

ICMJE DISCLOSURE FORM

Date: 9/12/2023

Your Name: Eleanor Longden

Manuscript Title: Cognitive Behaviour Therapy for Psychosis: An Individual Participant Data Meta-analysis Examining Modifiers of Patient Response to Treatment

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.

		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)						
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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)
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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: 9/15/2023

Your Name: Anthony Morrison

Manuscript Title: Cognitive Behaviour Therapy for Psychosis: An Individual Participant Data Meta-analysis Examining Modifiers of Patient Response to Treatment

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

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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 type="checkbox"/> None	
		Have received royalties from academic publishers for books on CBTp, but unrelated to this work (all published prior to commencement of this project)	

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.

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Date: 9/13/2023

Your Name: Maria Sudell

Manuscript Title: Click or tap here to enter text. Cognitive Behaviour Therapy for Psychosis: An Individual Participant Data Meta-analysis Examining Modifiers of Patient Response to Treatment

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

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ICMJE DISCLOSURE FORM

Date: 9/14/2023

Your Name: Catrin Tudur Smith

Manuscript Title: Cognitive Behaviour Therapy for Psychosis: An Individual Participant Data Meta-analysis Examining Modifiers of Patient Response to Treatment

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

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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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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 type="checkbox"/> None	
		NIHR HTA commissioning panel member	

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: 9/10/2023

Your Name: Filippo Varese

Manuscript Title: Cognitive Behaviour Therapy for Psychosis: An Individual Participant Data Meta-analysis Examining Modifiers of Patient Response to Treatment.

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.

	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.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Funding provided by HTA award that supported the project</td> <td style="width: 40%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Funding provided by HTA award that supported the project				Click the tab key to add additional rows.	
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Click the tab key to add additional rows.								
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;"> <tr> <td style="width: 60%;">Several NIHR awards as lead applicant or co-applicant including NIHR300850, PB-PG-0317-20037, 17/31/05, NIHR132269, NIHR130971, NIHR131848, NIHR128623</td> <td style="width: 40%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Several NIHR awards as lead applicant or co-applicant including NIHR300850, PB-PG-0317-20037, 17/31/05, NIHR132269, NIHR130971, NIHR131848, NIHR128623					
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" data-bbox="386 1713 1515 1850"> <tr> <td data-bbox="386 1713 954 1787">Member of the Steering Committee group of the DECIDES trial, funded by the Scottish CSO</td> <td data-bbox="954 1713 1515 1787"></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Member of the Steering Committee group of the DECIDES trial, funded by the Scottish CSO						
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