

## ICMJE DISCLOSURE FORM

Date: 2 December 2021

Your Name: Gabe Sonke

Manuscript Title: Slim onderzoek naar dure geneesmiddelen: meer bereiken met minder

Manuscript number (if known): D6527

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	_____ None	No specific funding for this project. The SONIA study is funded by ZonMw and Zorgverzekeraars Nederland.
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	AstraZeneca, Merck, Novartis, Roche, Seagen	Research support paid to the institution
3	Royalties or licenses	_____ None	

4	Consulting fees	Biovica, Seagen	Paid to the institution
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6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	____ None	
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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	Board member Medicines Evaluation Board	
11	Stock or stock options	____ None	
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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.