Date: 16 December 2024

Your Name: Professor Ammar Al-Chalabi

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment

therapy for people with Motor Neuron Disease (COMMEND)

Manuscript number (if known): Not Known

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 <u>current manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	Funding from National Institute for Health and Care Research Health Technology Assessment Programme (16/81/01) NIHR Biomedical Research Centres NIHR	Institutional financial support from the grant for the submitted work.  Supported by a public research body.  National Institute for Health and Care Research Senior Investigator
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Amylyx, Apellis, Biogen, Brainstorm, Clene Therapeutics, Cytokinetics,	Consultancies or advisory boards for these entities

		GenieUs, GSK, Lilly, Mitsubishi Tanabe Pharma, Novartis, OrionPharma, Quralis, Sano, Sanofi, and Wave Pharmaceuticals	
3	Royalties or licenses	None	
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	
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	

X I certify th	nat I have answered evo	ery question and have	not altered the word	ling of any of the que	estions on this
form.		, 4			

Date: 16 December 2024	_				
Your Name:Anju Devianee Keetharuth					
Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment					
therapy for people with Motor Neuron Disease (COMMEND)					
Manuscript number (if known): Not known					

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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

•	C III C		
4	Consulting fees	None	
5	Payment or honoraria for	None	
Э	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	-		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services	N1	
13	Other financial or non-	None	
	financial interests		

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 December 2024 Your Name: Ben Thompson

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment

therapy for people with Motor Neuron Disease (COMMEND)

Manuscript number (if known): Not Known

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
U	testimony	None	
	,		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	N	
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 December 2024

Your Name: Professor Cindy Cooper

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment

therapy for people with Motor Neuron Disease (COMMEND)

Manuscript number (if known): Not Known

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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	None	
О	testimony	None	+
	testimony		
7	Support for attending	None	
,	meetings and/or travel		
	,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
40	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
4.5	services		01. 17.11.11.11
13	Other financial or non-	NIHR	Clinical Trials Unit funded by NIHR
	financial interests	NIHR	NIHR Clinical Trials Unit Standing Advisory Committee

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 December 2024

Your Name: Professor Christopher D Graham

Manuscript Title: Manuscript Title: A feasibility study and randomised controlled trial of acceptance and

commitment therapy for people with Motor Neuron Disease (COMMEND)

Manuscript number (if known): Not Known

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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	No time limit for this item.	NIHR Biomedical Research Centres	Supported by a public research body.
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
U	testimony	None	
	,		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	N	
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

X\_\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 December 2024

Your Name: Professor Chris McDermott

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment

therapy for people with Motor Neuron Disease (COMMEND)

Manuscript number (if known): Not Known

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	XNone	

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ch Research

X\_\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 December 2024

Your Name: Charlotte V Rawlinson

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment

therapy for people with Motor Neuron Disease (COMMEND)

Manuscript number (if known): Not Known

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
U	testimony	None	
	,		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	N	
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 27/11/2023

Your Name: Dynameni Androulaki-Korakaki

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment

therapy for people with Motor Neuron Disease (COMMEND)

Manuscript number (if known): Not known

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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
_			
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10		None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
	•		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	16 December 2024_		
Your Name:	David White		
Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment			
therapy for people with Motor Neuron Disease (COMMEND)			
Manuscript no	umber (if known):		

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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	XNone	

4	Consulting fees	_XNone	
_			
5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	•		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
	5 5 .	Y N	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 December 2024 Your Name: Emily J. Turton

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment

therapy for people with Motor Neuron Disease (COMMEND)

Manuscript number (if known): Not Known

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
_			
5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	,		
7	Support for attending meetings and/or travel	XNone	
	Ç ,		
8	Patents planned, issued or	XNone	
	pending		
-			
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 December 2024 Your Name: Kirsty Weeks

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment

therapy for people with Motor Neuron Disease (COMMEND)

Manuscript number (if known): Not Known

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3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
U	testimony	None	
	,		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	N	
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 December 2024

Your Name: Professor Laura H Goldstein

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment

therapy for people with Motor Neuron Disease (COMMEND)

Manuscript number (if known): Not Known

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	

3	Royalties or licenses	Royalties	Royalties for Goldstein, L.H. & McNeil, J. E. (eds) (2013). Clinical Neuropsychology. A Practical Guide to Assessment and Management for Clinicians. 2nd edn, Wiley-Blackwell, Chichester  Royalties for Cull, C. and Goldstein, L.H. (eds) (1997) The Clinical Psychologist's Handbook of Epilepsy: Assessment and Management. Routledge Press
4	Consulting fees	x_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None	Payment for online lecture at seminar on dissociative seizures for Neurocentro della Svizzera Italiana.
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or pending	x_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x None	
11	Stock or stock options	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	x None	

form.	e answered every qu		

Date: 16 December 2024

Your Name: Professor Lance McCracken

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment

therapy for people with Motor Neuron Disease (COMMEND)

Manuscript number (if known): Not Known

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
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.	Funding from National Institute for Health and Care Research Health Technology Assessment Programme (16/81/01)	Institutional financial support from the grant for the submitted work.
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past	36 months  National Institutes for Health, National Institute for Health and Care Research, Vetenskapsrådet (Swedish Research Council), Forskningsrådet för Hälsa, Arbetsliv och Välfärd (FORTE: Swedish Research Council for Health, Working Life and Welfare), Uppsala Diabetes

			Center, Svenska Diabetesförbundet (Swedish Diabetes Foundation).
3	Royalties or licenses	x_None	
4	Consulting fees	y None	
4	Consulting rees	xNone	
5	Payment or honoraria for	x None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending	x None	
^	meetings and/or travel		
	,		
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or		
10	Advisory Board	Nana	
10	Leadership or fiduciary role in other board, society,	x_None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	_xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x_None	
	financial interests		

\_x\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 December 2024 Your Name: Mike Bradburn

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment therapy for people

with Motor Neuron Disease (COMMEND)
Manuscript number (if known): Not Known

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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		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
		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.	Funding from National Institute for Health and Care Research Health Technology Assessment Programme (16/81/01) NIHR Biomedical Research Centres	Institutional financial support from the grant for the submitted work.  Supported by a public research body.
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
12	Other financial or non-		NUID Health Technology Accessment Commissioning
13	financial interests		NIHR Health Technology Assessment Commissioning Committee

\_x\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 December 2024 Your Name: Dr Matt Bursnall

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment

therapy for people with Motor Neuron Disease (COMMEND)

Manuscript number (if known): Not Known

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 <u>current</u> <u>manuscript only</u>.

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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.	Funding from National Institute for Health and Care Research Health Technology Assessment Programme (16/81/01)	Institutional financial support from the grant for the submitted work.
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	XNone	

4	Consulting fees	_XNone	
_			
5	Payment or honoraria for	_XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or	_XNone	
	pending		
	5 5 .	V N	
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 December 2024

Your Name: Professor Marc Serfaty

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment

therapy for people with Motor Neuron Disease (COMMEND)

anuscript number (if known): Not Known

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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		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)
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.	Funding from National Institute for Health and Care Research Health Technology Assessment Programme (16/81/01) NIHR Biomedical Research Centres	Institutional financial support from the grant for the submitted work.  Supported by a public research body.
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	

4	Consulting fees	None	
	consum grees		
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	NI NI	
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
	and an age and age as a second		
8	Patents planned, issued or	None	
	pending		
	_		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
	otos. or otosic options		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
10	services		
13	Other financial or non-		NIHR Health Technology Assessment General Committee
	financial interests		

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.



Date:27.11.23					
Your Name:_Nicola Drewry					
Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment					
therapy for people with Motor Neuron Disease (COMMEND)					
Manuscript number (if known): Not known					

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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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 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	None			
4	Consulting fees	None			

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
О	testimony	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	•	Niere	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12		None	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	None	
13	financial interests	None	
	illianciai iliterests		

\_\_x\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 December 2024 Your Name: Pavithra Kumar

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment

therapy for people with Motor Neuron Disease (COMMEND)

Manuscript number (if known): Not Known

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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		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.	Funding from National Institute for Health and Care Research Health Technology Assessment Programme (16/81/01)	Institutional financial support from the grant for the submitted work.
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
U	testimony	None	
	,		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	N	
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 December 2024

Your Name: Professor Dame Pamela Shaw

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment therapy for people

with Motor Neuron Disease (COMMEND)
Manuscript number (if known): Not Known

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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

3	Royalties or licenses	None
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
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

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 December 2024

Your Name: Rebecca Gossage-Worrall

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment

therapy for people with Motor Neuron Disease (COMMEND)

Manuscript number (if known): Not Known

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
U	testimony	None	
	,		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	N	
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 December 2024

Your Name: Professor Rebecca L. Gould

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment

therapy for people with Motor Neuron Disease (COMMEND)

Manuscript number (if known): Not Known

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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		Time frame: Since the initial	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Funding from National Institute for Health and Care Research Health Technology Assessment Programme (16/81/01)	Institutional financial support from the grant for the submitted work.
	No time limit for this item.	Funding from Motor Neurone Disease Association (Gould/Jul17/936-794)	Paid to institution (UCL)
		NIHR Biomedical Research Centre	Supported by a public research body.
		Time frame: past	36 months
2	Grants or contracts from	None	

any entity (if not indicated in item #1 above).  3 Royalties or licenses  None  None  1 Consulting fees  None  None  Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  None  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  None		//6 //		
None		any entity (if not indicated		
4 Consulting fees  None  Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  None  None  None  Payment for attending meetings and/or travel  None  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  None  N		in item #1 above).		
4 Consulting fees  None  Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  None  None  None  Payment for attending meetings and/or travel  None  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  None  N	3	Royalties or licenses	None	
S Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expert testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-  None		•		
S Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expert testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-  None				
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lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expert testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  None  N	4	Consulting fees	None	
lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expert testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  None  N				
lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expert testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  None  N				
lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expert testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  None  N	5	Payment or honoraria for	None	
speakers bureaus, manuscript writing or educational events 6				
manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  None  None		T		
educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  None  None				
6 Payment for expert testimony  None  Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  None  None				
testimony  Support for attending meetings and/or travel  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  None  N			Name	
Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-  None  N	ь		None	
meetings and/or travel    Patents planned, issued or pending		testimony		
meetings and/or travel    Patents planned, issued or pending				
8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-  None	7		None	
pending  Participation on a Data Safety Monitoring Board or Advisory Board  Description of iduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  None  N		meetings and/or travel		
pending  Participation on a Data Safety Monitoring Board or Advisory Board  Description of iduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  None  N				
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9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, 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  13 Other financial or non-  None  N	8		None	
Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, 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  13 Other financial or non-  None  Non		pending		
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Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, 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  13 Other financial or non-  None  Non	9	Participation on a Data	None	
Advisory Board  10 Leadership or fiduciary role in other board, 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  13 Other financial or non-  None				
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  None  None  Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-  None  N				
in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  None  Receipt of equipment, materials, drugs, medical writing, gifts or other services  None  N	10		None	
committee or advocacy group, paid or unpaid  11 Stock or stock options  None  Receipt of equipment, materials, drugs, medical writing, gifts or other services  None  No	10		None	
group, paid or unpaid  Stock or stock options  None  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-  None  No				
11 Stock or stock options  None  Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-  None  N				
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-  None  None  None  NIHR Health Technology Assessment Associate Board				
materials, drugs, medical writing, gifts or other services  NIHR Health Technology Assessment Associate Board	11	Stock or stock options	None	
materials, drugs, medical writing, gifts or other services  NIHR Health Technology Assessment Associate Board				
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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 December 2024

Your Name: Professor Robert Howard

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment

therapy for people with Motor Neuron Disease (COMMEND)

Manuscript number (if known): Not Known

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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	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.	Funding from National Institute for Health and Care Research Health Technology Assessment Programme (16/81/01) NIHR Biomedical Research Centres	Institutional financial support from the grant for the submitted work.  Supported by a public research body.
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descirat of annium and	Niere	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-		NIHR Health Technology Assessment Commissioning
13	financial interests		sub-board (EOI), NIHR Health Technology Assessment
			Commissioning Committee
			Ü

\_x\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 December 2024

Your Name: Simon Waterhouse

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment

therapy for people with Motor Neuron Disease (COMMEND)

Manuscript number (if known): Not Known

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

•	C III C		
4	Consulting fees	None	
5	Payment or honoraria for	None	
Э	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	-		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services	N	
13	Other financial or non-	None	
	financial interests		

\_x\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 December 2024

Your Name: Professor Tracey Young

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment

therapy for people with Motor Neuron Disease (COMMEND)

Manuscript number (if known): Not Known

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting for a	Al	
4	Consulting fees	None	
5	Payment or honoraria for	None	
5	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services	NI	
13	Other financial or non- financial interests	None	
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\_x\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 December 2024

Your Name: Professor Vanessa Lawrence

Manuscript Title: A feasibility study and randomised controlled trial of acceptance and commitment

therapy for people with Motor Neuron Disease (COMMEND)

Manuscript number (if known): Not Known

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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6	Payment for expert	None	
U	testimony	None	
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7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
4.0	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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