

ICMJE DISCLOSURE FORM

Date: 3/19/2025

Your Name: Peter Hajek

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SCeTCH cRCT

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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Date: 3/19/2025

Your Name: Qi Wu

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SCeTCH cRCT

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

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Date: 3/19/2025

Your Name: Allison Ford

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SCeTCH cRCT

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

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Date: 3/19/2025

Your Name: Francesca Pesola

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SCeTCH cRCT

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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: 3/19/2025

Your Name: Jinshuo Li

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SCeTCH cRCT

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%; padding: 2px;">NIHR132158</td> <td style="padding: 2px;">Payments through salary from my institution</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small; color: gray;">Click the tab key to add additional rows.</td> </tr> </table>	NIHR132158	Payments through salary from my institution			Click the tab key to add additional rows.	
NIHR132158	Payments through salary from my institution								
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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td></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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>Independent member of Trial Steering Committee of the HTA Project: NIHR129210</td> <td>No payments</td> </tr> <tr> <td>Independent member of Trial Steering Committee of PHR Project: NIHR129074</td> <td>No payments</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Independent member of Trial Steering Committee of the HTA Project: NIHR129210	No payments	Independent member of Trial Steering Committee of PHR Project: NIHR129074	No payments					
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Independent member of Trial Steering Committee of PHR Project: NIHR129074	No payments										
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		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)						
11	Stock or stock options	<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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
13	Other financial or non-financial interests	<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>							

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: 3/19/2024

Your Name: STEVE PARROTT

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SCeTCH cRCT

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 checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>							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%; margin-top: 5px;"> <tr> <td style="width: 5%; text-align: center;">1.</td> <td style="width: 55%;"> NIHR i4i: RESTART-PD: Rehabilitation Exercise Study with Therapeutic Augmented Reality Treatment for patients with Parkinson's Disease: a randomised controlled trial of Reality DTx® Hewitt, C. E., McDaid, C. M. & Parrott, S. NIHR-CCF: £1,108,634.70 1/07/24 → 30/06/27 Award date: 9/02/24 </td> <td style="width: 40%;"></td> </tr> </table>	1.	NIHR i4i: RESTART-PD: Rehabilitation Exercise Study with Therapeutic Augmented Reality Treatment for patients with Parkinson's Disease: a randomised controlled trial of Reality DTx® Hewitt, C. E., McDaid, C. M. & Parrott, S. NIHR-CCF: £1,108,634.70 1/07/24 → 30/06/27 Award date: 9/02/24					
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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)
	<p>Award: Other Government Departments (OGD) › Award</p> <p>2. NIHR GHR (RIGHT): SCIMITAR–SA Trial - Smoking Cessation For People With Severe Illness In South Asia (SCIMITAR SA)</p> <p>Gilbody, S., Dogar, O. F., Hewitt, C. E., Parrott, S., Siddiqi, K., Siddiqi, N., Siddiqi, F. & Zavala Gomez, G. A.</p> <p>NIHR-CCF: £1,852,838.19</p> <p>1/07/24 → 30/06/28</p> <p>Award date: 12/01/24</p> <p>Award: Other Government Departments (OGD) › Award</p> <p>3. NIHR HTA: Radiotherapy following surgery for fractures related to bone metastases (PORTRAIT)</p> <p>McDaid, C. M., Fairhurst, C. M. & Parrott, S.</p> <p>NETSCC: £1,519,368.03</p> <p>1/09/24 → 31/05/29</p> <p>Award date: 6/12/23</p> <p>Award: Other Government Departments (OGD) › Award</p> <p>4. NIHR HTA: HAMLET - Through Knee Amputations Impact on Quality of Life Compared to Above Knee Amputations</p> <p>McDaid, C. M., Arundel, C. E., Hewitt, C. E., Parrott, S. & Wilberforce, M. R.</p> <p>NETSCC: £1,674,631.32</p> <p>1/06/24 → 31/08/30</p> <p>Award date: 16/10/23</p> <p>Award: Other Government Departments (OGD) › Award</p> <p>5. YORQUIT: Stopping Smoking Trial</p>	

	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)
	<p>Hewitt, C. E., Parrott, S., Sinclair, L. A. & Watson, J.</p> <p>YORKSHIRE CANCER RESEARCH (YCR): £880,051.86</p> <p>1/04/24 → 30/06/28</p> <p>Award date: 10/10/23</p> <p>Award: Other › Award</p> <p>6. NIHR PHR: A UK multi-centre cluster randomised control trial, with internal pilot, of the ADVANCE-Digitally supported perpetrator intervention compared to community justice offender management (1:1) (ADVANCE-D trial)</p> <p>Parrott, S.</p> <p>NETSCC: £70,658.41</p> <p>1/11/23 → 31/10/27</p> <p>Award date: 2/03/23</p> <p>Award: Other Government Departments (OGD) › Award</p> <p>7. NIHR HTA: (SCOTT) Surgery versus Conservative Osteoarthritis of Thumb Trial</p> <p>Adamson, J. A., Hewitt, C. E., Parrott, S. & Torgerson, D. J.</p> <p>NETSCC: £1,258,216.04</p> <p>1/01/24 → 30/06/28</p> <p>Award date: 15/02/23</p> <p>Award: Other Government Departments (OGD) › Award</p> <p>8. Police drug diversion: a realist, collaborative, pragmatic evaluation</p> <p>Parrott, S. & Lloyd, C.</p> <p>CABINET OFFICE: £103,411.88</p> <p>11/08/22 → 31/03/25</p>	

	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)
	<p>Award date: 27/07/22</p> <p>Award: Other Government Departments (OGD) › Award</p> <p>9. NIHR PHR; Public Health Intervention Responsive Studies Team: PHIRST South Bank"</p> <p>Parrott, S.</p> <p>NETSCC: £16,666.67</p> <p>1/09/22 → 31/10/23</p> <p>Award date: 22/06/22</p> <p>Award: Other Government Departments (OGD) › Award</p> <p>10. Can we improve outcomes in people with TB and co-morbid diabetes by offering a TB-Diabetes care package as part of TB care?</p> <p>Siddiqi, K., Hewitt, C. E., Parrott, S. & Siddiqi, N.</p> <p>THE HIGHER EDUCATION COMMISSION: £14,046.10</p> <p>1/09/22 → 31/08/25</p> <p>Award date: 12/05/22</p> <p>Award: Other › Award</p> <p>11. NIHR GHR: RESPIRE-2 Programme</p> <p>Siddiqi, K. & Parrott, S.</p> <p>NETSCC: £86,538.31</p> <p>1/06/22 → 31/05/26</p> <p>Award date: 21/02/22</p> <p>Award: Other Government Departments (OGD) › Award</p> <p>12. NIHR RfPB: (PAMHOP) The Physical and mental health of older prisoners: An integrated systematic review and co-production of an intervention tool kit to improve health</p>	

		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)
		<p>Perry, A. E., Churchill, R., Parrott, S. & Schofield, J.</p> <p>NIHR-CCF: £253,305.28</p> <p>27/09/21 → 26/09/23</p> <p>Award date: 12/08/21</p> <p>Award: Other Government Departments (OGD) › Award</p> <p>13. NIHR PHR: (SCeTCH) Effects of e-cigarettes vs usual care for smoking cessation when offered at homeless centres: A cluster randomised trial</p> <p>Parrott, S.</p> <p>NETSCC: £62,575.82</p> <p>1/09/21 → 31/08/24</p> <p>Award date: 5/03/21</p> <p>Award: Other Government Departments (OGD) › Award</p>	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	<input checked="" type="checkbox"/> None	

		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)
	educational events		
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 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	

		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)
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: 17/01/2025

Your Name: Mrs Anna Varley

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SGeTCH cRCT

Manuscript number (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.

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.	NIHR	My institution, The University of East Anglia, received payments as part of the contractual arrangements for delivering the research grant.
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	

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: 17/03/2025

Your Name: Professor Caitlin Notley

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SGeTCH cRCT

Manuscript number (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: 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.	NIHR	As lead for recruitment in the East of England, my institution, The University of East Anglia, received payments as part of the contractual arrangements for delivering the research grant.
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	Vox media company	For filming a 'nicotine explainer' on the role of nicotine in addiction. Payments made directly
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: 17/03/2025

Your Name: Sharon Cox

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SCeTCH cRCT

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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 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: 17/03/2025

Your Name: Amy Edwards

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SCeTCH cRCT

Manuscript number (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.

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

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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>	Salary paid via institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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 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: 3/19/2025

Your Name: Rachel Brown

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SCeTCH cRCT

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

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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.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">National Institute for Health Research</td> <td style="width: 50%; padding: 2px;">As lead for recruitment in the Wales and West region, my institution, Cardiff University, received payments as part of the contractual arrangements for delivering the research grant</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	National Institute for Health Research	As lead for recruitment in the Wales and West region, my institution, Cardiff University, received payments as part of the contractual arrangements for delivering the research grant			<small>Click the tab key to add additional rows.</small>	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<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>						
3	Royalties or licenses	<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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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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6	Payment for expert testimony	<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>									
7	Support for attending meetings and/or travel	<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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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 <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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
13	Other financial or non-financial interests	<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>							

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 17/03/2025 _____

Your Name: Charlotte Mair _____

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SCeTCH cRCT _____

Manuscript number (if known): _____

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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	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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 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	
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Date: 17/03/2025

Your Name: Deborah Robson

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SCeTCH cRCT

Manuscript number (if known): _____

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u>	Trustee of Action on Smoking and Health
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

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Date: 17/03/2025

Your Name: Dr Emma Ward

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SCeTCH cRCT

Manuscript number (if known): _____

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Date: 17/03/2025

Your Name: Janine Brierley

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SCeTCH cRCT

Manuscript number (if known): _____

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Date: 17.03.2025

Your Name: Allan Tyler

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SCeTCH cRCT

Manuscript number (if known): _____

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

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Date: 17.03.25 _____

Your Name: Bethany Kate Gardner _____

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres:
SCeTCH cRCT

Manuscript number (if known): _____

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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Date: 17/03/2025

Your Name: Jessica Lennon

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SCeTCH cRCT

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 17.03.2025
 Your Name: Dr Kirstie Soar
 Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SCeTCH cRCT
 Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	Pharmastrat Ltd	A healthcare consulting company specializing in stop smoking services. Payments made to me directly.

		NCSCT	Academic consultant Tobacco Harm Reduction. Payments made to me directly
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 17/03/2025

Your Name: Linda Bauld

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SCeTCH cRCT Britain

Manuscript number (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.

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.	Funder grant	To my University (institution)
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	Scottish Government	Seconded part time to as their Chief Social Policy Adviser and in that role serves as Senior Responsible Officer for the Place and Wellbeing Programme. Reimbursed her time to her university.

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: 17/03/25

Your Name: Lynne Dawkins

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SCeTCH cRCT

Manuscript number (if known): _____

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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.	National Institute of Health Research – Public Health Research Board	Funded the trial – payment to my institution (LSBU)
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	East Sussex Local Authority / Thrive Tribe Stop Smoking Service	Service Evaluation. Payment to LSBU
		Tower Hamlets Local Authority / London Tobacco Alliance	Service Evaluation. Payment to LSBU
3	Royalties or licenses	<u>None</u>	

4	Consulting fees	Johnson & Johnson / Nicorette	Personal consultancy fees
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	Chair of the Trial Steering Committee for the NIHR-funded 'Vapeline' trial hosted by Queen Mary, University of London	No payments received
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	

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ICMJE DISCLOSURE FORM

Date: 17/03/2025 _____

Your Name: Lauren McMillan _____

Manuscript Title: Cost-effectiveness of e-cigarettes for smoking cessation at homeless centres: SGeTCH cRCT

Manuscript number (if 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 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	

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