

## ICMJE DISCLOSURE FORM

**Date:** 8/11/2022

**Your Name:** Tristan M Snowsill

**Manuscript Title:** Effectiveness and cost-effectiveness of gynaecological cancer surveillance in Lynch syndrome: systematic reviews and economic evaluation

**Manuscript Number (if known):** NIHR129713

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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**Manuscript Title:** Effectiveness and cost-effectiveness of gynaecological cancer surveillance in Lynch syndrome: systematic reviews and economic evaluation

**Manuscript Number (if known):** NIHR129713

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**Your Name:** Simon Briscoe

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<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.

## ICMJE DISCLOSURE FORM

**Date:** 8/16/2022

**Your Name:** Kate Boddy

**Manuscript Title:** Effectiveness and cost-effectiveness of gynaecological cancer surveillance in Lynch syndrome: systematic reviews and economic evaluation

**Manuscript Number (if known):** NIHR129713

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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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:** 15/08/2022

**Your Name:** Tracy Smith

**Manuscript Title:** Effectiveness and cost-effectiveness of gynaecological cancer surveillance in Lynch syndrome: systematic reviews and economic evaluation

**Manuscript Number (if known):** NIHR129713

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:** Click or tap to enter a date.

**Your Name:** Click or tap here to enter text.

**Manuscript Title:** Effectiveness and cost-effectiveness of gynaecological cancer surveillance in Lynch syndrome: systematic reviews and economic evaluation

**Manuscript Number (if known):** NIHR129713

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11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input 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:** 8/11/2022

**Your Name:** Neil Ryan

**Manuscript Title:** Effectiveness and cost-effectiveness of gynaecological cancer surveillance in Lynch syndrome: systematic reviews and economic evaluation

**Manuscript Number (if known):** NIHR129713

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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:** 8/17/2022

**Your Name:** Fiona Laloo

**Manuscript Title:** Effectiveness and cost-effectiveness of gynaecological cancer surveillance in Lynch syndrome: systematic reviews and economic evaluation

**Manuscript Number (if known):** NIHR129713

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**Date:** 3/2/2023

**Your Name:** Claire Hulme

**Manuscript Title:** Effectiveness and cost-effectiveness of gynaecological cancer surveillance in Lynch syndrome: systematic reviews and economic evaluation

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		HTA Commissioning Committee member (January 2021 to February 2017)	

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