

ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

INSTRUCTIONS:

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form has five parts.

1. Identifying information.

Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

2. The work under consideration for publication.

Please provide information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The idea is to provide for the reader information about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. If you check the "No" box it means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds to pay you. If you or your institution did receive funds from a third party to support the work, check "Yes" along with the appropriate boxes to indicate the type of support and whether you or your institution received it.

3. Relevant financial activities outside the submitted work.

Please report all sources of revenue relevant to the submitted work that accrued either directly to you or were paid to your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. If there is any question, it is usually better to disclose a relationship than not to do so. Please note that your interactions with the work's sponsor outside the submitted work should be listed here. For each category list each entity on a separate line. Use as many lines as necessary to provide complete information. In addition, please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

The goal of this section is to provide information for our reviewers and readers about your interactions with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer. For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to benefit financially from the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as the NIH or the MRC, need not be disclosed. For example, if the NIH sponsored a piece of work you have been involved in but drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Financial relationships involving your spouse or partner or your children (under 18 years of age).

If monies from the types of relationships listed in Section 3 were paid to your spouse or partner or dependent children, please list the type of activity and source of the money.

5. Nonfinancial associations.

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



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Section 1. Identifying Information.

Given Name:
(or first)

Harry

Surname:
(or last)

Selker

Effective Date:

05, November, 2009

Format example: 07-August-2008

Are you the corresponding author? Yes No

Manuscript Title:

Industry Influence on Comparative-Effectiveness Research Funded through Health Care Reform

Manuscript Identifying Number (if you know it):

09-10747

Section 2. Information about the support of the work under consideration for publication.

Did you or your institution at any time receive payment or support in kind for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

No

Yes, specify nature of compensation

Section 3. Information about relevant financial relationships outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with any entities that have an interest related to the submitted work. Use one line for each entity; add as many lines as you need. Use the comments column to indicate any additional information that you think a reader or editor would want to know about the compensation. Report relationships that were present during the 36 months prior to submission. In addition please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

If you have more than one relationship, click "Add +" to add a row. Click "Del x" to delete an extra row.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +



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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +

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Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

- No other relationships/conditions/circumstances that present potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Section 5. Information about relevant nonfinancial associations.

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other) that a reasonable reader would want to know about in relation to the submitted work?

- No relevant nonfinancial relationships/conditions/circumstances to report.
- Yes, the following relevant nonfinancial relationships/conditions/circumstances are present (explain below):

I do not believe the following constitute conflicts of interest, but to be sure that others might not think otherwise, below are some professional roles that could have interest in the promotion of comparative effectiveness research and the lack of interference by industry. I would be happy to discuss these as warranted.

My place of employment, Tufts University and Tufts Medical Center, where comparative effectiveness research is done, and where I hold the role of Dean of the Tufts Clinical and Translational Science Institute and Principal Investigator of the NIH Clinical and Translational Science Award that supports it, and as the Executive Director of the Tufts Medical Center Institute for Clinical Research and Health Policy Studies

My role as public policy committee chairs for the following scientific associations: Association for Clinical Research Training, Association for Patient-Oriented Research, Clinical Research Forum, and Society for Clinical and Translational Science.

My role as a Board member for Association for Patient-Oriented Research and for the Society for Clinical and Translational Science

My role as incoming President of the Society for Clinical and Translational Science

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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Section 1. Identifying Information.

Given Name: Surname: Effective Date:
 (or first) (or last) Format example: 07-August-2008

Are you the corresponding author? Yes No

Manuscript Title:

Manuscript Identifying Number (if you know it):

Section 2. Information about the support of the work under consideration for publication.

Did you or your institution at any time receive payment or support in kind for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

- No
 Yes, specify nature of compensation

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxigene	Dr Wood is not compensated for that BOD Service but Symphony Capital LLC is an investor in Oxigene	Del x
Board membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Antigenics	Dr Wood resigned from the BOD on Sep 14th 2006	Del x
						Add +
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Dr Wood has consulted for International Reinsurance companies on their exposure to pharmaceutical risks	Del x



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						Add +
Employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Symphony Capital LLC	Alastair JJ Wood is a partner in Symphony Capital LLC and an investor in Symphony Capital LLC	Del ×
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weill Cornell Medical School	Dr Alastair J.J. Wood is Professor of Medicine and Professor of Pharmacology at Weill Cornell Medical School for which he receives no compensation	Del ×
						Add +
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Columbia University Medical School	Dr Margaret Wood is Chairman of the Dept. of Anesthesiology at Columbia University which receives grant support	Del ×
						Add +
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alastair J.J. Wood	Talks given for academic institutions	Del ×
						Add +
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alastair J.J. Wood	Patent Filed Oct 1st 2009 "Methods of Treating Aneurysmal Dilatation, Blood Vessel Wall Weakness and Specifically Abdominal Aortic and Thoracic Aneurysm Using Matrix Metalloprotease-2 Inhibitors"	Del ×



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						Add +
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						Add +
Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Stock/stock options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Symphony Capital LLC	Alastair J.J. Wood is a Partner and Investor in Symphony Capital LLC http://www. symphonycapital.com	Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Symphony Capital	Reimburses Alastair J.J. Wood for his work related travel	Del ×
						Add +
Other (err on the side of full disclosure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		see below	Del ×
						Add +

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see above

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Dr. Alastair JJ Wood is a member of the steering committee of the Clinical Research Forum, the NLM Board of Regents subcommittee on Clinical Trials.gov, he serves on the advisory board of CTSA's at two universities, is on the FDA Critical Path Institute BOD and is a member of a number of societies and organizations advocating for research including ASCI, AAP and IOM.
Dr Margaret Wood is Chairman of the Dept. of Anesthesiology at Columbia University and also a member of organizations and has held leadership positions in organizations that advocate for research funding.

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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