

ICMJE DISCLOSURE FORM

Date: 5/17/2023

Your Name: John Norrie

Manuscript Title: Invasive urodynamic investigations in the management of women with refractory overactive bladder symptoms: a superiority randomised controlled trial (FUTURE)

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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	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	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> None </div>	
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		<small>Click the tab key to add additional rows.</small>
Time frame: past 36 months		
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Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; height: 40px;"></div>	

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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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	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 type="checkbox"/> None	
		NIHR Committee membership: HTA Commissioning Sub-Board (EOI) April 2016 to March 2017, NIHR CTU Standing Advisory Committee May 2018 to May 2023, NIHR HTA & EME Editorial Board Nov 2015 to March 2019, Pre-Exposure Prophylaxis Impact Review Panel May 2017 to June 2017, EME Strategy Advisory Committee (Aug 2019 to present, EME - Funding Committee Chair Aug 2019 to present, EME Funding Committee Sub-Group Remit & Comp Check (Aug 2019 to present), HTA General Committee Nov 2016 to Nov 2019, HTA Post-Funding Committee teleconference Nov 2016 to Nov 2019, HTA Funding Committee Policy Group (formerly CSG) Nov 2016 to Nov 2019, Covid-19 Reviewing June 2020 to Sept 2020, HTA Commissioning Committee Jan 2010 to Feb 2017.	

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: 12/19/2023

Your Name: Mohamed Abdel-Fattah

Manuscript Title: Invasive urodynamic investigations in the management of women with refractory overactive bladder symptoms: a superiority randomised controlled trial (FUTURE)

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

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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"/> Yes <p>In the past (prior to 2015), I have been a speaker, consultant and/or surgical trainer for a number of industrial companies (Astellas, Ethicon, Bard, Pfizer, AMS, Coloplast, and others): I have been reimbursed my travel expenses; and on occasions received personal honorariums and sponsorship towards attending scientific conferences. Research grant from Coloplast managed by University of Aberdeen. Limited number of my trainees attended pharmaceutical sponsored educational/ leadership workshops and/or received assistance towards presenting their research work in scientific conferences. I have been previous chairman of the Scottish Pelvic Floor Network, which at the time received sponsorship by various industrial companies and fees to exhibit in annual meetings and surgical workshops.</p> <p>Ongoing: I receive travel sponsorship and occasionally speaker's fees from numerous national and international conferences and non-profit organisations when invited as guest speaker and/or expert surgeon. In 2019, and at request from NHS Grampian, I attended 2 educational meetings for setting up sacral nerve stimulation service partially funded by Medtronic.</p> <p>NIHR Committee memberships: HTA IP Panel Jan 2014 to Feb 2018 and Current member of HTA General Committee July 2023 to present.</p>	

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		<p><i>I do not hold (and never held) any shares (or similars) in any of the industrial companies (medical or non-medical). To the best of my knowledge, none of the above have influenced my research or clinical practice.</i></p> <table><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: 5/26/2023

Your Name: Mohamed Abdel-Fattah

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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

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		<i>knowledge, none of the above have influenced my research or clinical practice.</i>	

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ICMJE DISCLOSURE FORM

Date: 5/26/2023

Your Name: Christopher Chapple

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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

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		Secretary General, European Association of Urology	Until March 2023
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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 type="checkbox"/> None	
		Astellas	Author – non-financial
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ICMJE DISCLOSURE FORM

Date: 5/26/2023

Your Name: Suzanne Breeman

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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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: 5/25/2023

Your Name: David Cooper

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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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		Click the tab key to add additional rows.
Time frame: past 36 months		
2	<div> <div>Grants or contracts from any entity (if not indicated in item #1 above).</div> <div> <input type="checkbox"/> None </div> </div>	<div> <div>NIHR HTA funding for long-term follow-up of the MASTER and SIMS trials</div> </div>

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ICMJE DISCLOSURE FORM

Date: 5/19/2023

Your Name: Helen Bell Gorrod

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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: 5/30/2023

Your Name: Preksha Machaiya Kupppanda

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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

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ICMJE DISCLOSURE FORM

Date: 5/8/2023

Your Name: Karen Lesley Guerrero

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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

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2	<div style="display: flex; align-items: flex-start;"> <div style="width: 20px; text-align: center; border: 1px solid black; margin-right: 5px;"><input checked="" type="checkbox"/></div> <div>None</div> </div> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

		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"/> None <table border="1"> <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"> <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>									
6	Payment for expert testimony	<input type="checkbox"/> None <table border="1"> <tr> <td>Meicolegal advisor Scottish NHS central legal office</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Meicolegal advisor Scottish NHS central legal office							
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>NHS institution only</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		NHS institution only							
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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,	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> </table>									

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	society, committee or advocacy group, paid or unpaid	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
11	Stock or stock options	<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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
13	Other financial or non-financial interests	<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>							
<p>Please place an "X" next to the following statement to indicate your agreement:</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: 5/10/2023

Your Name: Simon Dixon

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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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		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.	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">A grant (reference number 15/150/05) from NIHR HTA was received by University of Aberdeen and Grampian Health Board to undertake the research entitled 'FUTURE Study - Female Urgency, Trial of Urodynamics as Routine Evaluation; a superiority randomised clinical trial to evaluate the effectiveness and cost effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms'</td> <td style="width: 40%; padding: 5px;">Payment to institution</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	A grant (reference number 15/150/05) from NIHR HTA was received by University of Aberdeen and Grampian Health Board to undertake the research entitled 'FUTURE Study - Female Urgency, Trial of Urodynamics as Routine Evaluation; a superiority randomised clinical trial to evaluate the effectiveness and cost effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms'	Payment to institution					
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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 20px;"></td> <td style="width: 40%;"></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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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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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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13	Other financial or non-financial interests	<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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ICMJE DISCLOSURE FORM

Date: 6/7/2023

Your Name: Professor Nikki Cotterill

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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	<div style="display: flex; align-items: flex-start;"> <div style="width: 20px; text-align: center; border: 1px solid black; margin-right: 5px;"><input type="checkbox"/></div> <div>None</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> A grant (reference number 15/150/05) from NIHR HTA was received by University of Aberdeen and Grampian Health Board to undertake the research entitled 'FUTURE Study - Female Urgency, Trial of Urodynamics as Routine Evaluation; a superiority randomised clinical trial to evaluate the effectiveness and cost effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms' </div>	<div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Payment to institution</div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
		Click the tab key to add additional rows.
Time frame: past 36 months		
2	<div style="display: flex; align-items: flex-start;"> <div style="width: 20px; text-align: center; border: 1px solid black; margin-right: 5px;"><input checked="" type="checkbox"/></div> <div>None</div> </div> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	<div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>International Consultation on Incontinence Questionnaire Advisory Board</td> <td>Secondment salary payment</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		International Consultation on Incontinence Questionnaire Advisory Board	Secondment salary payment						
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10	Leadership or fiduciary role in	<input 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)						
	other board, society, committee or advocacy group, paid or unpaid	<table border="1"> <tr> <td>Association for Continence Advice Exec Committee Member</td> <td>No payment</td> </tr> <tr> <td>RCN Bladder and Bowel Forum Steering Committee Member</td> <td>No payment</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Association for Continence Advice Exec Committee Member	No payment	RCN Bladder and Bowel Forum Steering Committee Member	No payment			
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ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Karen Ward

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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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1	<div> <input type="checkbox"/> None </div> <div> A grant (reference number 15/150/05) from NIHR HTA was received by University of Aberdeen and Grampian Health Board to undertake the research entitled 'FUTURE Study - Female Urgency, Trial of Urodynamics as Routine Evaluation; a superiority randomised clinical trial to evaluate the effectiveness and cost effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms' </div>	<div> Payment to institution </div> <div> Click the tab key to add additional rows. </div>
Time frame: past 36 months		
2	<div> <input checked="" type="checkbox"/> None </div> <div> </div>	

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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>									
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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)
	society, committee or advocacy group, paid or unpaid	<div>Chair of British Society of Urogynaecology 2021-23</div> <div>Vice Chair of British Society of Urogynaecology 2019-21</div> <div>Topic Lead Urinary Incontinence – NICE Guideline NG123: Urinary incontinence and pelvic organ prolapse in women: management 2017-20</div>	<div>No remuneration</div> <div>No remuneration</div> <div>Honorarium for attending meetings and travel</div>
11	Stock or stock options	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
13	Other financial or non-financial interests	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
<p>Please place an “X” next to the following statement to indicate your agreement:</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: 5/8/2023

Your Name: Hashim Hashim

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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

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Medtronic											
Laborie											
Allergan											
6	Payment for expert testimony	<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>									
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>									
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None <table border="1"> <tr> <td>EAU Male LUTS guidelines</td> <td>BAUS FNUU committee</td> </tr> </table>		EAU Male LUTS guidelines	BAUS FNUU committee						
EAU Male LUTS guidelines	BAUS FNUU committee										

		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	<div>Associate Editor BJUI compass</div> <div>Associate Editor Neurourology & Urodynamics</div>	<div>EAU-ESFFU committee</div>
11	Stock or stock options	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
13	Other financial or non-financial interests	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
<p>Please place an "X" next to the following statement to indicate your agreement:</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: 5/6/2023

Your Name: Ash Monga

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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	<div style="display: flex; align-items: flex-start;"> <div style="width: 20%;"> 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. </div> <div style="width: 80%;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> A grant (reference number 15/150/05) from NIHR HTA was received by University of Aberdeen and Grampian Health Board to undertake the research entitled 'FUTURE Study - Female Urgency, Trial of Urodynamics as Routine Evaluation; a superiority randomised clinical trial to evaluate the effectiveness and cost effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms' </td> <td style="width: 40%; padding: 5px;"> Payment to institution </td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> </div> </div>	A grant (reference number 15/150/05) from NIHR HTA was received by University of Aberdeen and Grampian Health Board to undertake the research entitled 'FUTURE Study - Female Urgency, Trial of Urodynamics as Routine Evaluation; a superiority randomised clinical trial to evaluate the effectiveness and cost effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms'	Payment to institution					
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Time frame: past 36 months								
2	<div style="display: flex; align-items: flex-start;"> <div style="width: 20%;"> Grants or contracts from any entity (if not indicated in item #1 above). </div> <div style="width: 80%;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 20px;"></td> <td style="width: 40%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> </div> </div>							

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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>									
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 type="checkbox"/> None <table border="1"> <tr> <td>Contura</td> <td>Honoraria</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Contura	Honoraria						
Contura	Honoraria										
6	Payment for expert testimony	<input type="checkbox"/> None <table border="1"> <tr> <td>Kennedys Law</td> <td>Medicolegal work</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Kennedys Law	Medicolegal work						
Kennedys Law	Medicolegal work										
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>Contura</td> <td>Travel and hotel</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Contura	Travel and hotel						
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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,	<input type="checkbox"/> None <table border="1"> <tr> <td>Chairman of industry liaison committee EUGA</td> <td></td> </tr> </table>		Chairman of industry liaison committee EUGA							
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	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input type="checkbox"/> None	
		Atlantic Medical	None
		Viveca Biomed	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	
<p>Please place an "X" next to the following statement to indicate your agreement:</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: 5/19/2023

Your Name: Karen Brown

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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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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>									
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>									
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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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ICMJE DISCLOSURE FORM

Date: 5/24/2023

Your Name: Marcus Drake

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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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1	<div style="margin-bottom: 10px;"><input type="checkbox"/> None</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">A grant (reference number 15/150/05) from NIHR HTA was received by University of Aberdeen and Grampian Health Board to undertake the research entitled 'FUTURE Study - Female Urgency, Trial of Urodynamics as Routine Evaluation; a superiority randomised clinical trial to evaluate the effectiveness and cost effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms'</td><td style="width: 40%; padding: 5px;">Payment to institution</td></tr> <tr> <td style="height: 20px;"></td><td></td></tr> <tr> <td style="height: 20px;"></td><td></td></tr> </table>	A grant (reference number 15/150/05) from NIHR HTA was received by University of Aberdeen and Grampian Health Board to undertake the research entitled 'FUTURE Study - Female Urgency, Trial of Urodynamics as Routine Evaluation; a superiority randomised clinical trial to evaluate the effectiveness and cost effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms'	Payment to institution					
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2	<div style="margin-bottom: 10px;"><input type="checkbox"/> None</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Rosetrees Trust project grant, chief investigator</td><td style="width: 40%; padding: 5px;">MRC MR/V033581/1, co-investigator</td></tr> <tr> <td style="padding: 5px;">HTA NIHR131984, co-investigator</td><td style="padding: 5px;">EPSRC EP/T020792/1, co-investigator</td></tr> <tr> <td style="padding: 5px;">HTA NIHR131172, co-investigator</td><td></td></tr> </table>	Rosetrees Trust project grant, chief investigator	MRC MR/V033581/1, co-investigator	HTA NIHR131984, co-investigator	EPSRC EP/T020792/1, co-investigator	HTA NIHR131172, co-investigator		
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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>									
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 type="checkbox"/> None <table border="1"> <tr><td>Astellas personal fees</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Astellas personal fees							
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10	Leadership or fiduciary role in other board,	<input 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)
	society, committee or advocacy group, paid or unpaid	<div>International Continenence Society Board of Trustees</div> <div></div> <div></div>	
11	Stock or stock options	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
13	Other financial or non-financial interests	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
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NIHR ICMJE DISCLOSURE FORM

Date: 5/16/2023

Your Name: Andrew Gammie

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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: 6/1/2023

Your Name: Alyaa Mostafa

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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: 8/5/2021

Your Name: Rebecca Bruce

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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

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ICMJE DISCLOSURE FORM

Date: 5/18/2023

Your Name: Victoria Bell

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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

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ICMJE DISCLOSURE FORM

Date: 5/18/2023

Your Name: Christine Kennedy

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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

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ICMJE DISCLOSURE FORM

Date: 5/31/2023

Your Name: Suzanne Evans

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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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1	<div style="display: flex; align-items: flex-start;"> <div style="width: 20px; text-align: center; border: 1px solid black; margin-right: 5px;"><input type="checkbox"/></div> <div>None</div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 5px;">A grant (reference number 15/150/05) from NIHR HTA was received by University of Aberdeen and Grampian Health Board to undertake the research entitled 'FUTURE Study - Female Urgency, Trial of Urodynamics as Routine Evaluation; a superiority randomised clinical trial to evaluate the effectiveness and cost effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms'</td> <td style="width: 40%; padding: 5px;">Payment to institution</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	A grant (reference number 15/150/05) from NIHR HTA was received by University of Aberdeen and Grampian Health Board to undertake the research entitled 'FUTURE Study - Female Urgency, Trial of Urodynamics as Routine Evaluation; a superiority randomised clinical trial to evaluate the effectiveness and cost effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms'	Payment to institution					
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ICMJE DISCLOSURE FORM

Date: 6/2/2023

Your Name: Graeme MacLennan

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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

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Time frame: past 36 months		
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ICMJE DISCLOSURE FORM

Date: 5/17/2023

Your Name: John Norrie

Manuscript Title: The FUTURE study: a superiority randomised clinical trial to evaluate the effectiveness and cost-effectiveness of invasive urodynamic investigations in management of women with refractory overactive bladder symptoms

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

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