

## ICMJE DISCLOSURE FORM

Date: 17-06-21

Your Name: Professor Roma Maguire

Manuscript Title: Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial

Manuscript number (if known): BMJ-2021-065142.R2

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.

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)
<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>	Funding for the research trial as an entirety was provided by the European Commission via FP-7 Grant Funding.	Research funding was paid to the University of Strathclyde to be dispersed to project partners as appropriate. At no time were any personal payments provided or received.
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>    </u> None	

3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	Funding to support attendance at conferences and project meetings was provided by the University of Strathclyde share of the project grant funding from the European Commission as per the arrangements for the trial funding in its entirety.	Research funding was paid to the University of Strathclyde to be utilized for project related dissemination activities as appropriate. At no time were any personal payments provided or received.
8	Patents planned, issued or pending	___ None	
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	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13		___ None	

Other financial or non-financial interests		

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.

ICMJE DISCLOSURE FORM

Date: 17-06-21  
 Your Name: Dr Lisa McCann  
 Manuscript Title: Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial  
 Manuscript number (if known): BMJ-2021-065142.R2

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13		___ None	

Other financial or non-financial interests		

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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.

## ICMJE DISCLOSURE FORM

**Date:** 17 June 2021  
**Your Name:** Dr Grigorios Kotronoulas  
**Manuscript Title:** Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial  
**Manuscript number (if known):** BMJ-2021-065142.R2

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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	___ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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.



## ICMJE DISCLOSURE FORM

Date: 20<sup>th</sup> June 2021

Your Name: Nora Kearney

Manuscript Title: Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial

Manuscript number (if known): BMJ-2021-065142.R2

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	___ None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
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  X   I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 17 June 2021

**Your Name:** Professor Emma Ream

**Manuscript Title:** Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial

**Manuscript number (if known):** BMJ-2021-065142.R2

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 17/06/21

Your Name: Jo Armes

Manuscript Title: Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial

Manuscript number (if known): BMJ-2021-065142.R2

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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X\_\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 17 June 2021

Your Name: Elisabeth Patiraki

Manuscript Title: Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial

Manuscript number (if known): BMJ-2021-065142.R2

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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  X   I certify that I have answered every question and have not altered the wording of any of the questions on this form.



## ICMJE DISCLOSURE FORM

Date: 17<sup>th</sup> June 2021

Your Name: Dr Eileen Furlong

Manuscript Title: Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial

Manuscript number (if known): BMJ-2021-065142.R2

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6	Payment for expert testimony	___ None	
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13	Other financial or non-financial interests	___ None	

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 17/06/2021

Your Name: Dr Patricia Fox

Manuscript Title: Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial

Manuscript number (if known): BMJ-2021-065142.R2

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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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 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 checked="" type="checkbox"/> None	
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	

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## ICMJE DISCLOSURE FORM

Date: \_\_17<sup>th</sup> June 2021

Your Name: \_\_Alexander Gaiger

Manuscript Title: \_\_ Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial

Manuscript number (if known): \_ BMJ-2021-065142.R2

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	Only within the EU Framework 7 defined and supported manner in order to attend the eSMART consortium meetings
8	Patents planned, issued or pending	___ None	
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	___ None	
11	Stock or stock options	___ None	
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## ICMJE DISCLOSURE FORM

Date: 17 June 2021  
 Your Name: Paul McCrone  
 Manuscript Title: Real time remote symptom monitoring during chemotherapy for cancer: results from eSMART, a European multicentre randomised controlled trial  
 Manuscript number (if known): BMJ-2021-065142.R2

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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>	<u>__Yes__</u>	The project was funded by the EC and details are in the manuscript. King's College London (my employee at the time) was one of the grant recipients.
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>_X_</u> None	
3	Royalties or licenses	<u>_X_</u> None	

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## ICMJE DISCLOSURE FORM

Date: 17.06.2021

Your Name: Geir V. Berg

Manuscript Title: **Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial**

Manuscript number (if known): BMJ-2021-065142.R2

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.

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)
<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>	X None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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.

## ICMJE DISCLOSURE FORM

Date: June 10, 2021

Your Name: Christine Miaskowski

Manuscript Title: Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial

Manuscript number (if known): BMJ-2021-065142.R2

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.

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	

4	Consulting fees	<input 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 type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input 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	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input 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.

## ICMJE DISCLOSURE FORM

Date: 17-06-21

Your Name: Antonella Cardone

Manuscript Title: Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial

Manuscript number (if known): BMJ-2021-065142.R2

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	___ None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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.

## ICMJE DISCLOSURE FORM

Date: 17/06/2021

Your Name: Dawn Orr

Manuscript Title: **Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial\_**

Manuscript number (if known): BMJ-2021-065142.R2

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.

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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>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> x None	
6	Payment for expert testimony	<input type="checkbox"/> x None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> x None	
8	Patents planned, issued or pending	<input type="checkbox"/> x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> x None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> x None	
11	Stock or stock options	<input type="checkbox"/> x None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> x None	
13	Other financial or non-financial interests	<input type="checkbox"/> x None	

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.



## ICMJE DISCLOSURE FORM

Date: 17-06-21

Your Name: Adrian Flowerday

Manuscript Title: Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial

Manuscript number (if known): BMJ-2021-065142.R2

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.

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<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>	Funding for the research trial as an entirety was provided by the European Commission via FP-7 Grant Funding.	Research funding was paid to Docobo via the University of Strathclyde a part of dispersal of funds. At no time were any personal payments provided or received.
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	

3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	Funding to support attendance at conferences and project meetings was provided by the University of Strathclyde share of the project grant funding from the European Commission as per the arrangements for the trial funding in its entirety.	Research funding was paid to Docobo from the University of Strathclyde to be utilized for project related dissemination activities as appropriate. At no time were any personal payments provided or received.
8	Patents planned, issued or pending	___ None	
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	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13		___ None	

Other financial or non-financial interests		

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.

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 17 June 2021 \_\_\_\_\_

Your Name: \_\_\_\_\_ Katsaragakis Stylianos \_\_\_\_\_

Manuscript Title: **Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial**

Manuscript number (if known): BMJ-2021-065142.R2

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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.

## ICMJE DISCLOSURE FORM

Date: \_\_17/06/2021

Your Name: Andrew Darley

Manuscript Title: Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial

Manuscript number (if known): BMJ-2021-065142.R2

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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.

## ICMJE DISCLOSURE FORM

Date: 17<sup>th</sup> June 2021

Your Name: Simone Lubowitzki

Manuscript Title: Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial

Manuscript number (if known): BMJ-2021-065142.R2

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	



4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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.

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 17.06.21 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Dr Jenny Harris \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_ BMJ-2021-065142.R2 \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	___ None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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.

## ICMJE DISCLOSURE FORM

Date: 17 JUN 2021 \_\_\_\_\_

Your Name: SIMON S. SKENE \_\_\_\_\_

Manuscript Title: **Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial** \_\_\_\_\_

Manuscript number (if known): **BMJ-2021-065142.R2** \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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.

## ICMJE DISCLOSURE FORM

Date: 17-06-21

Your Name: Dr Morven Miller

Manuscript Title: Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial

Manuscript number (if known): BMJ-2021-065142.R2

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	

3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	Funding to support attendance at conferences and project meetings was provided by the University of Strathclyde share of the project grant funding from the European Commission as per the arrangements for the trial funding in its entirety.	Research funding was paid to the University of Strathclyde to be utilized for project related dissemination activities as appropriate. At no time were any personal payments provided or received.
8	Patents planned, issued or pending	___ None	
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	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13		___ None	

Other financial or non-financial interests		

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.



## ICMJE DISCLOSURE FORM

Date: 17<sup>th</sup> June 2021

Your Name: Margaret Moore

Manuscript Title: Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial

Manuscript number (if known): BMJ-2021-065142.R2

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
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11	Stock or stock options	___ None	
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13	Other financial or non-financial interests	___ None	

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.

## ICMJE DISCLOSURE FORM

Date: 17.06.2021  
 Your Name: Liane Lewis  
 Manuscript Title: Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial  
 Manuscript number (if known): BMJ-2021-065142.R2

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## ICMJE DISCLOSURE FORM

Date: 17/06/2021  
 Your Name: Peter T. Donnan  
 Manuscript Title: Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: Results from eSMART, A European Multicentre Randomised Controlled Trial  
 Manuscript number (if known): BMJ-2021-065142.R2

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X	Member of the New Drugs Committee of the Scottish Medicines Consortium

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