie (unpaid)
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>  Immediate Past President British Society of Paediatric Dermatology Editor, Evidence-based Dermatology Section, British Journal of Dermatology Director, International Eczema Council	Member, Medical Advisory Committees, National Eczema Society and Allergy UK Joint Lead, European Dermatology Forum/EuroGuiDerm guideline for atopic eczema
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>   	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>   	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>  Investigator-led funding from Sanofi and Pfizer for skin microbiome research leads the EU Joint Program Initiative Trans-Foods and the UK Medical Research Foundation-funded consortia Department has received funding from Sanofi-Genzyme and Pfizer for skin microbiome work.	Payments to institution Payments to institution Payments to institution

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:** 7/4/2022

**Your Name:** Eleanor Mitchell

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

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

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## ICMJE DISCLOSURE FORM

**Date:** 7/1/2022

**Your Name:** Eric L. Simpson, MD, MCR

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

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

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		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)						
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 150px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
4	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> AbbVie, Amgen, Arena Pharmaceuticals, Aslan Pharma, Benevolent AI Bio Limited "BAI", BiomX Ltd, Bluefin Biomedicine Inc, Boehringer-Ingelheim, Boston Consulting Group, Collective Acumen, LLC (CA), Coronado, Dermira, Eli Lilly, Evidera, ExcerptaMedica, Galderma, GlaxoSmithKline, Forte Bio RX, Incyte Dermatologics, Janssen, Kyowa Kirin Pharmaceutical Development, Leo Pharm, Medscape LLC, Merck, Novartis, Ortho Galderma, Pfizer, Physicians World LLC, Pierre Fabre Dermo Cosmetique, Regeneron, Roivant, Sanofi- Genzyme, SPARC India, Trevi therapeutics, WebMD and Valeant </td> <td> Payments made to Eric Simpson </td> </tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	AbbVie, Amgen, Arena Pharmaceuticals, Aslan Pharma, Benevolent AI Bio Limited "BAI", BiomX Ltd, Bluefin Biomedicine Inc, Boehringer-Ingelheim, Boston Consulting Group, Collective Acumen, LLC (CA), Coronado, Dermira, Eli Lilly, Evidera, ExcerptaMedica, Galderma, GlaxoSmithKline, Forte Bio RX, Incyte Dermatologics, Janssen, Kyowa Kirin Pharmaceutical Development, Leo Pharm, Medscape LLC, Merck, Novartis, Ortho Galderma, Pfizer, Physicians World LLC, Pierre Fabre Dermo Cosmetique, Regeneron, Roivant, Sanofi- Genzyme, SPARC India, Trevi therapeutics, WebMD and Valeant	Payments made to Eric Simpson					
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		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)
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Arena Pharmaceuticals, Eli Lilly, GlaxoSmithKline, Incyte, Janssen, Kyowa Kirin Pharmaceutical Development, Leo Pharm, Regeneron, Sanofi- Genzyme	Payments made to Eric Simpson
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Chair of Research, Scientific Advisory Committee of the National Eczema Association	
		Chair of Sanofi-Genzyme and Regeneron US Medical Advisory Board	
		Chair of Atopic Dermatitis Expert Resource Group for the AAD	
		Executive Member for the international Harmonizing Outcome Measures in Eczema (HOME) Working Group	
		Board Member, International Society for Atopic Dermatitis (ISAD)	
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:

	<b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>	<b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b>
<input checked="" type="checkbox"/>	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:** 6/30/2022

**Your Name:** Hilary Allen

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

**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:** 1/9/2023

**Your Name:** Hywel Williams

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

**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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		Competitiveness Group, HTA General Committee, HTA Post-Funding Committee teleconference, HTA Funding Committee Policy Group and HTA Commissioning Committee	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		Director of the NIHR Health Technology Assessment Programme from 2015 to 2020	As per Hywel's HTA director role the University of Nottingham was paid 2 days per week for his time.

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:** 6/30/2022

**Your Name:** Dr Joanne Brooks

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

**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:** 7/13/2022

**Your Name:** Joanne Chalmers

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

**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:** 6/30/2022

**Your Name:** Prof Kim S Thomas

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

**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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## ICMJE DISCLOSURE FORM

**Date:** 7/20/2022

**Your Name:** Lucy Bradshaw

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

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

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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:** 6/30/2022

**Your Name:** Laura A Wyatt

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

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

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## ICMJE DISCLOSURE FORM

**Date:** 1/13/2023

**Your Name:** Professor Michael J. Cork

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

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

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<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		Member of the Board of the EADV	UK Board representative period ended Sept 2022
		Voluntary medical adviser to the national Eczema Society, UK	ongoing
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
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<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

## ICMJE DISCLOSURE FORM

**Date:** 7/29/2022

**Your Name:** Dr Maeve Kelleher

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

**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:** 6/30/2022

**Your Name:** Michael Perkin

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

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

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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:** 1/9/2023

**Your Name:** Matthew Ridd

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

**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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		NIHR PDG	Improving the Diagnostic accuracy of referrals for Papilloedema (DiPP) from primary to secondary care: the development of clinical guidelines and educational material. £138,215.00						
		NIHR PGfAR	Developing and testing an online intervention to support self-management, improve outcomes and reduce antibiotic use in acne. £1,901,577.00						
		NIHR PGfAR	Eczema Care Online (ECO): Supporting self-care for eczema in the community. £2,511,917.						
		NIHR HTA	Spirolonactone for Adult Female Acne (SAFA): pragmatic multicentre double-blind randomised superiority trial to investigate the clinical and cost-effectiveness of spironolactone for moderate or severe persistent acne in women. £1,717,944						
		NIHR HTA	ATLANTIS (Amitriptyline at low-dose and titrated for irritable bowel syndrome as second-line treatment): a double-blind placebo-controlled trial. £1,787,887.99.						
		NIHR SPCR	Talking in Primary Care 2: Testing the effects of communication skills e-learning for practitioners on patients' musculoskeletal pain and enablement. £1,163,994.						
		NIHR PGfAR	RAPID and Efficient Eczema Trials (RAPID). £2,492,655.00.						
		NIHR HTA	AmiTritypline for the prevention of post-HERpetic Neuralgia (ATHENA): multi-centre, individually randomised, pragmatic, placebo-controlled superiority trial with internal pilot, study within a trial and nested qualitative study. £1,855,861.37.						
		NIHR HTA	Trial of IGe tests for Eczema Relief (TIGER): randomised controlled trial of test-guided dietary advice for children with eczema, with internal pilot and nested economic and process evaluations. £1,937,166.29.						
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <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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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b>	
		PRINCIPLE trial	Member of Data Monitoring and Ethics Committee
		ERICA trial	Member of Trial Steering/Data Monitoring Committee
		ALPHA trial	Member of Trial Steering Committee
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		Member of HTA General Committee and ESP Evidence Synthesis Programme Advisory Group	No payment to either me or institution for this work
11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 7/4/2022

**Your Name:** Dr Nicola Jay

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

**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:** 1/10/2023

**Your Name:** Robert Boyle

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

**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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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 type="checkbox"/> None	
		Taus, Cebulash and Landau	Disputed infant formula claim in USA
		UK coroner courts	Evidence to support coronial decision-making in cases of fatal food anaphylaxis
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	<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	
		Baby Feeding Law Group	Member

		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>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		Cochrane	Payment for editorial work
		John Wiley and Sons	Payment for editorial work
		British Society for Allergy and Clinical Immunology	Payment for editorial work
		Nestlé	Research and innovation partnership with employing institution Imperial College London with funds paid by Nestlé to Imperial College London. This partnership does not directly involve Dr Boyle.

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:** 10/6/2022

**Your Name:** Rachel Haines

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

**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.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></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)								
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <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>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <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>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <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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**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:** 6/30/2022

**Your Name:** Richard Swinden

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

**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"/> <b>None</b> <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> <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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**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:** 7/12/2021

**Your Name:** Sara J Brown

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

**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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<b>Time frame: Since the initial planning of the work</b>																	
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Wellcome Trust Senior Research Fellowship ref 220875/Z/20/Z</td> <td>Salary support</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table>	Wellcome Trust Senior Research Fellowship ref 220875/Z/20/Z	Salary support			Click the tab key to add additional rows.									
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<b>Time frame: past 36 months</b>																	
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Philanthropic donations x2 for skin research</td> <td>All grants paid to my institution</td> </tr> <tr> <td>Rosetrees Trust</td> <td> </td> </tr> <tr> <td>Stoneygate Trust</td> <td> </td> </tr> <tr> <td>NIHR funding to Bristol University with portion to my institution for collaborative work</td> <td> </td> </tr> <tr> <td>Wellcome Trust ScotPEN award for public engagement</td> <td> </td> </tr> <tr> <td>ELF/ESCUlab award for phenotypic screening</td> <td> </td> </tr> <tr> <td>British Skin Foundation large grant</td> <td> </td> </tr> </table>	Philanthropic donations x2 for skin research	All grants paid to my institution	Rosetrees Trust		Stoneygate Trust		NIHR funding to Bristol University with portion to my institution for collaborative work		Wellcome Trust ScotPEN award for public engagement		ELF/ESCUlab award for phenotypic screening		British Skin Foundation large grant	
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3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <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>							
4	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Sosei-Heptares</td> <td style="width: 50%;">Paid to my institution</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Sosei-Heptares	Paid to my institution					
Sosei-Heptares	Paid to my institution								
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Honorarium for speaking at Copenhagen University</td> <td style="width: 50%;">Payment to me</td> </tr> <tr> <td>Honorarium for conducting Masters examination for Huddersfield University</td> <td>Payment to me</td> </tr> <tr> <td>Honoraria for chairing Wellcome Trust expert review group</td> <td>Payment to me</td> </tr> </table>	Honorarium for speaking at Copenhagen University	Payment to me	Honorarium for conducting Masters examination for Huddersfield University	Payment to me	Honoraria for chairing Wellcome Trust expert review group	Payment to me	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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>							
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> <b>None</b>							

		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)
	society, committee or advocacy group, paid or unpaid	I am medical adviser for the Ichthyosis Support Group and Eczema Outreach Support	unpaid
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 8/10/2022

---

**Your Name:** Sue Davies-Jones

---

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

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

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

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:** 7/12/2022

**Your Name:** Stella T Lartey

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

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

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## ICMJE DISCLOSURE FORM

**Date:** 7/12/2022

**Your Name:** Sandra Lawton

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

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

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## ICMJE DISCLOSURE FORM

**Date:** 7/5/2022

**Your Name:** Stella Tarr

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled trial

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

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## ICMJE DISCLOSURE FORM

**Date:** 1/12/2023

**Your Name:** Tracey H Sach

**Manuscript Title:** Emollient application from birth to prevent eczema in high-risk children: the BEEP (Barrier Enhancement for Eczema Prevention) randomised controlled 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									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%; padding: 5px;">National Institute for Health Research Health Technology Assessment</td> <td style="width: 40%; padding: 5px;">Award ID: 12/67/12</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 5px;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	National Institute for Health Research Health Technology Assessment	Award ID: 12/67/12			<small>Click the tab key to add additional rows.</small>		
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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"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td></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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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Steering committee member of the UK Dermatology Clinical Trials Network</td> <td>Unpaid/voluntary role</td> </tr> <tr> <td>Chair of the NIHR Research for Patient Benefit Regional Advisory Panel for the East of England</td> <td>1<sup>st</sup> January 2020 onwards, Honorarium paid to University of East Anglia</td> </tr> <tr> <td>Member of the NIHR HTA Efficient Study Designs - 2, HTA Efficient Study Designs Board, HTA End of Life Care and Add-on-Studies, HTA Primary Care Themed Call Board, and NIHR HTA Commissioning Board</td> <td>2013 – 2019 inclusive</td> </tr> </table>	Steering committee member of the UK Dermatology Clinical Trials Network	Unpaid/voluntary role	Chair of the NIHR Research for Patient Benefit Regional Advisory Panel for the East of England	1 <sup>st</sup> January 2020 onwards, Honorarium paid to University of East Anglia	Member of the NIHR HTA Efficient Study Designs - 2, HTA Efficient Study Designs Board, HTA End of Life Care and Add-on-Studies, HTA Primary Care Themed Call Board, and NIHR HTA Commissioning Board	2013 – 2019 inclusive			
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <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>							

**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.