

ICMJE DISCLOSURE FORM

Date: 6/20/2024

Your Name: Wouter Hehenkamp

Manuscript Title: Betrek patiënten bij de verduurzaming van de zorg

Manuscript Number (if known): ?

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%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></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 checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 25%;">Several Grants for different types of research all not related to the subject of the present manuscript</td> <td style="width: 15%;">2023</td> <td style="width: 60%;">€154.407 SKMS grant application: developing a sustainability guideline and online tool for obstetrics and gynaecology</td> </tr> <tr> <td></td> <td>2022</td> <td>€215.323 substitution of care during the COVID-19 pandemic. Invited grant application by ZonMW</td> </tr> <tr> <td></td> <td>2022</td> <td>€217.000 application for fulltime PhD student Amsterdam medical sciences for LCA fibroid treatments and integrating in choice application for patients.</td> </tr> <tr> <td></td> <td>2022</td> <td>€97.000 ZonMW grant: making a 'decision aid' for patients and acquiring</td> </tr> </table>	Several Grants for different types of research all not related to the subject of the present manuscript	2023	€154.407 SKMS grant application: developing a sustainability guideline and online tool for obstetrics and gynaecology		2022	€215.323 substitution of care during the COVID-19 pandemic. Invited grant application by ZonMW		2022	€217.000 application for fulltime PhD student Amsterdam medical sciences for LCA fibroid treatments and integrating in choice application for patients.		2022	€97.000 ZonMW grant: making a 'decision aid' for patients and acquiring
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		2022	'spiegelinformatie' for fibroid treatment in the Netherlands myoombehandeling €50.000 Grant by AR&D research institute Amsterdam UMC: doing an LCA on fibroid treatment options
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	
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	<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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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.