

ICMJE DISCLOSURE FORM

Date: 3/31/2022

Your Name: Janey Sewell

Manuscript Title: PANTHEON: A comprehensive assessment of the cost-effectiveness of HIV prevention and testing strategies, including the SELPHI HIV self-testing RCT, among men who have sex with men (MSM) in the UK

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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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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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: 10/1/2021

Your Name: T Charles Witzel

Manuscript Title: PANTHEON: A comprehensive assessment of the cost-effectiveness of HIV prevention and testing strategies, including the SELPHI HIV self-testing RCT, among men who have sex with men (MSM) in the UK

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: 10/6/2021

Your Name: David Dunn

Manuscript Title: PANTHEON: A comprehensive assessment of the cost-effectiveness of HIV prevention and testing strategies, including the SELPHI HIV self-testing RCT, among men who have sex with men (MSM) in the UK.

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

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ICMJE DISCLOSURE FORM

Date: 3/31/2022

Your Name: Fiona Lampe

Manuscript Title: PANTHEON: A comprehensive assessment of the cost-effectiveness of HIV prevention and testing strategies, including the SELPHI HIV self-testing RCT, among men who have sex with men (MSM) in the UK

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ICMJE DISCLOSURE FORM

Date: 9/28/2021

Your Name: Fiona Burns

Manuscript Title: PANTHEON: A comprehensive assessment of the cost-effectiveness of HIV prevention and testing strategies, including the SELPHI HIV self-testing RCT, among men who have sex with men (MSM) in the UK

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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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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">the National Institute for Health Research Health Protection Research Unit in Blood Borne and Sexually Transmitted Infections</td> <td>Research grant payment to institution</td> </tr> <tr> <td>Terrence Higgins Trust</td> <td>Research grant payment to institution</td> </tr> <tr> <td>Public Health England</td> <td>Research grant payment to institution</td> </tr> </table>	the National Institute for Health Research Health Protection Research Unit in Blood Borne and Sexually Transmitted Infections	Research grant payment to institution	Terrence Higgins Trust	Research grant payment to institution	Public Health England	Research grant payment to institution
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;">Gilead Sciences Ltd</td> <td style="width: 50%;">For preparation and delivery of educational material</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Gilead Sciences Ltd	For preparation and delivery of educational material					
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6	Payment for expert testimony	<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>							
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: 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>							
8	Patents planned, issued or pending	<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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	society, committee or 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 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: 9/27/2021

Your Name: Peter WEATHERBURN

Manuscript Title: PANTHEON: A comprehensive assessment of the cost-effectiveness of HIV prevention and testing strategies, including the SELPHI HIV self-testing RCT, among men who have sex with men (MSM) in the UK.

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

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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: 10/25/2021

Your Name: Sheena McCormack

Manuscript Title: PANTHEON: A comprehensive assessment of the cost-effectiveness of HIV prevention and testing strategies, including the SELPHI HIV self-testing RCT, among men who have sex with men (MSM) in the UK

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		Gilead Sciences Inc	Limited financial support to Imperial for social science and laboratory activities in the PrEPVacc programme
		Grant from Imperial College London	To coordinate the COVAC1 vaccine trial
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Queen's University Belfast	Honoraria for keynote talk to UCL
		University of Bern	Honoraria for talk at ISPM seminar, Bern
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Japanese Society for AIDS Research	Support for travel and subsistence to attend the 33 rd National Meeting of the Society and give a plenary
		ECDC	Support for travel and subsistence to attend ECDC meeting on PrEP
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Chair of DSMB overseeing DoxyPeP and D-PEP trials	
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 checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Gilead Sciences Inc	Provision of free drug for the PrEPVacc trial
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: 10/5/2021

Your Name: Leanne McCabe

Manuscript Title: PANTHEON: A comprehensive assessment of the cost-effectiveness of HIV prevention and testing strategies, including the SELPHI HIV self-testing RCT, among men who have sex with men (MSM) in the UK.

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ICMJE DISCLOSURE FORM

Date: 9/30/2021

Your Name: Alec Miners

Manuscript Title: PANTHEON: A comprehensive assessment of the cost-effectiveness of HIV prevention and testing strategies, including the SELPHI HIV self-testing RCT, among men who have sex with men (MSM) in the UK.

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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	

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

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

ICMJE DISCLOSURE FORM

Date: 9/30/2021

Your Name: Valentina Cambiano

Manuscript Title: PANTHEON: A comprehensive assessment of the cost-effectiveness of HIV prevention and testing strategies, including the SELPHI HIV self-testing RCT, among men who have sex with men (MSM) in the UK.

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

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		World Health Organization	Ref: 2019/954873 and WCCPRD68216 36 2018/793528 ; payment made partly to me, partly to the institution.
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	
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ICMJE DISCLOSURE FORM

Date: 10/5/2021

Your Name: Roger Pebody

Manuscript Title: PANTHEON: A comprehensive assessment of the cost-effectiveness of HIV prevention and testing strategies, including the SELPHI HIV self-testing RCT, among men who have sex with men (MSM) in the UK

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

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ICMJE DISCLOSURE FORM

Date: 10/5/2021

Your Name: Roy Trelvelion

Manuscript Title: PANTHEON: A comprehensive assessment of the cost-effectiveness of HIV prevention and testing strategies, including the SELPHI HIV self-testing RCT, among men who have sex with men (MSM) in the UK

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

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ICMJE DISCLOSURE FORM

Date: 9/28/2021

Your Name: Nadia Hanum

Manuscript Title: PANTHEON: A Comprehensive assessment of the cost-effectiveness of HIV prevention and testing strategies, including the SELPHI HIV self-testing RCT, among men who have sex with men (MSM) in the UK

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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 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: 9/24/2021

Your Name: Andrew Phillips

Manuscript Title: PANTHEON: A comprehensive assessment of the cost-effectiveness of HIV prevention and testing strategies, including the SELPHI HIV self-testing RCT, among men who have sex with men (MSM) in the UK.

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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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: 3/30/2022

Your Name: Alison Rodger

Manuscript Title: PANTHEON: A comprehensive assessment of the cost-effectiveness of HIV prevention and testing strategies, including the SELPHI HIV self-testing RCT, among men who have sex with men (MSM) in the UK

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

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