

ICMJE DISCLOSURE FORM

Date: 12/15/2023

Your Name: Carsten Flohr

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

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

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; 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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Sanofi, Almirall, Bioderma for non-promotional lectures	
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	

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

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

ICMJE DISCLOSURE FORM

Date: Click or tap to enter a date.

Your Name: Kaitlyn Chan

Manuscript Title: Effectiveness, Safety, Cost-Effectiveness of Methotrexate versus Ciclosporin for Severe Childhood Atopic Dermatitis: The TREATment of Severe Atopic Dermatitis Trial (TREAT) RCT

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

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ICMJE DISCLOSURE FORM

Date: 7/30/2024

Your Name: Amina Ahmed

Manuscript Title: Effectiveness, Safety, Cost-effectiveness of Methotrexate versus Ciclosporin for Severe Childhood Atopic Dermatitis: The TREATment of Severe Atopic Dermatitis Trial (TREAT) RCT

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

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ICMJE DISCLOSURE FORM

Date: 6/30/2024

Your Name: Farhiya Ashoor

Manuscript Title: Effectiveness, Safety, Cost-effectiveness of Methotrexate versus Ciclosporin for Severe Childhood Atopic Dermatitis: The TREATment of Severe Atopic Dermatitis Trial (TREAT) RCT

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

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ICMJE DISCLOSURE FORM

Date: 7/26/2024

Your Name: Dr Paula Beattie

Manuscript Title: Effectiveness, Safety, Cost-effectiveness of Methotrexate versus Ciclosporin for Severe Childhood Atopic Dermatitis: The TREATment of Severe Atopic Dermatitis Trial (TREAT) RCT.

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Co-applicant, Protocol and Manuscript review, Principal Investigator								
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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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </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: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Consultancy fees Abbvie,</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Consultancy fees Abbvie,								
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>Advisory Board Abbvie</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Advisory Board Abbvie								
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Medical Advisory board of National Eczema Society</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Medical Advisory board of National Eczema Society								
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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>							
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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 7/29/2024

Your Name: Dr Fiona Browne

Manuscript Title: Effectiveness, Safety, Cost-effectiveness of Methotrexate versus Ciclosporin for Severe Childhood Atopic Dermatitis: The TREATment of Severe Atopic Dermatitis Trial (TREAT) RCT

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

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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: 7/18/2024

Your Name: Ashley P Jones

Manuscript Title: TREAT

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

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 7/16/2024

Your Name: Anna Rosala-Hallas

Manuscript Title: Effectiveness, Safety, Cost-effectiveness of Methotrexate versus Ciclosporin for Severe Childhood Atopic Dermatitis: The TREATment of Severe Atopic Dermatitis Trial (TREAT) RCT

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

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ICMJE DISCLOSURE FORM

Date: 7/24/2024

Your Name: Tracey Sach

Manuscript Title: Effectiveness, Safety, Cost-effectiveness of Methotrexate versus Ciclosporin for Severe Childhood Atopic Dermatitis: The TREATment of Severe Atopic Dermatitis Trial (TREAT) RCT

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

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ICMJE DISCLOSURE FORM

Date: 7/15/2024

Your Name: Catherine Spowart

Manuscript Title: Effectiveness, Safety, Cost-effectiveness of Methotrexate versus Ciclosporin for Severe Childhood Atopic Dermatitis: The TREATment of Severe Atopic Dermatitis Trial (TREAT) RCT

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Date: 7/23/2024

Your Name: Mandy Wan

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Date: 7/15/2024

Your Name: Paula Williamson

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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>									
8	Patents planned, issued or pending	<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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 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>									
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>									

		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: 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>							

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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.

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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.		
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	Abbvie	Payment to Self
		Eli Lilly	Payment to self
		Pfizer	Payment to Self

		Benevolent AI	Payment to Self
		Arena	Payment to Self
		Novartis	Payment to Self
		Regeneron	Payment to Self
		Sanofi	Payment to Self
		Leo Pharma	Payment to Self
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Regeneron	Payment to Self
		Sanofi	Payment to Self
		Abbvie	Payment to Self
		Eli Lilly	Payment to Self
		Leo	Payment to Self
		Janssen	Payment to Self
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	J and J	Patents pending
		Regeneron	Patent pending
9	Participation on a Data Safety Monitoring Board or Advisory Board	Novartis	Payment to self (DSMB)
		OM Pharma	Payment to self (DSMB)
		Moon Lake	Payment to self (DSMB)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	International Eczema Council	President (unpaid)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	Regeneron, Sanofi, Abbvie, Almirall, Eli Lilly, Novartis
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.