

ICMJE DISCLOSURE FORM

Date: 9/22/2024

Your Name: Caroline Styles

Manuscript Title: Fenofibrate and progression of retinopathy in adults with diabetes – the randomised placebo-controlled LENS trial

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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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: 9/22/2024

Your Name: David Preiss

Manuscript Title: Fenofibrate and progression of retinopathy in adults with diabetes – the randomised placebo-controlled LENS trial

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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Date: 9/22/2024

Your Name: Emily Sammons

Manuscript Title: Fenofibrate and progression of retinopathy in adults with diabetes – the randomised placebo-controlled LENS trial

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

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Date: 9/22/2024

Your Name: Gemma Currie

Manuscript Title: Fenofibrate and progression of retinopathy in adults with diabetes – the randomised placebo-controlled LENS trial

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Date: 9/22/2024

Your Name: Graham Leese

Manuscript Title: Fenofibrate and progression of retinopathy in adults with diabetes – the randomised placebo-controlled LENS trial

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: 9/22/2024

Your Name: Graham Scotland

Manuscript Title: Fenofibrate and progression of retinopathy in adults with diabetes – the randomised placebo-controlled LENS trial

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

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ICMJE DISCLOSURE FORM

Date: 9/22/2024

Your Name: Jane Armitage

Manuscript Title: Fenofibrate and progression of retinopathy in adults with diabetes – the randomised placebo-controlled LENS trial

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 type="checkbox"/> None	
		Mylan	Fenofibrate and placebo for the trial
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 9/22/2024

Your Name: Jonathan Emberson

Manuscript Title: Fenofibrate and progression of retinopathy in adults with diabetes – the randomised placebo-controlled LENS trial

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

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ICMJE DISCLOSURE FORM

Date: 7/24/2025

Your Name: Jennifer Logue

Manuscript Title: Fenofibrate and progression of retinopathy in adults with diabetes – the randomised placebocontrolledLENS trial

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

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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%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> </table>				
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td style="width: 60%;"></td><td style="width: 40%;"></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)
4	Consulting fees	<input type="checkbox"/> None	
		Novo Nordisk	Advisory board (personal)
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 type="checkbox"/> None	
		Novo Nordisk	Conference attendance
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 type="checkbox"/> None	
		HTA Clinical Evaluation and Trials Committee	Member

		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	
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	
		AstraZeneca	Employee from 2022-2025 (salary)
		Roche	Employee from 2025 (salary)

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: 9/22/2024

Your Name: Karl Wallendszus

Manuscript Title: Fenofibrate and progression of retinopathy in adults with diabetes – the randomised placebo-controlled LENS trial

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.

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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>									
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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>									
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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>							

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ICMJE DISCLOSURE FORM

Date: 9/22/2024

Your Name: Mekazin Tsehaye

Manuscript Title: Fenofibrate and progression of retinopathy in adults with diabetes – the randomised placebo-controlled LENS trial

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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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: 9/22/2024

Your Name: Mohammed Zayed

Manuscript Title: Fenofibrate and progression of retinopathy in adults with diabetes – the randomised placebo-controlled LENS trial

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: 9/22/2024

Your Name: Rosanna Cretney

Manuscript Title: Fenofibrate and progression of retinopathy in adults with diabetes – the randomised placebo-controlled LENS trial

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

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ICMJE DISCLOSURE FORM

Date: 9/22/2024

Your Name: Rachel Wade

Manuscript Title: Fenofibrate and progression of retinopathy in adults with diabetes – the randomised placebo-controlled LENS trial

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: 10/8/2024

Your Name: Simon Harding

Manuscript Title: Fenofibrate and progression of retinopathy in adults with diabetes – the randomised placebo-controlled LENS trial

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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		BI 765128 in panretinal photocoagulation (PRP) treated diabetic rEtinopathy (DR) patients with diabetic macular ischemia (DMI) – the PARTRIDGE Study. Boehringer Ingleheim	
3	Royalties or licenses	<input type="checkbox"/> None License to AI-Sight Ltd to develop computerized methods for determining if a fundus image requires referral for investigation of a disease	Unpaid
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 type="checkbox"/> None Patents applied for: PCT/GB2023051792; PCT/2023/051791	Patents owned by University of Liverpool
9	Participation on a Data Safety	<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)						
	Monitoring Board or Advisory Board								
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>Member, Research and Innovation Development Advisory Committee, Diabetes Eye Screening, England</td> <td>Unpaid</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Member, Research and Innovation Development Advisory Committee, Diabetes Eye Screening, England	Unpaid					
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ICMJE DISCLOSURE FORM

Date: 9/22/2024

Your Name: Will Stevens

Manuscript Title: Fenofibrate and progression of retinopathy in adults with diabetes – the randomised placebo-controlled LENS trial

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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