

ICMJE DISCLOSURE FORM

Date: 7/20/2023

Your Name: Amanda Farrin

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-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.

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	advocacy group, paid or unpaid		
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 type="checkbox"/> None	
		Member of NIHR funding committees: HTA Clinical Trials & Evaluation until Nov 2018 NIHR CTU Standing Advisory Committee until 2022 HTA Funding Committee Policy Group (formerly CSG) until Nov 2018 NIHR COVID Prophylaxis Platform Study in Care Homes Funding Committee 2020 NIHR Senior Investigator from 2021 Received grants from NIHR (HTA, EME, PGfAR, HS&DR, NIHR/MRC)	

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.

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Your Name: Alexander C. Ford

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-controlled Trial

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Date: 7/20/2023

Your Name: Amy Herbert

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-controlled Trial

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Date: 7/20/2023

Your Name: Alexandra Wright-Hughes

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-controlled Trial

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">NIHR HTA phase III trial: OCeAN - Optimisation before Crohn's surgery using Exclusive enteral Nutrition. University of Birmingham.</td> <td style="width: 50%; padding: 5px;">Data Monitoring and Ethics Committee: Independent statistician</td> </tr> <tr> <td style="padding: 5px;">NIHR HS&DR feasibility study: i-Minds - A digital intervention to improve mental health and interpersonal resilience for young people who have experienced online sexual abuse – a non-</td> <td style="padding: 5px;">Trial Steering Committee: Independent statistician</td> </tr> </table>	NIHR HTA phase III trial: OCeAN - Optimisation before Crohn's surgery using Exclusive enteral Nutrition. University of Birmingham.	Data Monitoring and Ethics Committee: Independent statistician	NIHR HS&DR feasibility study: i-Minds - A digital intervention to improve mental health and interpersonal resilience for young people who have experienced online sexual abuse – a non-	Trial Steering Committee: Independent statistician			
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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)
		randomised feasibility study with a mixed-methods design. University of Manchester.	
		MRC funded MILESTONE mechanistic RCT - Emotional cognitive bias modification in depression. University of Bristol.	Trial Steering Committee: Independent statistician
		NIHR fellowship award: MONITOR and SPEED Trial Within a Cohort. University of Oxford.	Trial Steering Committee: Independent statistician
		NIHR PHR STORM: The Standing up FOR Myself (STORM) psychosocial group intervention for young people and adults with intellectual disabilities: Feasibility study. University College London.	Trial Steering Committee: Independent statistician
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Statistical/trial design expert Committee member for the Yorkshire and North East Regional Advisory Committee for NIHR Research for Patient Benefit	Payment for travel where applicable only
		Protocol editor for Trials	Payment made to 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: 7/20/2023

Your Name: Catherine Fernandez

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-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: 7/20/2023

Your Name: Christopher Taylor

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-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.

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ICMJE DISCLOSURE FORM

Date: 7/20/2023

Your Name: DEBORAH COOPER

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-controlled Trial

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

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ICMJE DISCLOSURE FORM

Date: 7/20/2023

Your Name: Daniel Howdon

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-controlled Trial

Manuscript Number (if known): _____

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4	Consulting fees	<input type="checkbox"/> None	
		Organisation for Economic Co-operation and Development	Paid to me
		United Nations Asia-Pacific Region	Paid to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
		University of Lucerne	Paid to institution
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> 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	<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: 7/27/2023

Your Name: Delia Muir

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-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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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: 7/20/2023

Your Name: Elsbeth Guthrie

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (ATLANTIS): A Randomised Double-blind Placebo-controlled Trial in Primary Care

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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		<p>3. Community Outpatient Psychotherapy Engagement Service for Self-harm (COPESS): A feasibility trial NIHR: RfPB. £253707. 2019-2022 co-investigator</p> <p>4. The Self-harm, Assessment, Formulation, Engagement Trial of Psychodynamic-Interpersonal Therapy (SAFE-PIT) NIHR HTA. 13/13/34 £2,030,552.05. 2021-2026 Programme Lead</p> <p>5. Frequent users of the emergency department: Improving and standardising services-a mixed methos study.(FUsED). NIHR HS & DR 132852. £1,327,195. 2022-2025. Programme Lead.</p> <p>6. Presentation and outcomes of people with unexplained symptoms in acute surgery. £179,492 .Leeds Hospitals Charity, Ethel Mary Swann Fund. Co-applicant and supervisor.</p>	Payment to Institution for all grants listed								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="381 993 1516 1094"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="381 1234 1516 1371"> <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>									
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ICMJE DISCLOSURE FORM

Date: 7/20/2023

Your Name: Emma Teasdale

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-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: 7/20/2023

Your Name: Felicity L Bishop

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-controlled Trial

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

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ICMJE DISCLOSURE FORM

Date: 7/20/2023

Your Name: Heather Cook

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-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								
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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: 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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11	Stock or stock options	<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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
13	Other financial or non-financial interests	<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>							

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: 7/22/2023

Your Name: Hazel Everitt

Manuscript Title: ATLANTIS HTA report

Manuscript Number (if known): unknown

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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Time frame: past 36 months								
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;"> <tr> <td style="width: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						
3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Mahana Therapeutics</td> <td>2019 Southampton University signed an agreement with Kings College, London regarding research data from NIHR HTA ACTIB trial and the Regul8 CBT for IBS website intervention regarding a license agreement with Mahana Therapeutics, which has resulted in income coming to King's College London, Southampton</td> </tr> </table>	Mahana Therapeutics	2019 Southampton University signed an agreement with Kings College, London regarding research data from NIHR HTA ACTIB trial and the Regul8 CBT for IBS website intervention regarding a license agreement with Mahana Therapeutics, which has resulted in income coming to King's College London, Southampton				
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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)
			University, the University of Auckland, NIHR and the inventors including myself.
4	Consulting fees	<input type="checkbox"/> None	
		Mahana Therapeutics	Small amounts of paid consultancy work (less than 10 hours in total since 2019) regarding the Regul8 web -based CBT intervention developed in the NIHR ACTIB trial
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 checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
		No patents – but see IP agreement with Mahana above	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> 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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
		MahanaTherapeutics	Share options regarding the Regul8 web -based CBT intervention developed in the NIHR ACTIB trial
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: 7/20/2023

Your Name: Matthew Chaddock

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-controlled Trial

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

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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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ICMJE DISCLOSURE FORM

Date: 7/20/2023

Your Name: Matthew Ridd

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-controlled Trial

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		Developing and testing an online intervention to support self-management, improve outcomes and reduce antibiotic use in NIHR202852	
		Talking in Primary Care 2: Testing the effects of communication skills e-learning for practitioners on patients' musculoskeletal pain and enablement. NIHR SPCR	
		Spironolactone for Adult Female Acne (SAFA): multicentre double-blind randomised trial. NIHR HTA	
		Eczema Care Online (ECO): Supporting self-care for eczema in the community. NIHR PGfAR	
		The association between the COVID-19 vaccine and skin conditions. NIHR SPCR	
		Improving the Diagnostic accuracy of referrals for Papilloedema (DiPP) from primary to secondary care: the development of clinical guidelines and educational material. NIHR SPCR/PDG	
		Rapid respiratory microbiological point-of-care-testing in primary care: a randomised controlled trial with internal pilot and qualitative and quantitative investigation of microbial, behavioural and antibiotic mechanisms (the RAPID-TEST RCT). NIHR EME NIHR131758	
		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. NIHR HTA	
		Barriers Enhancement for Eczema Prevention (BEEP): A randomised controlled trial to determine whether skin barrier enhancement with emollients can prevent eczema in high risk children. NIHR HTA	
		TRIUMPH: TReating Urinary symptoms in Men in Primary Healthcare using non-pharmaceutical and non-surgical interventions. NIHR HTA	
		Surgical interventions to treat severe pressure sores (SIPS). NIHR HTA,	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<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 type="checkbox"/> None	<table border="1"> <tr> <td>Co-Chair SAPC & NIHR SPCR skin/allergy research groups</td> <td>No payment</td> </tr> <tr> <td>Committee member for NIHR In Practice Fellowship</td> <td>No payment</td> </tr> <tr> <td>Committee member for HTA General Committee</td> <td>No payment</td> </tr> <tr> <td>Committee member for ESP - Evidence Synthesis Programme Advisory Group,</td> <td>No payment</td> </tr> <tr> <td>Committee member for ESP - Evidence Synthesis Programme Grants Committee</td> <td>No payment</td> </tr> <tr> <td>Committee member for ESP - NIHR Incentive Awards Committee</td> <td>No payment</td> </tr> </table>	Co-Chair SAPC & NIHR SPCR skin/allergy research groups	No payment	Committee member for NIHR In Practice Fellowship	No payment	Committee member for HTA General Committee	No payment	Committee member for ESP - Evidence Synthesis Programme Advisory Group,	No payment	Committee member for ESP - Evidence Synthesis Programme Grants Committee	No payment	Committee member for ESP - NIHR Incentive Awards Committee	No payment
Co-Chair SAPC & NIHR SPCR skin/allergy research groups	No payment														
Committee member for NIHR In Practice Fellowship	No payment														
Committee member for HTA General Committee	No payment														
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ICMJE DISCLOSURE FORM

Date: 7/20/2023

Your Name: Pei Loo Ow

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-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.

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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: 7/20/2023

Your Name: Robbie Foy

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-controlled Trial

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

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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 checked="" type="checkbox"/> None	
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 type="checkbox"/> None	
		UK Harkness Fellowship Selection Committee (administered by NIHR)	No payment
		Chair, Independent Steering Groups and Data Monitoring Committee for 6 NIHR-funded studies	No payment
		Member, NIHR Dissemination Centre Advisory Group	No payment
		Chair, NICE Implementation Strategy Group	No payment
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	
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	

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ICMJE DISCLOSURE FORM

Date: 7/20/2023

Your Name: Ruth Thornton

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-controlled Trial

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

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ICMJE DISCLOSURE FORM

Date: 7/20/2023

Your Name: Dr Sarah Alderson

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-controlled Trial

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4	Consulting fees	<input checked="" type="checkbox"/> None	
		NHS West Yorkshire Integrated Care Board	consulting fees from West Yorkshire Integrated Care Board paid to her institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Xytal (on behalf of NHS England)	Fee for webinar x2 to myself on reducing opioid prescribing in primary care
6	Payment for expert testimony	<input type="checkbox"/> None	
		X	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		X	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		X	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		NIHR PROMPPT study	DMEC board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		NIHR HSDR	Funding panel member

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ICMJE DISCLOSURE FORM

Date: 7/20/2023

Your Name: Suzanne Hartley

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-controlled Trial

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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: 7/20/2023

Your Name: Sonia Newman

Manuscript Title: Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-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								
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.	<input checked="" type="checkbox"/> None <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> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <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>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <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>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <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>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <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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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <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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