

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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".

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Fabien

2. Surname (Last Name)

Subtil

3. Date

21-June-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

On-demand sildenafil as a treatment for Raynaud's Phenomenon: a series of N-of-1 trials

6. Manuscript Identifying Number (if you know it)

M18-0517

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. Subtil has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Sunita

2. Surname (Last Name)
Vohra

3. Date
17-April-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Relaxation Training for Management of Pediatric Headache: A Rapid Review

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Vohra 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) Olivier

2. Surname (Last Name) Gaget

3. Date 08-November-2017

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

5. Manuscript Title On-demand sildenafil as a treatment for Raynaud's Phenomenon: a series of N-of-1 trials

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. 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 France | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pfizer funded the study and provided sildenafil |
| GIRCI Rhône-Alpes-Auvergne | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Association des Sclérodermiques de France | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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Dr. Gaget reports grants and other from Pfizer France, grants from GIRCI Rhône-Alpes-Auvergne, grants from Association des Sclérodermiques de France, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)

Joris

2. Surname (Last Name)

Giai

3. Date

18-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Matthieu Roustit

5. Manuscript Title

On-demand sildenafil as a treatment for Raynaud's Phenomenon: a series of N-of-1 trials

6. Manuscript Identifying Number (if you know it)

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Dr. Giai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Myriam 2. Surname (Last Name) MOUHIB 3. Date 13-November-2017

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

5. Manuscript Title
On-demand sildenafil as a treatment for Raynaud's Phenomenon: a series of N-of-1 trials

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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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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.

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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

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) Adrien | 2. Surname (Last Name) Lotito | 3. Date 27-November-1987 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Matthieu Roustit |
| 5. Manuscript Title On-demand sildenafil as a treatment for Raynaud's Phenomenon: a series of N-of-1 trials | | |
| 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. Lotito 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) Bernard | 2. Surname (Last Name) IMBERT | 3. Date 14-September-2018 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Mathieu ROUSTIT |
| 5. Manuscript Title On-demand sildenafil as a treatment for Raynaud's Phenomenon: a series of N-of-1 trials | | |
| 6. Manuscript Identifying Number (if you know it) M18-0517 | | |

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. IMBERT 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) Adeline 2. Surname (Last Name) PARIS 3. Date 14-September-2018

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

5. Manuscript Title
On-demand sildenafil as a treatment for Raynaud's Phenomenon: a series of N-of-1 trials

6. Manuscript Identifying Number (if you know it)
M17-0517

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 checked="" type="checkbox"/> | Pfizer funded the study and provided sildenafil |
| GIRCI Rhône-Alpes-Auvergne | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Association des Sclérodermiques de France | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Section 3. Relevant financial activities outside the submitted work.

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Dr. PARIS reports grants and other from PFIZER, grants from GIRCI Rhône-Alpes-Auvergne, grants from Association des Sclérodermiques de France , during the conduct of the study; .Dr. PARIS reports grants and other from PFIZER, grants from GIRCI Rhône-Alpes-Auvergne, grants from Association des Sclérodermiques de France , during the conduct of the study; .

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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) Matthieu | 2. Surname (Last Name) Roustit | 3. Date 02-October-2018 |
| 4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5. Manuscript Title On-demand sildenafil as a treatment for Raynaud's Phenomenon: a series of N-of-1 trials | | |
| 6. Manuscript Identifying Number (if you know it) M17-0517 | | |

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 France | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pfizer funded the study and provided sildenafil |
| GIRCI Rhône-Alpes-Auvergne | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Association des Sclérodermiques de France | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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If yes, please fill out the appropriate information below.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Sophie | 2. Surname (Last Name) Blaise | 3. Date 14-September-2018 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Roustit |
| 5. Manuscript Title On-demand sildenafil as a treatment for Raynaud's Phenomenon: a series of N-of-1 trials | | |
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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)
Jean-Luc

2. Surname (Last Name)
Cracowski

3. Date
14-September-2018

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

5. Manuscript Title
On-demand sildenafil as a treatment for Raynaud's Phenomenon: a series of N-of-1 trials

6. Manuscript Identifying Number (if you know it)
M17-0517

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 France | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pfizer funded the study and provided sildenafil |
| GIRCI Rhône-Alpes-Auvergne | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Association des Sclérodermiques de France | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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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 |
|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| Bioprojet | <input checked="" type="checkbox"/> | <input 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 |
|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| Topadur | <input checked="" type="checkbox"/> | <input 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

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Dr. Cracowski reports grants and other from Pfizer France , grants from GIRCI Rhône-Alpes-Auvergne, grants from Association des Sclérodermiques de France , during the conduct of the study; grants from Bioprojet, grants from Topadur, 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)
CHARLES

2. Surname (Last Name)
KHOURI

3. Date
14-September-2018

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

5. Manuscript Title
On-demand sildenafil as a treatment for Raynaud's Phenomenon: a series of N-of-1 trials

6. Manuscript Identifying Number (if you know it)
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| GIRCI Rhône-Alpes-Auvergne | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
christophe

2. Surname (Last Name)
seinturier

3. Date
14-September-2018

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

5. Manuscript Title
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| GIRCI rHONES ALPES AUVERGNE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASSOCIATION DES SCLERODERMIQUES DE FRANCE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Claire

2. Surname (Last Name)
CRACOWSKI

3. Date
14-September-2018

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

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Patrick 2. Surname (Last Name) Carpentier 3. Date 15-September-2018

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

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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 |
|---|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| Pfizer France | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pfizer funded the study and provided sildenafil |
| GIRCI Rhône-Alpes-Auvergne | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Association des Sclérodermiques de France | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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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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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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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. Carpentier reports grants and other from Pfizer France, grants from GIRCI Rhône-Alpes-Auvergne, grants from Association des Sclérodermiques de France, during the conduct of the study; .

Evaluation and Feedback

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