

ICMJE DISCLOSURE FORM

Date: 25/07/2032

Your Name: Christopher John Hawkey

Manuscript Title: HEAT: A randomised placebo-controlled trial of Helicobacter pylori eradication for prevention of peptic ulcer bleeding in older aspirin users conducted in primary care.

Manuscript number (if known): HTA 09/55/52

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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	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.	<u>NIHR</u>	Paid to Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR funding for All-HEART trial (HTA 11/36/41) and ATTACK (HTA 16/31/127).	Paid to Institution
		CRUK AsCap Catalyst Collaboration	Paid to Institution

3	Royalties or licenses	___ None	
4	Consulting fees	___ Kallyopie	No longer active
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	
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:

 x 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: 6/26/2023

Your Name: Anthony J Avery

Manuscript Title: A randomised placebo-controlled trial of Helicobacter pylori eradication for primary prevention of peptic ulcer bleeding in older aspirin users conducted in primary care.

Manuscript Number (if known): HTA 09/55/52

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10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None							

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	society, committee or advocacy group, paid or unpaid	I am National Clinical Director for Prescribing for NHS England	
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"/> 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.

ICMJE DISCLOSURE FORM

Date: 8/7/2024

Your Name: Carol Coupland

Manuscript Title: HEAT: A randomised placebo-controlled trial of Helicobacter pylori eradication for primary prevention of peptic ulcer bleeding in older aspirin users conducted in primary care.

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: 4/20/2023

Your Name: Colin Crooks

Manuscript Title: A randomised placebo-controlled trial of Helicobacter pylori eradication for primary prevention of peptic ulcer bleeding in older aspirin users conducted in primary care.

Manuscript Number (if known): HTA 09/55/52

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ICMJE DISCLOSURE FORM

Date: 4/17/2023

Your Name: Jennifer Dumbleton

Manuscript Title: A randomised placebo-controlled trial of Helicobacter pylori eradication for primary prevention of peptic ulcer bleeding in older aspirin users conducted in primary care.

Manuscript Number (if known): HTA 09/55/52

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ICMJE DISCLOSURE FORM

Date: 6/26/2023

Your Name: FD Richard Hobbs

Manuscript Title: A randomised placebo-controlled trial of Helicobacter pylori eradication for primary prevention of peptic ulcer bleeding in older aspirin users conducted in primary care.

Manuscript Number (if known): HTA 09/55/52

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>							

		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	<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"/> 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.

ICMJE DISCLOSURE FORM

Date: 4/18/2023

Your Name: Denise Kendrick

Manuscript Title: A randomised placebo-controlled trial of Helicobacter pylori eradication for primary prevention of peptic ulcer bleeding in older aspirin users conducted in primary care.

Manuscript Number (if known): HTA 09/55/52

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 4/23/2023

Your Name: Michael Moore

Manuscript Title: A randomised placebo-controlled trial of Helicobacter pylori eradication for primary prevention of peptic ulcer bleeding in older aspirin users conducted in primary care.

Manuscript Number (if known): HTA 09/55/52

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4	Consulting fees	<input checked="" type="checkbox"/> None	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Panoramic and Principal TSC	
		ALABAMA TSC Chair	
		IMPPP TSC chair	
		Interact TSC	
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		Member of the Government Advisory Board APRHAI	

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ICMJE DISCLOSURE FORM

Date: 4/20/2023

Your Name: Clive Morris

Manuscript Title: A randomised placebo-controlled trial of Helicobacter pylori eradication for primary prevention of peptic ulcer bleeding in older aspirin users conducted in primary care.

Manuscript Number (if known): HTA 09/55/52

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ICMJE DISCLOSURE FORM

Date: 4/17/2023

Your Name: Greg Rubin

Manuscript Title: A randomised placebo-controlled trial of Helicobacter pylori eradication for primary prevention of peptic ulcer bleeding in older aspirin users conducted in primary care.

Manuscript Number (if known): HTA 09/55/52

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Cancer Research UK funding from the CanTest Collaborative, a Cancer Research UK Catalyst programme of research (C8640/A23385)</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Cancer Research UK funding from the CanTest Collaborative, a Cancer Research UK Catalyst programme of research (C8640/A23385)					
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></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" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 15px;">Chair DMC for the IMPPP trial (improving medicines use in patients with polypharmacy in primary care. HTA funded)</td> <td style="width: 50%;">unpaid</td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	Chair DMC for the IMPPP trial (improving medicines use in patients with polypharmacy in primary care. HTA funded)	unpaid					
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Executive Board member European Society for Primary Care Gastroenterology	Unpaid
		Trustee, Royal Medical Benevolent Fund	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 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: 25/07/2032

Your Name: Murray Donald Smith

Manuscript Title: **HEAT: A randomised placebo-controlled trial of Helicobacter pylori eradication for prevention of peptic ulcer bleeding in older aspirin users conducted in primary care.**

Manuscript number (if known): HTA 09/55/52

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 following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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	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.	<u>NIHR</u>	Paid to Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR funded projects: <ul style="list-style-type: none"> • MAGIC2 • POACHER trial • CFR rural workforce • Raman pilot/trial • Ambulance-HS2 trial 	All paid to Institution

		<ul style="list-style-type: none"> Breakaway chest drain valve 	
		Galen-East Midlands Ambulance funded: <ul style="list-style-type: none"> Methoxyflurane 	Paid to Institution
3	Royalties or licenses	___ None	
4	Consulting fees	___ Jupiter Life Sciences	No longer active
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	
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:

X__ 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: 4/17/2023

Your Name: Diane Stevenson

Manuscript Title: A randomised placebo-controlled trial of Helicobacter pylori eradication for primary prevention of peptic ulcer bleeding in older aspirin users conducted in primary care.

Manuscript Number (if known): HTA 09/55/52

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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