

ICMJE DISCLOSURE FORM

Date: 9/2/2023

Your Name: Daniel Lasserson

Manuscript Title: STOPping Anticoagulation for isolated or incidental sub-segmental Pulmonary Embolism (STOPAPE) randomised controlled trial: Challenges with delivery and lessons for future trialists

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: 8/25/2023

Your Name: Professor Sue Jowett

Manuscript Title: STOPping Anticoagulation for isolated or incidental sub-segmental Pulmonary Embolism (STOPAPE) randomised controlled trial: Challenges with delivery and lessons for future trialists

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

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ICMJE DISCLOSURE FORM

Date: 8/25/2023

Your Name: Alice M Turner

Manuscript Title: STOPping Anticoagulation for isolated or incidental sub-segmental Pulmonary Embolism (STOPAPE) randomised controlled trial: Challenges with delivery and lessons for future trialists

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

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ICMJE DISCLOSURE FORM

Date: 8/29/2023

Your Name: Michael Newnham

Manuscript Title: STOPping Anticoagulation for isolated or incidental sub-segmental Pulmonary Embolism (STOPAPE) randomised controlled trial: Challenges with delivery and lessons for future trialists

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Date: 8/30/2023

Your Name: Sheila Greenfield

Manuscript Title: STOPping Anticoagulation for isolated or incidental sub-segmental Pulmonary Embolism (STOPAPE) randomised controlled trial: Challenges with delivery and lessons for future trialists

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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: 8/25/2023

Your Name: Professor Sue Jowett

Manuscript Title: STOPping Anticoagulation for isolated or incidental sub-segmental Pulmonary Embolism (STOPAPE) randomised controlled trial: Challenges with delivery and lessons for future trialists

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 type="checkbox"/> None <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>									
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ICMJE DISCLOSURE FORM

Date: 8/25/2023

Your Name: Samir Mehta

Manuscript Title: STOPping Anticoagulation for isolated or incidental sub-segmental Pulmonary Embolism (STOPAPE) randomised controlled trial: Challenges with delivery and lessons for future trialists

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

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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Agnieszka Ignatowicz

Manuscript Title: STOPping Anticoagulation for isolated or incidental sub-segmental Pulmonary Embolism (STOPAPE) randomised controlled trial: Challenges with delivery and lessons for future trialists

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

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		How to utilise the potential of Hospital at Home to deliver more acute non-COVID and COVID care outside of hospital – co-applicant. Funded by NIHR Policy Research Programme.	Funding to the University of Birmingham								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 476 1516 577"> <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="383 718 1516 854"> <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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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1503 1516 1604"> <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"/> None <table border="1" data-bbox="383 1722 1516 1822"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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	Monitoring Board or Advisory Board	<table border="1"> <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: C8/25/2023

Your Name: Carole Cummins

Manuscript Title: STOPping Anticoagulation for isolated or incidental sub-segmental Pulmonary Embolism (STOPAPE) randomised controlled trial: Challenges with delivery and lessons for future trialists

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

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ICMJE DISCLOSURE FORM

Date: 8/25/2023

Your Name: Alice M Turner

Manuscript Title: STOPping Anticoagulation for isolated or incidental sub-segmental Pulmonary Embolism (STOPAPE) randomised controlled trial: Challenges with delivery and lessons for future trialists

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

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NIHR	Grant to institution							
	Click the tab key to add additional rows.							
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"> <tr> <td></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"> <tr> <td></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"> <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"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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"> <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"/> None <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"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></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="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></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="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></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: 8/25/2023

Your Name: Mark Toshner

Manuscript Title: STOPping Anticoagulation for isolated or incidental sub-segmental Pulmonary Embolism (STOPAPE) randomised controlled trial: Challenges with delivery and lessons for future trialists

Manuscript Number (if known): _____

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 type="checkbox"/> None <table border="1"> <tr> <td>MorphogenIX</td> <td>Advisory board, payment personal</td> </tr> <tr> <td>Jansen</td> <td>Advisory board, payment personal</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		MorphogenIX	Advisory board, payment personal	Jansen	Advisory board, payment personal				
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>GSK</td> <td>Payment personal</td> </tr> <tr> <td>Jansen</td> <td>Payment personal</td> </tr> <tr> <td></td> <td></td> </tr> </table>		GSK	Payment personal	Jansen	Payment personal				
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ICMJE DISCLOSURE FORM

Date: 4/30/2023

Your Name: Clare Prince

Manuscript Title: **STOPping Anticoagulation for Isolated or Incidental Pulmonary Embolism (STOPAPE): prospective randomised open blinded end-point controlled trial protocol.**

Manuscript Number (if known): NIHR 135832

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: 8/25/2023

Your Name: Dr Jonathan Carl Luis Rodrigues

Manuscript Title: STOPping Anticoagulation for isolated or incidental sub-segmental Pulmonary Embolism (STOPAPE) randomised controlled trial: Challenges with delivery and lessons for future trialists

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

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>NHSX</td> <td>Payment to Rodrigues Medical LTD</td> </tr> <tr> <td>HeartFlow</td> <td>Payment to Rodrigues Medical LTD</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		NHSX	Payment to Rodrigues Medical LTD	HeartFlow	Payment to Rodrigues Medical LTD				
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
		Stock in Radnet	Held by Rodrigues Medical LTD
		Shares in Heart & Lung Imaging LTD	Held by Rodrigues Medical LTD
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	

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