

ICMJE DISCLOSURE FORM

Date: 12/22/2023

Your Name: Andrea Evers

Manuscript Title: Placebo procedures in de operatiekamer: noodzakelijk of een onnodig risico voor de patiënt?

Manuscript Number (if known): D8021

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.

	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)								
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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 15px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 15px;"> </td><td style="width: 20px;"> </td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>								
Time frame: past 36 months										
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Long-term research program. Dutch Arthritis Foundation / ReumaNederland (2023) 500.000 Euro</td> <td>Payments made to institution</td> </tr> <tr> <td>Medical Delta Program, Healthy Society Prevention and Lifestyle program (2023) 400.000 Euro</td> <td>Payments made to institution</td> </tr> <tr> <td>Province Zuid-Holland. Program Healthy and Secure. The Healthy Society map: health initiatives with the province Zuid-Holland (2021) 200.000 Euro</td> <td>Payments made to institution</td> </tr> <tr> <td>ERC Proof of Concept 2020. European Research Council. Virtual reality tool for communication tools in medical practice (2021) 150.000 Euro</td> <td>Payments made to institution</td> </tr> </table>	Long-term research program. Dutch Arthritis Foundation / ReumaNederland (2023) 500.000 Euro	Payments made to institution	Medical Delta Program, Healthy Society Prevention and Lifestyle program (2023) 400.000 Euro	Payments made to institution	Province Zuid-Holland. Program Healthy and Secure. The Healthy Society map: health initiatives with the province Zuid-Holland (2021) 200.000 Euro	Payments made to institution	ERC Proof of Concept 2020. European Research Council. Virtual reality tool for communication tools in medical practice (2021) 150.000 Euro	Payments made to institution
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		Support NWA routes. NWO NL Organisation for Scientific Research NeurolabNL - Consequences of Covid-19 for health, education and safety (NWA) (2020). 150.000 Euro	Payments made to institution						
		Support NWA routes. NWO NL Organisation for Scientific Research. Support route NeurolabNL of the National Research Agenda (NWA). 50.000 Euro	Payments made to institution						
		NWO Stevin Prize (2019), research grant 2.500.000 Euro	Payments made to institution						
		Dutch Arthritis Foundation / Reumafonds Sensitization of physical symptoms and disease progression in rheumatic conditions: The role of expectancies and conditioning. project within long-term research program (2018).180.000 Euro	Payments made to institution						
3	Royalties or licenses	<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>							
4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; height: 20px;">L'Oreal International multidisciplinary scientific board around skin</td> <td style="width:50%;">Payments made to institution</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>		L'Oreal International multidisciplinary scientific board around skin	Payments made to institution				
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; height: 20px;">Occasional (travel) expenses are received for invited lectures.</td> <td style="width:50%;">Payments made to institution</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>		Occasional (travel) expenses are received for invited lectures.	Payments made to institution				
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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 type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; height: 20px;">Occasional (travel) expenses are received for invited lectures.</td> <td style="width:50%;">Payments made to institution</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>		Occasional (travel) expenses are received for invited lectures.	Payments made to institution				
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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	
		Occasional (travel) expenses are received for scientific advisory boards of several (inter)national organisations. Click here for further information	
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 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.