

ICMJE DISCLOSURE FORM

Date: 2/23/2023

Your Name: Marcel Dijkgraaf

Manuscript Title: Het Quality Adjusted Life Year: dankzij de pandemie terug van nooit weggeweest

Manuscript Number (if known): D7138

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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Time frame: Since the initial planning of the work									
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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></td></tr> <tr><td></td><td></td></tr> <tr><td></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> </table>																	
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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>																	
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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>Zorginstituut Nederland</td> <td>private bezoldiging</td> </tr> <tr> <td>DSMBs</td> <td>afdeling</td> </tr> <tr> <td>- ANTILOPE: ablation for advanced pancreatic cancer</td> <td></td> </tr> <tr> <td>- BIOPEX-2: closure of perineal wound</td> <td></td> </tr> <tr> <td>- LEARNs: Levamisole in idiopathic nephrotic syndrome</td> <td></td> </tr> <tr> <td>- PMD: Deferiprone in Pelizaeus-Merzbacher Disease</td> <td></td> </tr> <tr> <td>- SAFE: shortened antibiotic treatment</td> <td></td> </tr> <tr> <td>- SPHINX: prophylactic endoscopic sphincterotomy</td> <td></td> </tr> </table>	Zorginstituut Nederland	private bezoldiging	DSMBs	afdeling	- ANTILOPE: ablation for advanced pancreatic cancer		- BIOPEX-2: closure of perineal wound		- LEARNs: Levamisole in idiopathic nephrotic syndrome		- PMD: Deferiprone in Pelizaeus-Merzbacher Disease		- SAFE: shortened antibiotic treatment		- SPHINX: prophylactic endoscopic sphincterotomy		
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10	Leadership or fiduciary role in other board, society,	<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>																	

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	committee or advocacy group, paid or unpaid		
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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.