

ICMJE DISCLOSURE FORM

Date: 12/15/2023

Your Name: Tracey Sach

Manuscript Title: Methotrexate versus Ciclosporin in the Treatment of Severe Atopic Eczema in Children: An economic evaluation

Manuscript Number (if known): 13/50/12

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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| | Board 10/12/2013 - 03/06/2014; HTA Efficient Study Designs - 2 01/11/2015 - 31/07/2016; HTA Efficient Study Designs Board 13/10/2014 - 17/12/2014; HTA End of Life Care and Add-on Studies 01/009/2015 - 09/02/2016; HTA Primary Care Themed Call board 17/09/2013 - 18/02/2014; HTA General Committee 01/08/2016 - 31/07/2017; HTA Commissioning Committee 19/06/2017 - 31/01/2020 | |

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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: 2/5/2024

Your Name: Ashley Jones

Manuscript Title: Methotrexate versus Ciclosporin in the Treatment of Severe Atopic Eczema in Children: An economic evaluation

Manuscript Number (if known): 13/50/12

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Date: 12/15/2023

Your Name: Anna Rosala-Hallas

Manuscript Title: Methotrexate versus Ciclosporin in the Treatment of Severe Atopic Eczema in Children: An economic evaluation

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 | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 12/15/2023

Your Name: Catherine Spowart

Manuscript Title: Methotrexate versus Ciclosporin in the Treatment of Severe Atopic Eczema in Children: An economic evaluation

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: Since the initial planning of the work | | | | | | | | | |
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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> <tr><td style="height: 15px;"></td><td></td></tr> </table> | | | | | | | | | |
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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: 12/15/2023

Your Name: Farhiya Ashoor

Manuscript Title: Methotrexate versus Ciclosporin in the Treatment of Severe Atopic Eczema in Children: An economic evaluation

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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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: 12/17/2023

Your Name: Alan Irvine

Manuscript Title: Methotrexate versus Ciclosporin in the Treatment of Severe Atopic Eczema in Children: An economic evaluation

Manuscript number (if known): Not yet assigned

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.

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| 3 | Royalties or licenses | <u> </u> None | |
| 4 | Consulting fees | Abbvie | Payment to Self |
| | | Eli Lilly | Payment to self |
| | | Pfizer | Payment to Self |
| | | Benevolent AI | Payment to Self |
| | | Arena | Payment to Self |
| | | Novartis | Payment to Self |
| | | Regeneron | Payment to Self |
| | | Sanofi | Payment to Self |
| | | Leo Pharma | Payment to Self |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Regeneron | Payment to Self |
| | | Sanofi | Payment to Self |
| | | Abbvie | Payment to Self |
| | | Eli Lilly | Payment to Self |
| | | Leo | Payment to Self |
| | | Janssen | Payment to Self |
| 6 | Payment for expert testimony | <u> X </u> None | |
| 7 | Support for attending meetings and/or travel | <u> </u> None | |
| 8 | Patents planned, issued or pending | J and J | Patents pending |
| | | Regeneron | Patent pending |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | Novartis | Payment to self (DSMB) |
| | | OM Pharma | Payment to self (DSMB) |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | International Eczema Council | President Elect (unpaid) |
| 11 | Stock or stock options | <u> X </u> None | |

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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None | Regeneron, Sanofi, Abbvie, Almirall, Eli Lilly, Novartis |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 12/15/2023

Your Name: Paula Beattie

Manuscript Title: Methotrexate versus Ciclosporin in the Treatment of Severe Atopic Eczema in Children: An economic evaluation

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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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | Consultancy fees for Abbvie and Pfizer | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

Date: 12/15/2023

Your Name: Dr Susannah Baron

Manuscript Title: Methotrexate versus Ciclosporin in the Treatment of Severe Atopic Eczema in Children: An economic evaluation

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

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| | | Small honoraria for speaking at the British Society of Paediatric and Adolescent Dermatology joint meeting with the British Society of Hair and Nails in 2023 | |
| | | | |
| | | Small honoraria for chairing and speaking at the Annual meeting of Psychodermatology UK | |
| 6 | Payment for expert testimony | <input type="checkbox"/> None | |
| | | Small honoraria given by the MHRA for being on the Isotretinoin Expert Working Group 2019-2022 | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
| | | Co-chair of Psychodermatology UK – not for past 12 months | I was a member of the Isotretinoin Expert Working Group for the MHRA form 2019-2022 |
| | | Committee member of British Society of Adolescent and Paediatric Dermatology -not for past 12 months | |
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ICMJE DISCLOSURE FORM

Date: 12/15/2023

Your Name: Dr Fiona Browne

Manuscript Title: Methotrexate versus Ciclosporin in the Treatment of Severe Atopic Eczema in Children: An economic evaluation

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

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ICMJE DISCLOSURE FORM

Date: 12/15/2023

Your Name: Mandy Wan

Manuscript Title: Methotrexate versus Ciclosporin in the Treatment of Severe Atopic Eczema in Children: An economic evaluation

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: 4/15/2024

Your Name: Amina Ahmed

Manuscript Title: Methotrexate versus Ciclosporin in the Treatment of Severe Atopic Eczema in Children: An economic evaluation

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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ICMJE DISCLOSURE FORM

Date: 12/15/2023

Your Name: Carsten Flohr

Manuscript Title: Methotrexate versus Ciclosporin in the Treatment of Severe Atopic Eczema in Children: An economic evaluation

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

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