Date:		-	14/2/24		
Your Name:			Philip Newland-Jones		
Manuscript Title:		<u>-</u>	Optimising Cardiac Surgery ouTcOmes in People with diabeteS (OCTOPuS)		
Ma	nuscript Number (if k	nown):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma		ipt. "Rela of the mar	e ask you to disclose all relationships/activities/interests listed below that are related to the sted" 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 about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi	•	nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			entities with whom you have this thip 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.)	This programmed in the control of th	roject was funded by the National lite of Health Research Health ology Assessment, "Poorly billed diabetes and outcomes of the surgery" (HTA 16/25)		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	This programmed in the control of th	roject was funded by the National Ite of Health Research Health ology Assessment, "Poorly		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	This programmed in the control of th	roject was funded by the National te of Health Research Health ology Assessment, "Poorly olled diabetes and outcomes of re surgery" (HTA 16/25)	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	This programmer of the control electives	roject was funded by the National ite of Health Research Health ology Assessment, "Poorly olled diabetes and outcomes of	,	

		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	
		Sanofi	Payments made to me for individual consultation regarding incretin and insulin management in the UK.
5	Payment or honoraria for	□ None	
	lectures, presentations,	Novonordisk	Lecture fees – individually paid
	speakers	Boehringer Ingelheim	Lecture fees – individually paid
	bureaus,	Astra-Zeneca	Lecture fees – individually paid
	manuscript writing or	Eli-Lilly	Lecture Fees - individually paid
	educational events	Bayer Menarini	Lecture Fees - individually paid Manuscript writing fees for Cardiorenometabolic focus of SGLT2i
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	■ None	
9	Participation on a Data Safety	□ None	
	Monitoring Board or Advisory Board	Menarini	Payment made to me for group advisory board in relation to CV risk reduction with SGLT2i
10	Leadership or	□ None	
	fiduciary role in other board,	Chaniclist Advison to COC for Did.	Honeid
	society,	Specialist Advisor to CQC for Diabetes	Unpaid
	committee or	UKCPA committee member External advisor to DHSC and NHSE for diabetes	Unpaid Unpaid
		External advisor to brise and wrise for diabetes	Oripaid

		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)		
	advocacy group, paid or unpaid	Editorial Board member (Diabetes & Primary care)	Unpaid		
		Editorial Board member (Practical Diabetes) Centre for Perioperative care CPOC (Diabetes) – Committee member and guideline writing group	Unpaid 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			
	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:		21 February 2025	21 February 2025			
Your Name:		Andrew Cook	Andrew Cook			
Ma	nuscript Title:	Optimising Cardiac Surgery ouTcOm	nes in People with diabeteS (OCTOPuS)			
Ма	nuscript Number (if kno	own): Click or tap here to enter text.				
con affe	tent of your manuscrip ected by the content of	ency, we ask you to disclose all relationships/activitie ot. "Related" means any relation with for-profit or no the manuscript. Disclosure represents a commitmer in doubt about whether to list a relationship/activity,	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily			
epi	demiology of hypertens	/activities/interests should be defined broadly. For e sion, you should declare all relationships with manufa ntioned in the manuscript.				
In item #1 below, report all suppo frame for disclosure is the past 36		Il support for the work reported in this manuscript wipast 36 months.	ithout time limit. For all other items, the time			
		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						
		⊠ None				
	present manuscript (e.g.,	None Funding from the NIHR HTA programme	Payments to institution			
	present		Payments to institution Click the tab key to add additional rows.			
	present manuscript (e.g., funding, provision					
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		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	Funding from the NIHR HTA programme	Click the tab key to add additional rows.			

indicated in item #1 above).

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None

Royalties or

licenses

3

		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	Poliambulanza Foundation Hospital paid for my accommodation at a meeting in Brescia, Italy; to develop guidelines on pancreatic surgery.	Direct payments to hotel for accomodation
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None I am a member of the DMEC for the DIPLOMA-2 study (ISRCTN27483786)	No payments involved
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chair of the Trial of the Committee 2024, Society for Clinical Trials (https://sctweb.org)	No payments involved

		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	Member of PHR Prioritisation Group, HTA Prioritisation Committee B Methods Group, EME Funding Committee Member and EME Funding Committee Sub-Group Remit & Comp Check. Member of the Research for Patient Benefit committee for the West Midlands	
r ı	·	t to the following statement to indicate your agreeme	
\boxtimes	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:			<u> </u>		
Your Name:			Click or tap here to enter text. HGGJ FAKTRISCE		
Manuscript Title:			Optimising Cardiac Surgery ouTcOmes in People with diabeteS (OCTOPuS)		
Manuscript Number (if known):			Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt." The author's relationships/activitie epidemiology of hypertension, you			ask you to disclose all relationships/activities/interests listed below that are related to the ted" means any relation with for-profit or not-for-profit third parties whose interests may be suscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. s/interests should be defined broadly. For example, if your manuscript pertains to the a should declare all relationships with manufacturers of antihypertensive medication, even if		
In it	t medication is not m tem #1 below, report ne for disclosure is th	all suppo	rt for the work reported in this manuscript w	rithout time limit. For all other items, the time	
-			l entities with whom you have this ship 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 plannin	g of the work	
1	All support for the	□ N-	one		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Institu Techn contro	oroject was funded by the National late of Health Research Health mology Assessment, "Poorly colled diabetes and outcomes of we surgery" (HTA 16/25)	ित्र स्वाहर के संदृत्य 25d वर्षितिक है जावन	
-	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Institu Techn contro electi	ate of Health Research Health hology Assessment, "Poorly holled diabetes and outcomes of hove surgery" (HTA 16/25) Time frame: past 36 mon		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Institu Techn contro electi	ute of Health Research Health hology Assessment, "Poorly billed diabetes and outcomes of we surgery" (HTA 16/25)		

<u></u>		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)
5	Consulting fees Payment or	✓ None	
	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	2. 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	/	at to the following statement to indicate your agreement to agreement to the state of the work and the state of the state	,, ,



Date:	2/7/2024
Your Name:	Joanna Picot
Manuscript Title:	Optimising Cardiac Surgery ouTcOmes in People with diabeteS (OCTOPuS)
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.

		e all entities with whom you have this ionship 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				

			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	
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	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:	2/8/2024
Your Name:	Katharine Barnard-Kelly
Manuscript Title:	Optimising Cardiac Surgery ouTcOmes in People with diabeteS (OCTOPuS)
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.	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).	Dexcom JDRF	Investigator initiated study: real-world evaluation of Spotlight-AQ RCT to determine efficacy of Spotlight-AQ amongst children with diabetes and their
		Dexcom	Pilot study of Spotlight-AQ in under-served communities in Costa Rica
		Embecta	Development of 'direct to patient' mobile phone app for psychosocial diabetes support

		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	
4	Consulting fees	None Roche Diabetes Care`	Advice on CGM benefits and remaining gaps 2023
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Sanofi Roche Diabetes Care`	EASD prseentaiton 2023 Advisory board meeting 2023
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	USA patent office	Spotlight-AQ patent claims (n=28)
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	⊠ 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		
11	Stock or stock options	Spotlight Consultations Limited	Founder and shareholder
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.			

Date:	2/21/2025
Your Name:	Dr Mayank Patel
Manuscript Title:	Optimising Cardiac Surgery ouTcOmes in People with diabeteS (OCTOPuS)
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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		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)
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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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Astra Zeneca Boehringer Eli Lilly and company	
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	Member of Diabetes Research and Wellness Foundation Editorial 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)
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	Member of Diabetes Research and Wellness Foundation Editorial Board Member of Diabetes UK Healthcare Professional Advisory Committee	
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.		

Date:			21/2/2025	
You	r Name:		Richard Holt	
Manuscript Title:			Optimising Cardiac Surgery ouTcOn	nes in People with diabeteS (OCTOPuS)
Mar	nuscript Number (if k	nown):	Click or tap here to enter text.	
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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			ithout time limit. For all other items, the time
			l entities with whom you have this ship 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.	This p Institu Techn contro	roject was funded by the National late of Health Research Health ology Assessment, "Poorly billed diabetes and outcomes of ye surgery" (HTA 16/25)	Payment to institution 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).	[⊠ No	one	
3	Royalties or licenses	⊠ No	one	

		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	Novo Nordisk, Eli Lilly, ROVI, Encore, Liberum, European Association for the Study of Diabetes	Ad hoc lectures
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Novo Nordisk, Eli Lilly	To support delivery lectures listed in 5
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	Chair of the EASD Committee for Clinical Affairs	

		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	Member of HTA MNCH Panel, HTA Prioritisation Committee C (Mental health, women and childrens health)		
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.			

Date:			15/02/2024				
Your Name:			Suvitesh Luthra				
Manuscript Title:			Optimising Cardiac Surgery ouTcOmes in People with diabeteS (OCTOPuS)				
Manuscript Number (if known):		(nown):	HTA 16/25				
content of your manuscript. "Relat affected by the content of the man			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 about whether to list a relationship/activity/interest, it is preferable that you do so.				
epi	•	nsion, you		example, if your manuscript pertains to the 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.						
			entities with whom you have this thip 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,	This pr	roject was funded by the National ite of Health Research Health				
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	This programmer of the control of th	roject was funded by the National				
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	This programmer of the control of th	roject was funded by the National ite of Health Research Health ology Assessment, "Poorly olled diabetes and outcomes of	Click the tab key to add additional rows.			
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	This programmer of the control of th	roject was funded by the National te of Health Research Health ology Assessment, "Poorly olled diabetes and outcomes of re surgery" (HTA 16/25)	·			
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	This printer in the control elective	roject was funded by the National ite of Health Research Health ology Assessment, "Poorly olled diabetes and outcomes of	·			

			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	
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			
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.					