

## ICMJE DISCLOSURE FORM

**Date:** 4/4/2023

**Your Name:** Shirley Yu

**Manuscript Title:** Predictors of placebo response to local (intra-articular) therapy in osteoarthritis – an individual participant data meta-analysis

**Manuscript Number (if known):** Click or tap here to enter text.

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)						
<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	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 type="checkbox"/> None  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">University of Sydney Postgraduate Scholarship (Merck PhD Scholarship in Medicine)</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	University of Sydney Postgraduate Scholarship (Merck PhD Scholarship in Medicine)						Click the tab key to add additional rows.
University of Sydney Postgraduate Scholarship (Merck PhD Scholarship in Medicine)									
<b>Time frame: past 36 months</b>									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>							
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> None  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>							

		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)
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 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	

		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)						
11	Stock or stock options	<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%; height: 15px;"></td></tr> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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%; height: 15px;"></td></tr> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> </table>							
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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.

## ICMJE DISCLOSURE FORM

**Date:** 3/1/2023

**Your Name:** Leticia Deveza

**Manuscript Title:** Predictors of placebo response to local (intra-articular) therapy in osteoarthritis – an individual participant data meta-analysis

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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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:** 3/30/2023

**Your Name:** S.M.A. Bierma-Zeinstra

**Manuscript Title:** Predictors of placebo response to local (intra-articular) therapy in osteoarthritis – an individual participant data meta-analysis

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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>1</b>	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"/> <b>None</b>							
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>							
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;">Independent Research Grants paid to the Institution from EU, Dutch Arthritis Association and ZonMw</td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>		Independent Research Grants paid to the Institution from EU, Dutch Arthritis Association and ZonMw					
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4	Consulting fees	<input type="checkbox"/> None <table border="1" data-bbox="379 340 1497 474"> <tr> <td></td> <td>Pfizer Infirst Healthcare</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Pfizer Infirst Healthcare					
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 560 1497 660"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 896 1497 996"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1108 1497 1209"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1321 1497 1422"> <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 checked="" type="checkbox"/> None <table border="1" data-bbox="379 1534 1497 1635"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1713 1497 1814"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							



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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
			Personal fees: Deputy Editor for Osteoarthritis Cartilage

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:** 3/24/2023

**Your Name:** Venkatesha Bhagavath

**Manuscript Title:** Predictors of placebo response to local (intra-articular) therapy in osteoarthritis – an individual participant data meta-analysis

**Manuscript Number (if known):** Click or tap here to enter text.

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 542 1493 640"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 752 1493 851"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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## ICMJE DISCLOSURE FORM

**Date:** 3/25/2023

**Your Name:** David Hunter

**Manuscript Title:** Predictors of placebo response to local (intra-articular) therapy in osteoarthritis – an individual participant data meta-analysis

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-top: 2px;"></div>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-top: 2px;"></div>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-top: 2px;"></div>	

		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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

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:** 7/11/2023

**Your Name:** Professor Fraser Birrell

**Manuscript Title:** Predictors of placebo response to local (intra-articular) therapy in osteoarthritis – an individual participant data meta-analysis

**Manuscript Number (if known):** N/A

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.

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Time frame: Since the initial planning of the work								
<b>1</b>	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"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table> <small>Click the tab key to add additional rows.</small>						
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 15px;">Jules Thorn Trust</td><td style="width: 50px;"> </td></tr> <tr><td style="height: 15px;">NIHR HTA-PROP OA</td><td> </td></tr> <tr><td style="height: 15px;">MRC-Versus Arthritis-CIMA</td><td> </td></tr> </table>	Jules Thorn Trust		NIHR HTA-PROP OA		MRC-Versus Arthritis-CIMA	
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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>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None  <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None  <table border="1"><tr><td>Wiley</td><td></td></tr><tr><td>Portuguese Society of Lifestyle Medicine</td><td></td></tr><tr><td></td><td></td></tr></table>	Wiley		Portuguese Society of Lifestyle Medicine				
Wiley									
Portuguese Society of Lifestyle Medicine									
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></table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None  <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None  <table border="1"><tr><td>Director of Science &amp; Research British Society of Lifestyle Medicine</td><td></td></tr><tr><td>Editor-in-Chief, Lifestyle Medicine (Wiley)</td><td></td></tr><tr><td></td><td></td></tr></table>	Director of Science & Research British Society of Lifestyle Medicine		Editor-in-Chief, Lifestyle Medicine (Wiley)				
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="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>							
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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:** 7/11/2023

**Your Name:** Weiya Zhang

**Manuscript Title:** Predictors of placebo response to local (intra-articular) therapy in osteoarthritis – an individual participant data meta-analysis

**Manuscript Number (if known):** N/A

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>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">NIHR Biogical Research Centre, HTA gout T2T trial</td> <td>Payment to institution</td> </tr> <tr> <td>Versus Arthritis Pain Centre, Sports Exercise and Osteoarthritis Centre</td> <td>Payment to institution</td> </tr> <tr> <td>FOREUM, FA, MRC project grants</td> <td>Payment to institution</td> </tr> </table>	NIHR Biogical Research Centre, HTA gout T2T trial	Payment to institution	Versus Arthritis Pain Centre, Sports Exercise and Osteoarthritis Centre	Payment to institution	FOREUM, FA, MRC project grants	Payment to institution
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td> </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 type="checkbox"/> None	
		Regeneron Plc	Advisory board, Payment to me
		Eli Lilly	Advisory board, Payment to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Harbin International OA Forum	Lecture, payment to me
		Shenzhen Rheumatology Meeting	Lecture, payment to me
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	

		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>11</b>	Stock or stock options	<input checked="" type="checkbox"/> None	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
<b>13</b>	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:** 7/11/2023

**Your Name:** Marienke van Middelkoop

**Manuscript Title:** Predictors of placebo response to local (intra-articular) therapy in osteoarthritis – an individual participant data meta-analysis

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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>1</b>	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;"> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table> <p style="font-size: small; text-align: right;">Click the tab key to add additional rows.</p>						
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>						
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 353 1497 488"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 571 1497 672"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 907 1497 1008"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1115 1497 1216"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1328 1497 1429"> <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 checked="" type="checkbox"/> None <table border="1" data-bbox="379 1541 1497 1641"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1731 1497 1832"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 577 1493 678"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 790 1493 891"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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## ICMJE DISCLOSURE FORM

**Date:** 7/11/2023

**Your Name:** Manuela L Ferreira

**Manuscript Title:** Predictors of placebo response to local (intra-articular) therapy in osteoarthritis – an individual participant data meta-analysis

**Manuscript Number (if known):** N/A

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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 style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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## ICMJJE DISCLOSURE FORM

**Date:** 7/11/2023

**Your Name:** Ismael Atchia

**Manuscript Title:** Predictors of placebo response to local (intra-articular) therapy in osteoarthritis – an individual participant data meta-analysis

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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Time frame: Since the initial planning of the work								
<b>1</b>	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"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
	Click the tab key to add additional rows.							
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Novartis</td> <td>Education grant for fellowship in Ultrasound provided to Newcastle hospitals (I am the co-applicant of that grant with a colleague at Newcastle Hospital)</td> </tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table>	Novartis	Education grant for fellowship in Ultrasound provided to Newcastle hospitals (I am the co-applicant of that grant with a colleague at Newcastle Hospital)				
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table>						

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>UCB</td> <td>Advisory Board Consultancy Fees</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	UCB	Advisory Board Consultancy Fees					
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>							
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>							
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>UCB</td> <td></td> </tr> <tr> <td>Eli Lilly</td> <td></td> </tr> <tr> <td>Novartis</td> <td></td> </tr> </table>	UCB		Eli Lilly		Novartis		
UCB									
Eli Lilly									
Novartis									
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>UCB</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	UCB						
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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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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.