

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Andreas	2. Surname (Last Name) Diacon	3. Date 28-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kelly Dooley
5. Manuscript Title Reply to Letter of Decroo et al on "Early bactericidal activity of different isoniazid doses for drug resistant TB: ACTG INHindsight"		
6. Manuscript Identifying Number (if you know it) Blue-202002-0359LE - Reply		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Diacon has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Xin

2. Surname (Last Name)  
Sun

3. Date  
28-February-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Kelly Dooley

5. Manuscript Title  
Reply to Letter of Decroo et al on "Early bactericidal activity of different isoniazid doses for drug resistant TB: ACTG INHindsight"

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIAID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Sun reports grants from NIAID, during the conduct of the study; .

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### Section 1. Identifying Information

1. Given Name (First Name)

Naadira

2. Surname (Last Name)

Vanker

3. Date

28-February-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Prof. Kelly Dooley

5. Manuscript Title

Reply to Letter of Decroo et al on "Early bactericidal activity of different isoniazid doses for drug resistant TB: ACTG INHindsight"

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Eric

2. Surname (Last Name)

Nuermberger

3. Date

01-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Kelly Dooley

5. Manuscript Title

Reply to Letter of Decroo et al on "Early bactericidal activity of different isoniazid doses for drug resistant TB: ACTG INHindsight"

6. Manuscript Identifying Number (if you know it)

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Dr. Nuermberger has nothing to disclose.

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Richard

2. Surname (Last Name)  
Hafner

3. Date  
27-February-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Kelly Dooley

5. Manuscript Title  
Reply to Letter of Decroo et al on "Early bactericidal activity of different isoniazid doses for drug resistant TB: ACTG INHindsight"

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Susan

2. Surname (Last Name)  
Swindells

3. Date  
28-February-2020

4. Are you the corresponding author?  Yes  No Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
Reply to Letter of Decroo et al on "Early bactericidal activity of different isoniazid doses for drug resistant TB: ACTG INHindsight"

6. Manuscript Identifying Number (if you know it)  
Blue-202002-0359LE - Reply

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ViiV Healthcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grants to my institution

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Swindells reports grants from NIH, during the conduct of the study; grants from ViiV Healthcare, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Susan

2. Surname (Last Name)  
Rosenkranz

3. Date  
21-May-2020

4. Are you the corresponding author?  Yes  No Corresponding Author's Name

5. Manuscript Title  
Early Bactericidal Activity of Different Isoniazid Doses for Drug-Resistant Tuberculosis (INHindsight): A Randomized Open-Label Clinical Trial

6. Manuscript Identifying Number (if you know it)  
Blue-202002-0359LE

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Dr. Rosenkranz has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Kelly

2. Surname (Last Name)

Dooley

3. Date

11-May-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

- Reply to: High-dose First-line Treatment Regimen for Recurrent Rifampicin-susceptible Tuberculosis

6. Manuscript Identifying Number (if you know it)

Blue-202002-0359LE

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Dooley has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Elisa

2. Surname (Last Name)  
Ignatius

3. Date  
20-May-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Kelly Dooley

5. Manuscript Title  
Reply to: High-dose First-line Treatment Regimen for Recurrent Rifampicin-susceptible Tuberculosis

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  Yes  No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T32 GM066691

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ignatius reports support from NIH T32 GM066691 during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Kathleen	2. Surname (Last Name) Donahue	3. Date 28-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kelly Dooley
5. Manuscript Title Reply to Letter of Decroo et al on "Early bactericidal activity of different isoniazid doses for drug resistant TB: ACTG INHindsight"		
6. Manuscript Identifying Number (if you know it) Blue-202002-0359LE - Reply		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Sachiko      2. Surname (Last Name) Miyahara      3. Date 28-February-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Kelly Dooley

5. Manuscript Title  
Reply to Letter of Decroo et al on "Early bactericidal activity of different isoniazid doses for drug resistant TB: ACTG INHindsight"

6. Manuscript Identifying Number (if you know it)  
Blue-202002-0359LE - Reply

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIAID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?     Yes     No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?     Yes     No





## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Miyahara reports grants from NIAID, during the conduct of the study; .

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Florian

2. Surname (Last Name)  
von Groote-Bidlingmaier

3. Date  
02-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Kelly Dooley

5. Manuscript Title  
Early Bactericidal Activity of Different Isoniazid Doses for Drug-Resistant Tuberculosis (INHindsight): A Randomized Open-Label Clinical Trial

6. Manuscript Identifying Number (if you know it)  
Blue-202002-0359LE

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. von Groote-Bidlingmaier has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Laura

2. Surname (Last Name)  
Moran

3. Date  
21-May-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Kelly Dooley

5. Manuscript Title  
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National Institute of Allergy and Infectious Diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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L. Moran reports grants from National Institute of Allergy and Infectious Diseases, during the conduct of the study; .

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