

## 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.

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.

Report all sources of revenue paid (or promised to be paid) directly to you or 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. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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)  
Kapil

2. Surname (Last Name)  
Sahnan

3. Date  
19-January-2016

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
2015-2016 ECCO Annual Disclosure of potential conflicts of interest

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





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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?

- ☐ 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. Sahnan has nothing to disclose.

### Evaluation and Feedback

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



European  
Crohn's and Colitis  
Organisation

*Please return this form, duly signed,*

*via fax to the ECCO Office at: +43 1 710 22 42-001*

## Consent form for the 11<sup>th</sup> Congress of ECCO in Amsterdam 2016

**Name of speaker: Sahnan Kapil**

### Considering that:

- In enhancing the service portfolio for its members, ECCO would be pleased to have:
  - The selected presentation slides printed in exclusive course syllabi
  - Recordings hosted on the e-CCO Learning platform
  - Presentation slides hosted on the e-CCO Learning platform (for all presentations) as well as on the ECCO Congress website (for Digital Oral Presentations only)  
Slides will be made available in a viewing (non-modifiable) format.

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- **Scientific Programme**

- ☐ Presentation slide material
  - Title(s)
- ☐ Presentation recordings if applicable

- **Digital Oral Presentation**

- ☒ Presentation slide material on e-CCO Learning platform
- ☒ Presentation slide material on ECCO Congress website
  - Title(s) Incidence and prediction of fistula formation in England

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- ☐ Presentation slide material
  - Title(s)
- ☐ Presentation recordings if applicable

- **1<sup>st</sup> ECCO Endoscopy Workshop**

- ☐ Presentation slide material
  - Title(s)

- **1<sup>st</sup> H-ECCO IBD Masterclass**

- ☐ Presentation slide material
  - Title(s)
- ☐ Presentation recordings if applicable

- **1<sup>st</sup> School for Clinical Trialists**

- ☐ Presentation slide material
  - Title(s)
- ☐ Presentation recordings if applicable

- **2<sup>nd</sup> Advanced ECCO: Educational Course for Industry**

- ☐ Presentation slide material
  - Title(s)

- **2<sup>nd</sup> Y-ECCO Basic Science Workshop**

- ☐ Presentation slide material
  - Title(s)

- **3<sup>rd</sup> Basic ECCO: Educational Course for Industry**

- ☐ Course syllabus
- ☐ Presentation slide material

- **3<sup>rd</sup> ECCO-ESGAR Ultrasound Workshop**

- ☐ Presentation slide material
  - Title(s)

- **3<sup>rd</sup> EpiCom Workshop**

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- ☐ Presentation slide material
  - Title(s)
- **3<sup>rd</sup> N-ECCO Research Forum**
  - ☐ Presentation slide material
    - Title(s)
- **3<sup>rd</sup> P-ECCO Educational Course**
  - ☐ Presentation slide material
    - Title(s)
- **5<sup>th</sup> ClinCom Workshop**
  - ☐ Presentation slide material
    - Title(s)
- **5<sup>th</sup> S-ECCO IBD Masterclass**
  - ☐ Presentation slide material
    - Title(s)
- **9<sup>th</sup> Y-ECCO Career Workshop**
  - ☐ Presentation slide material
    - Title(s)
  - ☐ Presentation recordings if applicable
- **10<sup>th</sup> N-ECCO Network Meeting**
  - ☐ Course syllabus
  - ☐ Presentation slide material
    - Title(s)
- **14<sup>th</sup> IBD Intensive Advanced Course**
  - ☐ Course syllabus
  - ☐ Presentation slide material
    - Title(s)
- **Molecular aetiology in IBD**
  - ☐ Presentation slide material
    - Title(s)

The undersigned author is the speaker of the above mentioned talk(s) and gives his/her consent to reproduce the above mentioned material.

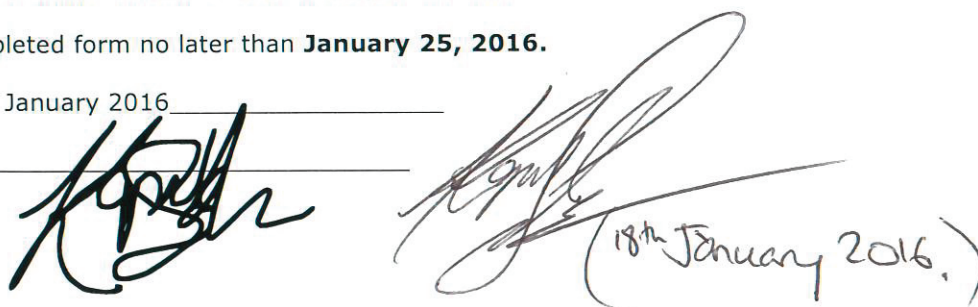
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This agreement is governed by and shall be construed and interpreted according to the laws of the Republic of Austria. For any dispute arising out of or in connection to this Agreement, the courts competent for the first district of Vienna shall have jurisdiction.

Please send the completed form no later than **January 25, 2016**.

Date: \_\_\_\_\_ 28th January 2016

Signed: \_\_\_\_\_





## TALK 1 - LIST OF KEYWORDS

Please tick off keywords related to your presentation on this page.

**Title of presentation:** Incidence prediction of fistula formation in England

**Presented during (DOP):** Session 9 - Predicting IBD and IBD-related neoplasia

**Please use one set of keywords (=1 page) for each talk!**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 5-aminosalicylate              | <input type="checkbox"/> cost effective analysis               | <input type="checkbox"/> lymphoma                |
| <input type="checkbox"/> 5-ASA                          | <input type="checkbox"/> CRP                                   | <input type="checkbox"/> microbiota              |
| <input type="checkbox"/> mercaptopurine                 | <input type="checkbox"/> CT                                    | <input type="checkbox"/> mesalamine              |
| <input type="checkbox"/> TG                             | <input type="checkbox"/> cyclosporine                          | <input type="checkbox"/> 5-aminosalicylic acid   |
| <input type="checkbox"/> adacolumn                      | <input type="checkbox"/> dendritic cell                        | <input type="checkbox"/> methotrexate            |
| <input type="checkbox"/> abscess                        | <input type="checkbox"/> disability                            | <input type="checkbox"/> MMX                     |
| <input type="checkbox"/> activity indices               | <input type="checkbox"/> disease activity                      | <input type="checkbox"/> monitoring              |
| <input type="checkbox"/> adalimumab                     | <input type="checkbox"/> disease outcome                       | <input type="checkbox"/> mortality               |
| <input type="checkbox"/> adenocarcinoma                 | <input type="checkbox"/> ECCO                                  | <input type="checkbox"/> mucosal immunology      |
| <input type="checkbox"/> adolescents                    | <input type="checkbox"/> endoscopic assessment                 | <input type="checkbox"/> MRI                     |
| <input type="checkbox"/> anaemia                        | <input type="checkbox"/> enterocutaneous fistula               | <input type="checkbox"/> osteopenia              |
| <input type="checkbox"/> anemia                         | <input checked="" type="checkbox"/> environmental risk factors | <input type="checkbox"/> osteoporosis            |
| <input type="checkbox"/> anaemia iron deficiency        | <input type="checkbox"/> epithelial cell                       | <input type="checkbox"/> pharmacogenomics        |
| <input type="checkbox"/> anemia iron deficiency         | <input type="checkbox"/> Epstein-Barr virus                    | <input type="checkbox"/> pharmacokinetics        |
| <input type="checkbox"/> anti-TNF                       | <input type="checkbox"/> faecal microbiota transplantation     | <input type="checkbox"/> postoperative           |
| <input type="checkbox"/> apoptosis                      | <input type="checkbox"/> fatigue                               | <input type="checkbox"/> pouch                   |
| <input type="checkbox"/> arthralgia                     | <input type="checkbox"/> fertility                             | <input type="checkbox"/> probiotic therapy       |
| <input type="checkbox"/> arthritis                      | <input type="checkbox"/> fibroblast                            | <input type="checkbox"/> sangramostim            |
| <input type="checkbox"/> autologous stem cell transpl.  | <input checked="" type="checkbox"/> fistula                    | <input type="checkbox"/> sexual activity         |
| <input type="checkbox"/> autophagy                      | <input type="checkbox"/> genetic                               | <input type="checkbox"/> smoking                 |
| <input type="checkbox"/> AZA                            | <input type="checkbox"/> HBV reactivation                      | <input type="checkbox"/> SNP                     |
| <input type="checkbox"/> balloon dilation               | <input type="checkbox"/> HCV reactivation                      | <input type="checkbox"/> SONIC                   |
| <input type="checkbox"/> biologic treatment             | <input type="checkbox"/> human papillomavirus                  | <input type="checkbox"/> STORI                   |
| <input type="checkbox"/> bowel ultrasonography          | <input checked="" type="checkbox"/> IBD                        | <input type="checkbox"/> strictureplasty         |
| <input type="checkbox"/> breastfeeding                  | <input checked="" type="checkbox"/> CD                         | <input type="checkbox"/> tacrolimus              |
| <input type="checkbox"/> budesonide                     | <input type="checkbox"/> UC                                    | <input type="checkbox"/> thromboembolic events   |
| <input type="checkbox"/> calprotectin                   | <input type="checkbox"/> IBS                                   | <input type="checkbox"/> trough levels           |
| <input type="checkbox"/> cancer                         | <input type="checkbox"/> personality                           | <input type="checkbox"/> TPMT                    |
| <input type="checkbox"/> cancer in ibd                  | <input type="checkbox"/> depression                            | <input type="checkbox"/> trials                  |
| <input type="checkbox"/> capsule endoscopy              | <input type="checkbox"/> anxiety                               | <input type="checkbox"/> ultrasonography         |
| <input type="checkbox"/> certolizumab                   | <input type="checkbox"/> sleep disturbances                    | <input type="checkbox"/> ustekinumab             |
| <input type="checkbox"/> clinical trials                | <input type="checkbox"/> IBDQ                                  | <input type="checkbox"/> vaccinations            |
| <input type="checkbox"/> clostridium difficile          | <input type="checkbox"/> ileo-anal pouch anastomosis           | <input type="checkbox"/> vedolizumab             |
| <input type="checkbox"/> CMV                            | <input type="checkbox"/> ileocecal resection                   | <input type="checkbox"/> Vienna classification   |
| <input type="checkbox"/> colectomy                      | <input type="checkbox"/> immunization                          | <input type="checkbox"/> Montréal classification |
| <input type="checkbox"/> colorectal cancer surveillance | <input type="checkbox"/> immunosuppressive agents              | <input type="checkbox"/> vitamin b12             |
| <input type="checkbox"/> complications                  | <input type="checkbox"/> infliximab                            | <input type="checkbox"/> vitamin d               |
|   | <input type="checkbox"/> lymphocyte                            | <input type="checkbox"/> work                    |

Other keywords: