Date:	9/5/2024
Your Name:	Peter Buckle
Manuscript Title:	Methylphenidate versus placebo for fatigue in patients with advanced cancer: the MePFAC Randomised 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.

		e all entities with whom you have this onship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	[⊠] None	ICMIE Dicelocura Form

		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		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	ate: 3/10/2023		
You	Your Name: Nick Freemantle		
Manuscript Title:		Methylphenidate versus placebo for fatigue Randomised Controlled Trial	e in patients with advanced cancer: the MePFAC
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			ot-for-profit third parties whose interests may be nt to transparency and does not necessarily //interest, it is preferable that you do so. example, if your manuscript pertains to the
-	=	sion, you should declare all relationships with manuf ntioned in the manuscript.	acturers of antihypertensive medication, even if
	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	Specifications/Comments (e.g., if payments were
	r	relationship or indicate none (add rows as needed)	made to you or to your institution)
	r	Time frame: Since the initial planning	
1	All support for the present		
1	All support for the present manuscript (e.g., funding, provision	Time frame: Since the initial planning None European Association of Cardiothoracic Surgery	of the work Fund a grant to the Comprehensive Clinical Trials Unit for methodological and educational support
1	All support for the present manuscript (e.g.,	Time frame: Since the initial planning None	of the work Fund a grant to the Comprehensive Clinical Trials
1	All support for the present manuscript (e.g., funding, provision of study materials,	Time frame: Since the initial planning None European Association of Cardiothoracic Surgery	of the work Fund a grant to the Comprehensive Clinical Trials Unit for methodological and educational support Institutional payment as coinvestigator
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial planning None European Association of Cardiothoracic Surgery	of the work Fund a grant to the Comprehensive Clinical Trials Unit for methodological and educational support Institutional payment as coinvestigator Click the tab key to add additional rows.
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial planning None European Association of Cardiothoracic Surgery NIHR	of the work Fund a grant to the Comprehensive Clinical Trials Unit for methodological and educational support Institutional payment as coinvestigator Click the tab key to add additional rows.

		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)
4	Consulting fees	□ None	
		ALK Abello	Me
		Sanofi Aventis	Me
		Gedeon Richter	Me
		Abbot	Me
		Galderma	Me
		AstraZeneka	Me
		Ipsen	Me
		Vertex	Me
		Thea	Me
		Novo Nordisk	Me
		Aimmune	Me
5	Payment or honoraria for	□ None	
	lectures,	Abbott Singapore	Me
	presentations,		
	speakers		
	bureaus,		
	manuscript		
	writing or		
	educational		
	events		
6	Payment for	⊠ None	
	expert testimony		
7	Support for	None	
	attending		
	meetings and/or		
	travel		
8	Patents planned,	⊠ None	
	issued or		
	pending		
9	Participation on	□ None	
	a Data Safety		
	Monitoring	Orion	Me
	Board or		
	Advisory Board		
10	Leadership or	⊠ None	
	fiduciary role in	<u> </u>	
	other board,		

		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		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	1/2/2024	
Your Name:	Alison Richardson	
Manuscript Title:	Methylphenidate versus placebo for fatigue in patients with advanced cancer: the MePFAC Randomised 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.

		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 plann	ing of the work
1	All support for the present	□ None	
	manuscript (e.g.,	NIHR funded this work.	Payments made to my institution
	funding, provision of		Click the tab key to add additional rows.
	study materials, medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 mo	nths
2	Grants or contracts from	☐ None	
	any entity (if	Chief Investigator NIHR ARC Wessex	Payments made to institution
	not indicated in item #1 above).	Co applicant NIHR201542 – A multicentre randomised controlled trial (RCT) of a self-help cognitive behavioural therapy (CBT) intervention to reduce the impact of hot flush and night sweat (HFNS) symptoms in men with prostate cancer undergoing androgen deprivation therapy (ADT): MANaging	Payments made to institution

		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)
		symptoms during prostate CANcer treatment (MANCAN2) Co applicant NIHR133889 - Palliative Long-term Abdominal Drains Versus Repeated Drainage in Untreatable Ascites Due to Advanced Cirrhosis: A Randomised Controlled Trial (REDUCe 2 Study) Co-applicant NIHR 130407 Comparative systematic review and conceptual modelling of dynamics of participation and engagement with self-care and clinical care in different trajectories and disease progression Co-applicant NIHR150376 The FOLLOW UP study - a natural experiment comparing the clinical and cost-effectiveness of follow-up strategies after radical treatment for prostate cancer	Payments made to my institution Payments made to institution Payments made to institution
3	Royalties or licenses	None Non	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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)
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Member of international advisory board Karolinska Institute	Payments made to me personally
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Chair of REVAL:NIHR Rapid Service Evaluation team advisory group	Reimbursement of travel and subsistence costs .
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Member of Board of Directors Health Innovation Network Wessex	No payments received personally or to institution
11	Stock or stock options	None None □	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	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)
13	Other financial or non-financial		
	interests	Secondment position as Head of Nursing Research, NHS England	Salaried employee (secondment)

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.

Date:	_1/2/2024
Your Name:	Patrick Charles Stone
Manuscript Title:	Methylphenidate versus placebo for fatigue in patients with advanced cancer: the MePFAC Randomised 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.

		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 planr	ing of the work
1	All support for the present	□ None	
	manuscript (e.g., funding,	NIHR funded this work and I was the Chief Investigator	Payments made to my institution
	provision of	NIHR	Institutional payment as coinvestigator
	study materials, medical writing,		Click the tab key to add additional rows.
	article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 mg	onths
2	Grants or contracts from	□ None	
	any entity (if not indicated in	Chief Investigator on the NIHR HTA funded Prognosis in Palliative Care Study II (PiPS2)	Payments made to institution
	item #1 above).	Marie Curie core funding	Payments made to institution
		I-CAN-CARE Marie Curie Programme grant	Payments made to institution
		Marie Curie Chair's grant	Payments made to institution

		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	None None □	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Nordic Specialist Palliative Care course lecturer Advanced Course in Pain and Symptom Management	Payments made to institution Honoraria to myself
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	

8 Patents		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)
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Member of NIHR-HTA funded MABEL DSMB 2019-2022	No payments
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	I undertake work in private clinical practice at Nuffield Cancer Centre London and Parkside Hospital	Consultation fees to myself
Plea [⊠]	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.		

3 12/13/2021 ICMJE Disclosure Form

Date:	1/11/2024
Your Name:	Zinat E Enayat
Manuscript Title:	Methylphenidate versus placebo for fatigue in patients with advanced cancer: the MePFAC Randomised 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.

		Name all entities with whom you have this relationship or indicate none (add rows as no	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial p	anning 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.	None ☐ Time frame: past 36	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date	e:		12/22/2023	
You	r Name:		Louise Marston	
Mar	nuscript Title:		Methylphenidate versus placebo for fatigue Randomised Controlled Trial	e in patients with advanced cancer: the MePFAC
Mar	nuscript Number (if k	nown):	Click or tap here to enter text.	
cont affe	tent of your manuscri cted by the content o	ipt. "Rela of the mai		
epic		nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if
	em #1 below, report ne for disclosure is th			rithout time limit. For all other items, the time
			entities with whom you have this hip 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
	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.	⊠ No	one Time Communication and the communication	Click the tab key to add additional rows.
<u> </u>	Cranta or		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR	one	UCL

To me

Royalties for Introductory Statistics for Health and

Royalties or

licenses

□ None

Nursing Using SPSS

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)	rere
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	CaFI – HTA funded DMC chair PROSPER – NIHR Programme grant TSC member STEP – Wellcome Trust funded TSC member STRATA – HTA funded DMC Chair	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	e:		12/21/2023		
You	r Name:		Ollie Minton		
Manuscript Title:			Methylphenidate no more effective than placebo for treating cancer-related-fatigue:randomized, double-blind, multi-centre, placebo-controlled trial		
Ma	nuscript Number (if k	known):	NK		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub		ript. "Re of the m e in dou	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
-	demiology of hyperte t medication is not m	-		acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		·	ithout time limit. For all other items, the time	
			all entities with whom you have this aship 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.	[-]	Time frame: Since the initial planning None Project grant as in the manuscript	Of the work Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	[-]	oroject grant as in the manuscript	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIHR	lone	Click the tab key to add additional rows.	

ľ		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)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Macmillan end of life national advisor – 2 days a self month paid role

		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	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None			
13	Other financial or non-financial interests	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.					