

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.

2. The work under consideration for publication.

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.

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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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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)

Johan

2. Surname (Last Name)

Sundstrom

3. Date

05-November-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: Systematic Review and Meta-Analysis

6. Manuscript Identifying Number (if you know it)

M14-0773

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.)?

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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

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On an advisory board for Itrim, a weight loss company.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kazem	2. Surname (Last Name) Rahimi	3. Date 11-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sundstrom
5. Manuscript Title Effects of Blood Pressure Reduction in Mild Hypertension: Systematic Review and Meta-Analysis		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) John 2. Surname (Last Name) Chalmers 3. Date 06-December-2014

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

5. Manuscript Title
Effects of Blood Pressure Reduction in Mild Hypertension: Systematic Review and Meta-Analysis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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
Servier International	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for the ADVANCE-ON post-trial follow-up study

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. Chalmers reports grants and personal fees from Servier International , outside the submitted work; .

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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) Bruce 2. Surname (Last Name) Neal 3. Date 11-April-2014

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

5. Manuscript Title
Effects of Blood Pressure Reduction in Mild Hypertension: Systematic Review and Meta-Analysis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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
Abbott	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for meeting presentation
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for meeting presentation
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for meeting presentation
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for meeting presentation
Servier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for meeting presentation
Janssen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Large-scale outcome trial in diabetes
Abbvie	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Large-scale outcome trial in CKD
Dr Reddy's Laboratories	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Large-scale outcome trial in CVD

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Servier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Large-scale outcome trial in CVD
Merck Schering Plough	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Large-scale outcome trial in CVD
Roche	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Large-scale outcome trial in CVD

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. Neal reports grants from National Health and Medical Research Council of Australia, during the conduct of the study; grants from Roche, personal fees from Abbott, personal fees from Novartis, personal fees from Pfizer, personal fees from Roche, personal fees from Servier, grants from Janssen, grants from Abbvie, grants from Dr Reddy's Laboratories, grants from Servier, grants from Merck Schering Plough, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Rod	2. Surname (Last Name) Jackson	3. Date 11-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Johan Sundström
5. Manuscript Title Effects of Blood Pressure Reduction in Mild Hypertension: Systematic Review and Meta-Analysis		
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Are there any relevant conflicts of interest? Yes No

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Dr. Jackson has nothing to disclose.

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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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Other: Anything not covered under the previous three boxes

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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) Hisatomi	2. Surname (Last Name) Arima	3. Date 04-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Effects of Blood Pressure Reduction in Mild Hypertension: Systematic Review and Meta-Analysis		
6. Manuscript Identifying Number (if you know it) M14-0773		

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

Section 3. Relevant financial activities outside the submitted work.

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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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Arima 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)
Mark

2. Surname (Last Name)
Woodward

3. Date
04-November-2014

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

5. Manuscript Title
Effects of Blood Pressure Reduction in Mild Hypertension: Systematic Review and Meta-Anal

6. Manuscript Identifying Number (if you know it)
M14-0773

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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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
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advice on the design of a new trial

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. Woodward reports personal fees from Novartis, outside the submitted work; .

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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) Fiona	2. Surname (Last Name) Turnbull	3. Date 12-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Johan Sundstrom
5. Manuscript Title Effects of Blood Pressure Reduction in Mild Hypertension: Systematic Review and Meta-Analysis		
6. Manuscript Identifying Number (if you know it) M14-0773		

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

Section 3. Relevant financial activities outside the submitted work.

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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

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Dr. Turnbull 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)
LAWRENCE

2. Surname (Last Name)
AGODOA

3. Date
15-December-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Johan Sundstrom

5. Manuscript Title
Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis.

6. Manuscript Identifying Number (if you know it)
M14-0773

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

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. AGODOA 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)

Craig

2. Surname (Last Name)

Anderson

3. Date

17-December-2014

4. Are you the corresponding author?

 Yes

 No

Corresponding Author's Name

Johan Sundström

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

M14-0773

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Are there any relevant conflicts of interest?

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Are there any relevant conflicts of interest?

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Section 4. Intellectual Property -- Patents & Copyrights

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 Yes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Anderson 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)
Folkert

2. Surname (Last Name)
Asselbergs

3. Date
12-December-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Sundström

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis.

6. Manuscript Identifying Number (if you know it)

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

Section 3. Relevant financial activities outside the submitted work.

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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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Asselbergs has nothing to disclose.

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Other: Anything not covered under the previous three boxes

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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)

Barry

2. Surname (Last Name)

Brenner

3. Date

21-January-2014

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Johan Sundström

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

M14-0773

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

Section 3. Relevant financial activities outside the submitted work.

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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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Section 6. Disclosure Statement

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Dr. Brenner has nothing to disclose.

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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

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)

Morris

2. Surname (Last Name)

Brown

3. Date

20-January-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Johan Sundström

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

M14-0773

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

Section 3. Relevant financial activities outside the submitted work.

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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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Section 6. Disclosure Statement

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Dr. Brown has nothing to disclose.

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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)

christopher

2. Surname (Last Name)

bulpitt

3. Date

01-July-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr Sundstrom

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

M14-0773

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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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



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Dr. bulpitt 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)

Robert

2. Surname (Last Name)

Byington

3. Date

23-December-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Sundstrom

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date
 Rory Collins 23-December-2014

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

5. Manuscript Title
 Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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
Various grants to Oxford University for CTSU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	List of grants attached

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

Section 5. Relationships not covered above

Are there 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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
 No other relationships/conditions/circumstances that present a potential conflict of interest

See attached list of grants and approach to maintaining independence of research.

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Section 6. Disclosure Statement

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Dr. Collins reports various grants to Oxford University for CTSU outside the submitted work; and See attached list of grants and approach to maintaining independence of research.

Evaluation and Feedback

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Grants to Oxford University for any Clinical Trial Service Unit (CTSU) trials or other commercially-funded research over the past 20 years
(but excluding CTSU core support from MRC, CR-UK and BHF for these and other studies, as well as other non-commercially funded research)

- ACST-2 trial of carotid procedures (2007-ongoing)
 - BUPA: £60K
 - NHS-HTA: £200K
- ASCEND trial of aspirin and fish oils (2004-ongoing)
 - British Heart Foundation: £2.7M
 - Abbott/Solvay: £2.0M plus drug supply
 - Bayer: £1.7M plus drug supply
- ATLAS trial of tamoxifen duration (1997-ongoing)
 - US Army: \$1.6M
 - AstraZeneca: £1.0M plus drug supply
- ATLAS trial of psychosis treatment (2011-ongoing)
 - NHS-HTA: £500K
- BEST-D pilot trial of vitamin D (2012-ongoing)
 - British Heart Foundation: £150K
 - Tishcon: free drug supply only
- CCS-2 trial of metoprolol and clopidogrel (1999-2005)
 - AstraZeneca: £1.1M plus drug supply
 - Sanofi: £1.1M plus drug supply
- China Kadoorie Biobank (2002-ongoing)
 - Kadoorie Trust: £4.7M
 - Medical Research Council: £1.3M
 - Wellcome Trust: £2.5M
 - AstraZeneca: \$300K
 - GlaxoSmithKline: £2.2M
 - Merck: £200K
- Elinogrel feasibility trial (2010-2011)
 - Novartis: £500K
- Establishing Fuwai-Oxford research centre (2010-ongoing)
 - Merck: £1.1M
- Heart Protection Study (1993-2002)
 - British Heart Foundation: £1.2M
 - Medical Research Council £9.6M
 - Merck: £5.5M plus drug supply
 - Roche: £5.5M plus drug supply
- Heart Protection Study follow-up studies (2003-ongoing)
 - BHF: £350K
 - Merck: £1.2M
 - GlaxoSmithKline: \$400K
 - Liposcience: £50K
- HPS2-THRIVE trial of niacin/laropiprant (2005-ongoing)
 - Merck: £53M plus drug supply
- HPS3/TIMI55-REVEAL trial of anacetrapib (2010-ongoing)
 - Merck: £96M plus drug supply
- Leukaemia trials (2010-ongoing)
 - Cancer Research UK: £200K

Medical Research Council: £2.8M
Kay Kendall Leukaemia Fund: £200K
Pfizer Innovation Award (2004)
Pfizer: £50K to CTSU for unrestricted research
PROCARDIS genetic study (1998-2011)
European Union: £2.0M
AstraZeneca: £1.7M
SEARCH trial of simvastatin dose (1997-2010)
Merck: £22.7M plus drug supply
SHARP trial of simvastatin/ezetimibe (2002-2013)
Merck/Schering: £40M plus drug supply
STICS trial of rosuvastatin (2011-2014)
British Heart Foundation: £225K
European Union: £15K
AstraZeneca: \$100K
3-C trial of transplant rejection (2009-2017)
NHS Blood Transfusion: £250K
Pfizer: £500K
Novartis: £350K

Patents: Myopathy-related genetic variant; licensed by Oxford University to Boston Heart Diagnostics; all personal income waived in favour of the University and CTSU to support research

NOTE: The CTSU conducts, analyses and interprets its clinical trials and other research independently of industry and other funders, with the datasets held by the CTSU rather than by the funders. In accordance with CTSU's long-term policy (see attached), honoraria, consultancy or other payments have not been received directly or indirectly from industry, either personally by Professor Collins or by the University (except for reimbursement of travel and accommodation costs for taking part in relevant scientific meetings).

Funding and independence of research at the Clinical Trial Service Unit & Epidemiological Studies Unit (“CTSU”) of the Nuffield Department of Population Health, University of Oxford

CTSU is a world leader in the conduct of large-scale randomised controlled trials, and combined analyses (“meta-analyses”) of detailed data from randomised trials, which provide reliable evidence about the safety and efficacy of treatments. Such trials and meta-analyses – which may be of existing or new treatments – are essential to help guide health-care strategies appropriately.

The conduct of trials involving thousands of participants, often in multiple countries around the world, requires a substantial research effort and can be very costly. CTSU has been successful in receiving large research grants from government (e.g. National Institute for Health Research, Medical Research Council) and charitable sources (e.g. British Heart Foundation), as well as from the pharmaceutical industry. Given the costs involved in running large studies, industry funding helps to ensure that the trials are of sufficient size and scope to assess the safety and efficacy of treatments reliably.

In order to ensure that CTSU’s research is conducted independently of all sources of funding, we have had a number of measures in place for many years:

CTSU policy on consultancies, honoraria or other financial benefits

CTSU has had an explicit policy for about 30 years of not accepting any personal payments directly or indirectly from industry. It only seeks reimbursement to the University of Oxford of the costs of travel and accommodation to participate in scientific meetings.¹ This approach ensures that decisions to give lectures or advice are determined by the scientific value of doing so, and not by personal gain.

CTSU staff are also advised that it is generally not appropriate to have shares in tobacco, alcohol, drug or biotechnology companies which might be directly or indirectly affected by CTSU publications or public statements.¹ (Professor Rory Collins holds no shares in any company.)

Obtaining funding for CTSU research

CTSU decides what trials it wants to do for scientific reasons and then tries to persuade industry and non-industry sources to cover the costs. For example, for our Heart Protection Study, it took several years to obtain the funding, with half coming from the UK Medical Research Council (government) and the British Heart Foundation (charity), one quarter from Merck (supplier of simvastatin) and one quarter from Roche (supplier of vitamins E, C and beta-carotene). This trial showed that statin therapy reduced the risk of heart attacks and strokes safely for a wide range of patients at high-risk of such events, but the vitamins produced no benefit; both results were published alongside each other.^{2,3}

In other instances, CTSU has obtained all of the necessary funding from industry for trials intended to address important public health questions that would not otherwise be answered. For example, our most recently completed THRIVE trial (funded by Merck) showed that niacin – which has been used routinely for over 50 years to modify cholesterol – did not reduce the risk of heart attacks and strokes, but did increase the risk of other serious adverse events (such as diabetes, bleeding and infections). As soon as those findings emerged, they were provided to regulatory authorities, presented publicly, and will soon be published prominently with detailed tabulations of adverse events.⁴

All of CTSU’s research that receives industry funding is governed by University of Oxford contracts which protect our independence in the way that we design, conduct, analyse, interpret and report the results of the research. Indeed, in the case of all of our clinical trials, CTSU (not the funders) hold the databases and control all of the analyses, with no restrictions on what is reported.

Cholesterol Treatment Trialists’ (CTT) Collaborative meta-analyses of statin trials

This collaborative effort was established in the early 1990s.⁵ It is coordinated jointly by the CTSU in Oxford and the National Health and Medical Research Council Clinical Trials Centre (CTC) in Sydney, with the database held securely and analysed in both locations. It is not funded by the pharmaceutical industry; instead, funding has been provided by government (Australian National Health and Medical Research Council, UK Medical Research Council, European Community Biomed Programme) and charities (Australian National Heart Foundation, British Heart Foundation, Cancer Research UK).

The aim of the CTT collaboration was to bring together data for each patient in all of the large-scale randomised controlled trials of statin therapy in order to be able to assess – more reliably than was possible with any of the individual trials – the effects of cholesterol-lowering statin therapy on heart attacks, strokes, revascularisation procedures and vascular deaths among different types of patient (for example, men and women; young and old; higher and lower risk).⁵ The CTT collaboration also aimed to assess any effects of statins on other types of death and on site-specific cancers.

The academic investigators who ran the statin trials, and the funders of those trials, agreed to provide the required data on major vascular events, cause-specific mortality and site-specific cancer on the understanding that their data would not be released to third parties without their explicit permission. (Note: Data on all other adverse events – including muscle aching or myopathy – were not sought, and so the CTT collaboration does not currently have access to such data for meta-analyses.⁵)

Obtaining these individual patient data from each of the trials, running careful consistency checks of them, conducting extensive analyses of the collective database (involving about 170,000 patients in 27 trials) and reporting the results in a series of papers has been a substantial collaborative effort.⁶⁻⁸ As a consequence of this effort, the CTT collaboration has provided information that would not have otherwise have emerged about the effects of statins on these outcomes for different types of patient which has contributed considerably to helping doctors to use statins more appropriately.

CTSU patent for statin-related myopathy genetic test

CTSU's SEARCH trial (funded by Merck and governed by an Oxford University contract, as described above) was set up to determine whether more intensive lowering of cholesterol levels with 80mg daily simvastatin might be better than a standard 20mg daily dose. We found that the higher dose caused more cases of "myopathy" (defined as muscle symptoms plus substantial elevation of blood levels of the muscle enzyme creatine kinase), and also identified a genetic variant which predisposed patients to an increased risk of myopathy. This information was reported prominently.^{9,10}

In order to ensure that a test for this genetic variant was made available to patients, the University took out a patent on this finding and licensed it to Boston Heart Diagnostics who provide the test. Consistent with CTSU's approach to personal payments (see above), its staff waived their rights to any income from this discovery, which has instead been made available to support research.

Awards to CTSU for contributions to medical research and public health

From time to time, CTSU scientists are awarded medals or prizes by scientific societies, charitable foundations or industry. In accordance with CTSU's policy (see above), no money associated with awards from industry is accepted by staff. For example, in 2004, Rory Collins was awarded the Pfizer Medal which came with a £50,000 unrestricted research grant to Oxford University. (Professor Collins has not received other research funding from Pfizer, although he did serve unpaid on the Steering Committee for the ASCOT trial of atorvastatin, which was coordinated by Imperial College, London.)

CTSU (1 July 2014)

References

1. <http://www.ctsu.ox.ac.uk/about-ctsu/documents/guidelines>
2. Heart Protection Study Collaborative Group. MRC/BHF Heart Protection Study of cholesterol lowering with simvastatin in 20,536 high-risk individuals: a randomised placebo-controlled trial. *Lancet*. 2002; 360: 7-22.
3. Heart Protection Study Collaborative Group. MRC/BHF Heart Protection Study of antioxidant vitamin supplementation in 20,536 high-risk individuals: a randomised placebo-controlled trial. *Lancet*. 2002; 360: 23-33.
4. HPS2-THRIVE Collaborative Group. Effects of extended-release niacin with laropiprant in high-risk patients. In press.
5. Protocol for a prospective collaborative overview of all current and planned randomized trials of cholesterol treatment regimens. Cholesterol Treatment Trialists' (CTT) Collaboration. *Am J Cardiol*. 1995; 75: 1130-4.
6. Cholesterol Treatment Trialists' Collaboration. Efficacy and safety of cholesterol-lowering treatment: prospective meta-analysis of data from 90,056 participants in 14 randomised trials of statins. *Lancet*. 2005; 366: 1267-78.
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9. SEARCH Collaborative Group. Intensive lowering of LDL cholesterol with 80 mg versus 20 mg simvastatin daily in 12,064 survivors of myocardial infarction: a double-blind randomised trial. *Lancet*. 2010; 376: 1658-69.
10. Link E, Parish S, Armitage J, Bowman L, Heath S, Matsuda F, et al. SLCO1B1 variants and statin-induced myopathy--a genome-wide study. *N Engl J Med*. 2008; 359: 789-99.



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1. Given Name (First Name)

Barry

2. Surname (Last Name)

Davis

3. Date

15-December-2014

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Dr. Sundstrom

5. Manuscript Title

"Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis."

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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Yes

No

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Section 1. Identifying Information

1. Given Name (First Name)
Dick

2. Surname (Last Name)
De Zeeuw

3. Date
08-July-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr. Sundström

5. Manuscript Title

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Abbvie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy agreement; honoraria paid to institution
Astellas Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy agreement; honoraria paid to institution
Janssen Pharmaceuticals/J&J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy agreement; honoraria paid to institution
REATA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy agreement; honoraria paid to institution
Vitae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy agreement; honoraria paid to institution



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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
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Takeda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy agreement; honoraria paid to institution
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Merck Darmstadt AG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research grant; paid to organisation
BMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy agreement; honoraria paid to institution
Hemocue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy agreement; honoraria paid to institution
Merck Sharpe & Dohme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy agreement; honoraria paid to institution
Fresenius	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy agreement; honoraria paid to Institution
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Dr. De Zeeuw reports other from Abbvie, other from Astellas Pharmaceuticals, other from Janssen Pharmaceuticals/J&J, other from REATA, other from Vitae, other from Chemocentryx, other from Takeda, other from Novartis, grants from Merck Darmstadt AG, other from BMS, other from Hemocue, other from Merck Sharpe & Dohme, other from Fresenius, other from Eli Lilly, outside the submitted work; .

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Estacio

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Corresponding Author's Name

Johan Sundström

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M14-0773

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1. Identifying information.

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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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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Robert
 2. Surname (Last Name) Fagard
 3. Date 12-December-2014

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

5. Manuscript Title
 Effects of blood pressure reduction in mild hypertension: A systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)
 -

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

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

Section 5. Relationships not covered above

Are there 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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

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) 2. Surname (Last Name) 3. Date

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

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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

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
Servier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Executive Committee CLARIFY, MODIFY, Consultancy to attend EMA, lectures, editorial work (Dialogues and Medicographia) travel expenses
Astra Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Executive Committee Themis Study
TaurX	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSMB Committee
Armgo	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Travel expenses to attend SAB
Broadview Ventures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Travel expenses and fees to attend SAB
CellAegis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SAB



ICMJE Form for Disclosure of Potential Conflicts of Interest

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

Are there 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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
 No other relationships/conditions/circumstances that present a potential conflict of interest

Director of Vesalius Trials Ltd

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Section 6. Disclosure Statement

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Professor Fox reports personal fees and non financial support from Servier, professional fees from TaurX and AstraZeneca. He is director of Vesalius Trials Ltd



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Evaluation and Feedback

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428 429 Please contact your local ICMJE representative for more information.

If you have any questions or comments, please contact your local ICMJE representative. If you are unable to contact your local representative, please contact the ICMJE Secretariat at secretariat@icmje.org.

Yes, the following relationships exist, and I have disclosed them in my article (see below).
 No, I do not have any relationships that require a potential conflict of interest disclosure.

Director of Studies, ICMJE

All articles published in ICMJE journals will be subject to review and, if necessary, require disclosure statements. On occasion, journals may be subject to disclosure for other reasons.

Based on the above disclosure, the form will be reviewed by the ICMJE Secretariat and, if necessary, the ICMJE Secretariat will contact you for more information.

For more information, please contact your local ICMJE representative or the ICMJE Secretariat at secretariat@icmje.org.



ICMJE Uniform Disclosure Form for 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 has five parts.

1. Identifying information.

Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

2. The work under consideration for publication.

Please provide 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 idea is to provide for the reader information about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. If you check the "No" box it 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 to pay you. If you or your institution did receive funds from a third party to support the work, check "Yes" along with the appropriate boxes to indicate the type of support and whether you or your institution received it.

3. Relevant financial activities outside the submitted work.

Please report all sources of revenue relevant to the submitted work that accrued either directly to you or were paid to your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. If there is any question, it is usually better to disclose a relationship than not to do so. Please note that your interactions with the work's sponsor outside the submitted work should be listed here. For each category list each entity on a separate line. Use as many lines as necessary to provide complete information. In addition, please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

The goal of this section is to provide information for our reviewers and readers about your interactions 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. For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to benefit financially from the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as the NIH or the MRC, need not be disclosed. For example, if the NIH sponsored a piece of work you have been involved in but drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Financial relationships involving your spouse or partner or your children (under 18 years of age).

If monies from the types of relationships listed in Section 3 were paid to your spouse or partner or dependent children, please list the type of activity and source of the money.

5. Nonfinancial associations.

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

Section 1. Identifying Information.

Given Name:
(or first)

Surname:
(or last)

Effective Date:

Are you the corresponding author? Yes No

Format example: 07-August-2008

Corresponding author's name:

Manuscript Title:

Manuscript Identifying Number (if you know it):

Section 2. Information about the support of the work under consideration for publication.

Did you or your institution at any time receive payment or support in kind for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

No

Yes, specify nature of compensation

Section 3. Information about relevant financial relationships 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 any entities that have an interest related to the submitted work. Use one line for each entity; add as many lines as you need. Use the comments column to indicate any additional information that you think a reader or editor would want to know about the compensation. Report relationships that were present during the 36 months prior to submission. In addition please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

If you have more than one relationship, click "Add +" to add a row. Click "Del x" to delete an extra row.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	St. Jude Medical	DSMB	Del x
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Merck	Advisory Board	Del x
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +



ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Novartis		Del x
Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sanofi		Del x
Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pfizer		Del x
						Add +
Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Payment for development of educational presentations including service on speakers' bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BMS/Pfizer	speaker	Del x
Payment for development of educational presentations including service on speakers' bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sanofi-Aventis		Del x
						Add +
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Travel/accommodations expenses covered or reimbursed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +



ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +

Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

- No other relationships/conditions/circumstances that present potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Section 5. Information about relevant nonfinancial associations.

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other) that a reasonable reader would want to know about in relation to the submitted work?

- No relevant nonfinancial relationships/conditions/circumstances to report.
- Yes, the following relevant nonfinancial relationships/conditions/circumstances are present (explain below):

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Save Form



ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Bertram 2. Surname (Last Name) Pitt 3. Date 10-December-2014
4. Are you the corresponding author? Yes No Corresponding Author's Name Sundstrom
5. Manuscript Title Effects of blood pressure reduction in mild hypertension : a systemic review and meta analysis
6. Manuscript Identifying Number (if you know it) _____

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

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
pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
astra zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
relypsa	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant and stock options
scpharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant and stock options
stealth peptides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
j&j	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	member DMC



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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	member DMC
oxygen biotherapeutics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	member DMC
juventis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	member events committee
DaVinci therapeutics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	stock options
aura sense	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant , stock options

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
site specific delivery of eplerenone to the myocardium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Section 5. Relationships not covered above

Are there 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?

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- No other relationships/conditions/circumstances that present a potential conflict of interest

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Pitt reports personal fees from pfizer, personal fees from bayer, personal fees from astra zeneca , personal fees from relypsa, personal fees from scpharmaceuticals , personal fees from stealth peptides, personal fees from j&j , personal fees from novartis, personal fees from oxygen biotherapeutics , personal fees from juventis , personal fees from DaVinci therapeutics , personal fees from aura sense, outside the submitted work; In addition, Dr. Pitt has a patent site specific deliver y of eplerenone to the myocardium pending.

Evaluation and Feedback

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3. Relevant financial activities outside the submitted work.

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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

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Neil 2. Surname (Last Name) Poulter 3. Date 21-January-2015

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

5. Manuscript Title
Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)
M14-0773

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

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
National Institute for Health Research Health Technology Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes UK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
British Hypertension Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Servier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Menorini	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Servier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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

Are there 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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
 No other relationships/conditions/circumstances that present a potential conflict of interest

Chairman of the BHS Guidelines and Information Service Working Party
 Member of Council of ISH

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Section 6. Disclosure Statement

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Dr. Poulter reports grants from National Institute for Health Research Health Technology Assessment, grants from Diabetes UK, grants from British Hypertension Society, grants from Servier, grants from Pfizer, grants from Menorini, personal fees from Servier, personal fees from Menorini, from null, outside the submitted work; and Chairman of the BHS Guidelines and Information Service Working Party Member of Council of ISH.



ICMJE Form for Disclosure of Potential Conflicts of Interest

Evaluation and Feedback

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

Do you have any comments or suggestions regarding this form?
 Yes No

If you have any comments or suggestions, please provide them in the space below.
You may use the following text as a starting point:
I found this form to be [] helpful / [] difficult to complete / [] unclear.

Comments:

As the reviewer, I would like to know if you have any comments or suggestions regarding this form.
Comments:

Comments:

Comments:



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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)
Giuseppe

2. Surname (Last Name)
Remuzzi

3. Date
12-December-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Johan Sundström

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

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

Section 3. Relevant financial activities outside the submitted work.

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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
AbbVie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy agreement. No personal remuneration is accepted, compensations are paid to his institution for research and educational activities.
Alexion Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy agreement. No personal remuneration is accepted, compensations are paid to his institution for research and educational activities.



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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bayer Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy agreement. No personal remuneration is accepted, compensations are paid to his institution for research and educational activities.
Reata Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy agreement. No personal remuneration is accepted, compensations are paid to his institution for research and educational activities.
Novartis Pharma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy agreement. No personal remuneration is accepted, compensations are paid to his institution for research and educational activities.
AstraZeneca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy agreement. No personal remuneration is accepted, compensations are paid to his institution for research and educational activities.
Otsuka Pharmaceutical Europe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy agreement. No personal remuneration is accepted, compensations are paid to his institution for research and educational activities.
* Concert Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy agreement. No personal remuneration is accepted, compensations are paid to his institution for research and educational activities.

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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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) Anthony 2. Surname (Last Name) Rodgers 3. Date 12/12/2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

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.)?

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Are there any relevant conflicts of interest? Yes No

ADD

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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Generate Disclosure Statement

Dr. Rodgers 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)

Rury

2. Surname (Last Name)

Holman

3. Date

12-January-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Johan Sundstro'm,

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

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Dr. Holman has nothing to disclose.

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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)

Yutaka

2. Surname (Last Name)

Imai

3. Date

12-December-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Dr. Sundstrom

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

 Yes No

Section 3. Relevant financial activities outside the submitted work.

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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



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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)

Edmund

2. Surname (Last Name)

Lewis

3. Date

12-December-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Dr. Johan Sundström

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

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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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?

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Dr. Lewis 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)

Michel

2. Surname (Last Name)

LIEVRE

3. Date

12-December-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Johan Sundström

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

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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



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Section 1. Identifying Information

1. Given Name (First Name)

Lars

2. Surname (Last Name)

Lindholm

3. Date

08-January-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Johan Sundstrom

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

M14-0773

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Stephan

2. Surname (Last Name)
Lueders

3. Date
29-December-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Sundström

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

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



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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Stephen

2. Surname (Last Name)
MacMahon

3. Date
07-January-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Johan Sundström

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

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M14-0773

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Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)

GIUSEPPE

2. Surname (Last Name)

MANCIA

3. Date

11-December-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

SUNDSTRÖM

5. Manuscript Title

EFFECTS OF BLOOD PRESSURE REDUCTION IN MILD HYPERTENSION: A SYSTEMATIC REVIEW AND META-ANALYSIS

6. Manuscript Identifying Number (if you know it)

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

Section 3. Relevant financial activities outside the submitted work.

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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
BOEHRINGER INGELHEIM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecturer/Chairman at meetings
BAYER AG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as above
CVRx	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as above
DAIICHI SANKYO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as above
MEDTRONIC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as above
MERCK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as above
NOVARTIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as above
SERVIER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as above



ICMJE Form for Disclosure of Potential Conflicts of Interest

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

Are there 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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. MANCIA reports personal fees from BOEHRINGER INGELHEIM, personal fees from BAYER AG, personal fees from CVRx, personal fees from DAIICHI SANKYO, personal fees from MEDTRONIC, personal fees from MERCK, personal fees from NOVARTIS, personal fees from SERVIER, outside the submitted work; .

Evaluation and Feedback

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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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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)
Steven

2. Surname (Last Name)
Nissen

3. Date
17-December-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Johan Sundstrom

5. Manuscript Title
Effects of Blood Pressure...

6. Manuscript Identifying Number (if you know it)
M14-0773

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
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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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

Section 5. Relationships not covered above

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- Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

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Dr. Nissen reports grants from Pfizer, from null, during the conduct of the study; .

Evaluation and Feedback

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Toshio

2. Surname (Last Name)

Ogihara

3. Date

12-December-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

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

Section 3. Relevant financial activities outside the submitted work.

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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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Section 6. Disclosure Statement

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Dr. Ogihara has nothing to disclose.

Evaluation and Feedback

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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) Takayoshi 2. Surname (Last Name) Ohkubo 3. Date 12-December-2014

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

5. Manuscript Title
Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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
Dainihon-Sumitomo Pharm.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daiichi-Sankyo Pharm.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Ohkubo reports personal fees from Dainihon-Sumitomo Pharm., personal fees from Daiichi-Sankyo Pharm., 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) Carl 2. Surname (Last Name) Pepine 3. Date 12-December-2014

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

5. Manuscript Title
Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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
AHA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
Amorcyte/Neostem	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
Astra/Zeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
Baxter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
Brigham & Women's Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
Capricor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
Cytori	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
Fujisawa HealthCare Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant



ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Gilead Sciences Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
Ikaria Development Subsidiary One LLC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
InfraReDx	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
inVentive Health Clinical LLC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
Lilly/Cleveland Clinic DSMB member for a phase 2 efficacy and safety study of Ly2484595	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
Medtelligence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
NHLBI DSMB Chair for FREEDOM trial	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
NHLBI Study Section for Progenitor Cell Biology Consortium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
NHLBI/NCRR CTSA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant
NIH Study Section for Cardiovascular Sciences Small Business Activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
NIH/NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grants
Park-Davis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational grant
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational grant
Sanofi-Aventis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational grant

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. Pepine reports grants from AHA, grants from Amorcyte/Neostem, grants from Astra/Zeneca, grants from Baxter, grants from Brigham & Women's Hospital, grants from Capricor, grants from Cytori, grants from Fujisawa HealthCare Inc., grants from Gilead Sciences Inc., grants from Ikaria Development Subsidiary One LLC, grants from InfraReDx, grants from inVentive Health Clinical LLC, personal fees from Lilly/Cleveland Clinic DSMB member for a phase 2 efficacy and safety study of Ly2484595, personal fees from Medtelligence, personal fees from NHLBI DSMB Chair for FREEDOM trial, from NHLBI Study Section for Progenitor Cell Biology Consortium, grants from NHLBI/NCRR CTSA, personal fees from NIH Study Section for Cardiovascular Sciences Small Business Activities, grants from NIH/NHLBI, grants from Park-Davis, grants from Pfizer, grants from Sanofi-Aventis, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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)

Marc

2. Surname (Last Name)

Pfeffer

3. Date

15-December-2014

4. Are you the corresponding author?

 Yes

 No

Corresponding Author's Name

Johan Sundstrom

5. Manuscript Title

Effect of Blood Pressure Reduction in Mild Hypertension: Systemic Review and Meta-Analysis.

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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
none	<input 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
Amgen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional agreement to the Brigham and Women's Hospital and Consulting fees.
Aastrom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees.



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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Abbott Vascular	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees.
Celladon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional agreement to the Brigham and Women's Hospital.
Cleveland Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees.
Concert	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees.
Hamilton Health Sciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional agreement to the Brigham and Women's Hospital. Not considered relevant.
FibroGen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees.
Daiichi Sankyo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees.
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees.
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees.
Novartis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional agreement to the Brigham and Women's Hospital and Consulting fees.
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees.
Sanofi Aventis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional agreement to the Brigham and Women's Hospital. Not considered relevant.
Servier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees.
Teva	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees.
Genzyme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees.
Novo Nordisk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees.
Salix	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees.
Sanderling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees.
Relypsa	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees.

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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.



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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Novartis. The Brigham and Women's Hospital has patents for the use of inhibitors of the RAS in selected survivors of MI with Novartis Dr. Pfeffer is a co-inventor. His share of the licensing agreement is irrevocably transferred to charity.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Not considered relevant.

Section 5. Relationships not covered above

Are there 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?

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Dr. Pfeffer reports grants and personal fees from Amgen, personal fees from Aastrom, personal fees from Abbott Vascular, grants from Celladon, personal fees from Cleveland Clinic, personal fees from Concert, grants from Hamilton Health Sciences, personal fees from FibroGen, personal fees from GlaxoSmithKline, personal fees from Medtronic, personal fees from Merck, grants from Novartis, personal fees from Roche, grants from Sanofi Aventis, personal fees from Servier, personal fees from Teva, personal fees from Daiichi Sankyo, personal fees from Genzyme, personal fees from Novo Nordisk, personal fees from Salix, personal fees from Sanderling, outside the submitted work; In addition, Dr. Pfeffer has a patent Novartis. The Brigham and Women's Hospital has patents for the use of inhibitors of the RAS in selected survivors of MI with Novartis Dr. Pfeffer is a co-inventor. His share of the licensing agreement is irrevocably transferred to charity. licensed.



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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Mahboob

2. Surname (Last Name)

Rahman

3. Date

22-December-2104

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Sundström

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

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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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Piero

2. Surname (Last Name)

Ruggenti

3. Date

02-February-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Johan Sundström

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

M14-0773

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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Dr. Ruggenti 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)

TAKAO

2. Surname (Last Name)

SARUTA

3. Date

29-January-2015

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Johan Sundström

5. Manuscript Title

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

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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)

Robert

2. Surname (Last Name)

Schrier

3. Date

15-December-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Johan Sundstrom

5. Manuscript Title

Effects of blood pressure reduction in mild hypertension: A systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

 Yes No

Section 3. Relevant financial activities outside the submitted work.

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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



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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Peter S

2. Surname (Last Name)

Sever

3. Date

23-December-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Dr. Sundström

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

M14-0773

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?

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Are there any relevant conflicts of interest?

 Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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 Yes No



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Dr. Sever 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)

Peter

2. Surname (Last Name)

Sleight

3. Date

23-December-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Johan Sundström

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

M14-0773

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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



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Dr. Sleight has nothing to disclose.

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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)

Jan A.

2. Surname (Last Name)

Staessen

3. Date

21-December-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

J Sundström

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

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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?

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Koon

2. Surname (Last Name)

Teo

3. Date

12-December-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Johan Sundstrom

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: a systematic review and meta-analysis

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)

JIGUANG

2. Surname (Last Name)

WANG

3. Date

26-December-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr. Sundström

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

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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



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there 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?

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Section 6. Disclosure Statement

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Dr. WANG has nothing to disclose.

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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)

Paul

2. Surname (Last Name)

Whelton

3. Date

16-January-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Johan Sundström

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

M14-0773

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

 Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

 Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lindon

2. Surname (Last Name)

Wing

3. Date

01-July-2105

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Johan SUNDSTROM

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

M14-0773

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

 Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Yoshiki

2. Surname (Last Name)

Yui

3. Date

12-December-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Dr Sundstrom

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

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 Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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There is no conflict of interest.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Salim

2. Surname (Last Name)

Yusuf

3. Date

15-December-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Sundstrom

5. Manuscript Title

Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

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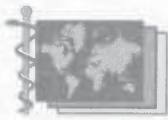
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Dr. Yusuf has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alberto
 2. Surname (Last Name) Zanchetti
 3. Date 12-December-2014

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

5. Manuscript Title
 Effects of Blood Pressure Reduction in Mild Hypertension: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

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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
Menarini International	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture fees
Recordati	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture fees
CRVx	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture fees

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



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Dr. Zanchetti reports personal fees from Menarini International, personal fees from Recordati, personal fees from CRVx, outside the submitted work; .

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