

ICMJE DISCLOSURE FORM

Date: 14/2/24

Your Name: Philip Newland-Jones

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.

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Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>
3	Royalties or licenses	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Sanofi</td> <td>Payments made to me for individual consultation regarding incretin and insulin management in the UK.</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Sanofi	Payments made to me for individual consultation regarding incretin and insulin management in the UK.												
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>Menarini</td> <td>Payment made to me for group advisory board in relation to CV risk reduction with SGLT2i</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Menarini	Payment made to me for group advisory board in relation to CV risk reduction with SGLT2i												
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	advocacy group, paid or unpaid	<div>Editorial Board member (Diabetes & Primary care)</div> <div>Editorial Board member (Practical Diabetes)</div> <div>Centre for Perioperative care CPOC (Diabetes) – Committee member and guideline writing group</div>	<div>Unpaid</div> <div>Unpaid</div> <div>unpaid</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: 21 February 2025

Your Name: Andrew Cook

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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ICMJE DISCLOSURE FORM

Date: 14-2-24

Your Name: Click or tap here to enter text. HELGA FARTNØSE

Manuscript Title: Optimising Cardiac Surgery ouTcOmes in People with diabetes (OCTOPuS)

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

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ICMJE DISCLOSURE FORM

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.

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ICMJE DISCLOSURE 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.

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4	Consulting fees	<input type="checkbox"/> None <table border="1" data-bbox="386 499 1516 669"> <tr><td></td><td></td></tr> <tr><td>Roche Diabetes Care`</td><td>Advice on CGM benefits and remaining gaps 2023</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>				Roche Diabetes Care`	Advice on CGM benefits and remaining gaps 2023				
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="386 756 1516 856"> <tr><td>Sanofi</td><td>EASD prseentaiton 2023</td></tr> <tr><td>Roche Diabetes Care`</td><td>Advisory board meeting 2023</td></tr> <tr><td></td><td></td></tr> </table>		Sanofi	EASD prseentaiton 2023	Roche Diabetes Care`	Advisory board meeting 2023				
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1100 1516 1201"> <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" data-bbox="386 1316 1516 1417"> <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 type="checkbox"/> None <table border="1" data-bbox="386 1533 1516 1633"> <tr><td>USA patent office</td><td>Spotlight-AQ patent claims (n=28)</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		USA patent office	Spotlight-AQ patent claims (n=28)						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1749 1516 1850"> <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	<input checked="" type="checkbox"/> None									

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	other board, society, committee or advocacy group, paid or unpaid	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
11	Stock or stock options	<input type="checkbox"/> None <table border="1"> <tr> <td>Spotlight Consultations Limited</td> <td>Founder and shareholder</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Spotlight Consultations Limited	Founder and shareholder					
Spotlight Consultations Limited	Founder and shareholder								
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>							

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: 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.

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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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>Astra Zeneca</td><td></td></tr> <tr><td>Boehringer</td><td></td></tr> <tr><td>Eli Lilly and company</td><td></td></tr> </table>		Astra Zeneca		Boehringer		Eli Lilly and company			
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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>									
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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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr><td>Member of Diabetes Research and Wellness Foundation Editorial Board</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Member of Diabetes Research and Wellness Foundation Editorial Board							
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 359"> <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" data-bbox="386 476 1516 577"> <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 type="checkbox"/> None <table border="1" data-bbox="386 690 1516 890"> <tr> <td>Member of Diabetes Research and Wellness Foundation Editorial Board Member of Diabetes UK Healthcare Professional Advisory Committee</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Member of Diabetes Research and Wellness Foundation Editorial Board Member of Diabetes UK Healthcare Professional Advisory Committee					
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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: 21/2/2025

Your Name: Richard Holt

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.

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Chair of the EASD Committee for Clinical Affairs</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Chair of the EASD Committee for Clinical Affairs							
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11	Stock or stock options	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <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 type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td>Member of HTA MNCH Panel, HTA Prioritisation Committee C (Mental health, women and childrens health)</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Member of HTA MNCH Panel, HTA Prioritisation Committee C (Mental health, women and childrens health)					
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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 15/02/2024

Your Name: Suvitesh Luthra

Manuscript Title: Optimising Cardiac Surgery ouTcOmes in People with diabeteS (OCTOPuS)

Manuscript Number (if known): HTA 16/25

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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