

# ICMJE DISCLOSURE FORM

**Date:** 3/31/2025

**Your Name:** Kamran Abbasi

**Manuscript Title:** Ending nuclear weapons – before they end us

**Manuscript Number (if known):** xxx

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
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**Date:** 3/31/2025

**Your Name:** Parveen Ali

**Manuscript Title:** Ending nuclear weapons – before they end us

**Manuscript Number (if known):** xxx

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**Date:** 3/31/2025

**Your Name:** Virginia Barbour

**Manuscript Title:** Ending nuclear weapons – before they end us

**Manuscript Number (if known):** xxx

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**Your Name:** Marion Birch

**Manuscript Title:** Ending nuclear weapons – before they end us

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 480 1516 842"> <tr> <td>University College London part time lecturer (two modules at the Institute of Global Health and the Global Business School for Health).</td> <td>To myself</td> </tr> <tr> <td>Co-editor in the development of the De Gruyter Brill Handbook on Conflict &amp; Health – honorarium.</td> <td>To myself</td> </tr> <tr> <td>Payment for annual lectures at Kings College London and Glasgow University.</td> <td>To myself</td> </tr> <tr> <td>Honoraria for lecturing on the Diploma in Medicine in Conflict &amp; Catastrophe at the Worshipful Society of Apothecaries.</td> <td>To myself</td> </tr> </table>		University College London part time lecturer (two modules at the Institute of Global Health and the Global Business School for Health).	To myself	Co-editor in the development of the De Gruyter Brill Handbook on Conflict & Health – honorarium.	To myself	Payment for annual lectures at Kings College London and Glasgow University.	To myself	Honoraria for lecturing on the Diploma in Medicine in Conflict & Catastrophe at the Worshipful Society of Apothecaries.	To myself
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**Date:** 3/31/2025

**Your Name:** Inga Blum

**Manuscript Title:** Ending nuclear weapons – before they end us

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<b>3</b>	Royalties or licenses	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;"> </td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>At-Large board member of International physicians for the prevention of nuclear war</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	At-Large board member of International physicians for the prevention of nuclear war								
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

**Please place an "X" next to the following statement to indicate your agreement:**

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 4/17/2025

**Your Name:** Peter C Doherty

**Manuscript Title:** Ending nuclear weapons – before they end us

**Manuscript Number (if known):** xxx

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** March 31 st 2025

**Your Name:** Andy Haines

**Manuscript Title:** Ending nuclear weapons – before they end us

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

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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3	Royalties or licenses	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>reports royalties from Cambridge University Press;</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		reports royalties from Cambridge University Press;							
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Cool Roofs trial steering committee Nouna Research Centre, Burkina Faso/University of Heidelberg; co-chair International Advisory Committee, NIHR Clean-Air (Africa) Global Health</td> <td>No payment</td> </tr> </table>		Cool Roofs trial steering committee Nouna Research Centre, Burkina Faso/University of Heidelberg; co-chair International Advisory Committee, NIHR Clean-Air (Africa) Global Health	No payment						
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		Research Unit; member Independent Advisory Group 2023-24, member advisory group Collaboration for the Establishment of an African Population Cohort Consortium (CE-APCC) 2023-; co-chair InterAcademy Partnership, Climate Change and Health Working Group 2019-22; US National Academy of Medicine Climate Grand Challenge Steering Committee 2023-25. Chair, SOSCHI Expert Advisory Group, Office of National Statistics 2022-; co-director WHO Collaborating Centre on Climate Change, Health and Sustainable Development 2020-2024	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

## ICMJE DISCLOSURE FORM

**Date:** 3/31/2025

**Your Name:** Ira Helfand

**Manuscript Title:** Ending nuclear weapons – before they end us

**Manuscript Number (if known):** xxx

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## ICMJE DISCLOSURE FORM

**Date:** 3/31/2025

**Your Name:** Richard Horton

**Manuscript Title:** Ending nuclear weapons – before they end us

**Manuscript Number (if known):** xxx

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

**Date:** 3/31/2025

**Your Name:** Kati Juva

**Manuscript Title:** Ending nuclear weapons – before they end us

**Manuscript Number (if known):** xxx

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

**Date:** 3/31/2025

**Your Name:** José Florencio F. Lapeña Jr.

**Manuscript Title:** Ending nuclear weapons – before they end us

**Manuscript Number (if known):** xxx

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# ICMJE DISCLOSURE FORM

**Date:** 3/31/2025

**Your Name:** Robert Mash

**Manuscript Title:** Ending nuclear weapons – before they end us

**Manuscript Number (if known):** xxx

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## ICMJE DISCLOSURE FORM

**Date:** 3/31/2025

**Your Name:** Olga Trushina

**Manuscript Title:** Ending nuclear weapons – before they end us

**Manuscript Number (if known):** xxx

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**Please place an "X" next to the following statement to indicate your agreement:**

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

# ICMJE DISCLOSURE FORM

**Date:** 3/31/2025

**Your Name:** Dr Arun Mitra

**Manuscript Title:** Ending nuclear weapons – before they end us

**Manuscript Number (if known):** xxx

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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## ICMJE DISCLOSURE FORM

**Date:** 3/31/2025

**Your Name:** Carlos A. Monteiro

**Manuscript Title:** Ending nuclear weapons – before they end us

**Manuscript Number (if known):** xxx

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# ICMJE DISCLOSURE FORM

**Date:** 3/31/2025

**Your Name:** Elena N. Naumova

**Manuscript Title:** Ending nuclear weapons – before they end us

**Manuscript Number (if known):** xxx

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## ICMJE DISCLOSURE FORM

**Date:** 3/31/2025

**Your Name:** DAVID ONAZI

**Manuscript Title:** Ending nuclear weapons – before they end us

**Manuscript Number (if known):** xxx

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

**Please place an "X" next to the following statement to indicate your agreement:**

☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 3/31/2025

**Your Name:** Tilman Ruff

**Manuscript Title:** Ending nuclear weapons – before they end us

**Manuscript Number (if known):** xxx

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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<b>3</b>	Royalties or licenses	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 258 1516 394"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 480 1516 1165"> <tr> <td> Honoraria from:  - Choisun Ilbo media group, South Korea for lecture on nuclear weapons at Asian Leadership Conference Seoul 14.7.22 and from Gangwon Province for contribution to JeongSeon Forum 20.8.22.  - and support for attendance as speaker, Asan Plenum 2024, Asan Institute for Policy Studies, Seoul, Korea.  - Sunfull Foundation, re Internet Peace Prize Award Committee.  - Hiroshima Association for Nuclear Weapons Abolition, keynote speech, "The G7 Summit leaders' opportunity to turn back the Doomsday Clock", Nuclear Victims Forum, World Peace Memorial Cathedral, Hiroshima, 13 May 2023.  - Global Times for article and contribution to panel discussion on Fukushima radioactive waste water discharge, 2023. </td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Honoraria from: - Choisun Ilbo media group, South Korea for lecture on nuclear weapons at Asian Leadership Conference Seoul 14.7.22 and from Gangwon Province for contribution to JeongSeon Forum 20.8.22. - and support for attendance as speaker, Asan Plenum 2024, Asan Institute for Policy Studies, Seoul, Korea. - Sunfull Foundation, re Internet Peace Prize Award Committee. - Hiroshima Association for Nuclear Weapons Abolition, keynote speech, "The G7 Summit leaders' opportunity to turn back the Doomsday Clock", Nuclear Victims Forum, World Peace Memorial Cathedral, Hiroshima, 13 May 2023. - Global Times for article and contribution to panel discussion on Fukushima radioactive waste water discharge, 2023.							
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7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1570 1516 1738"> <tr> <td>Support for attendance as speaker at Rencontres Economiques d'Aix-en-Provence, Le Cercle des économistes, 2024.</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Support for attendance as speaker at Rencontres Economiques d'Aix-en-Provence, Le Cercle des économistes, 2024.							
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1824 1516 1927"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		At-large Board member, International Physicians for the Prevention of Nuclear War, co-president 2012-23 Board member and co-representative to International Steering Group, International Campaign to Abolish Nuclear Weapons Australia International Councillor, Medical Association for Prevention of War Board member, Initiative for Peacebuilding, Faculty of Arts, University of Melbourne Internet Peace Prize Award Committee member and K-Respect Campaign co-chair, Sunfull Foundation, South Korea All unpaid.	
11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
13	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		Honorary Principal Fellow, Melbourne School of Population and Global Health, University of Melbourne	
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

## ICMJE DISCLOSURE FORM

**Date:** 3/31/2025

**Your Name:** Peush Sahni

**Manuscript Title:** Ending nuclear weapons – before they end us

**Manuscript Number (if known):** xxx

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

**Date:** 3/31/2025

**Your Name:** Carlos Umaña Silesky

**Manuscript Title:** Ending nuclear weapons – before they end us

**Manuscript Number (if known):** xxx

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## ICMJE DISCLOSURE FORM

**Date:** 3/31/2025

**Your Name:** Paul Yonga

**Manuscript Title:** Ending nuclear weapons – before they end us

**Manuscript Number (if known):** xxx

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bioMerieux	Travel expenses to speak at the Africa Microbiology Summit 2024										
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>National Heart, Lung, and Blood Institute, National Institutes of Health (NIH), US</td> <td>Served on the DSMB for a hypertension trial.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		National Heart, Lung, and Blood Institute, National Institutes of Health (NIH), US	Served on the DSMB for a hypertension trial.						
National Heart, Lung, and Blood Institute, National Institutes of Health (NIH), US	Served on the DSMB for a hypertension trial.										
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Kenya Medical Association</td> <td>Unpaid as Editor in Chief of the East African Medical Journal</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Kenya Medical Association	Unpaid as Editor in Chief of the East African Medical Journal						
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

**Please place an "X" next to the following statement to indicate your agreement:**

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 3/31/2025

**Your Name:** Chris Zielinski

**Manuscript Title:** Ending nuclear weapons – before they end us

**Manuscript Number (if known):** xxx

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
<b>Time frame: past 36 months</b>									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
<b>3</b>	Royalties or licenses	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 3/31/2025

Your Name: Click or tap here to enter text. JAMES Tumwine

Manuscript Title: Ending nuclear weapons – before they end us

Manuscript Number (if known): xxx

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

For item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>Time frame: Since the initial planning of the work</b>								
1	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None <div style="margin-left: 20px; font-size: 1.2em;">NONE</div> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							Click the tab key to add additional rows.
<b>Time frame: past 36 months</b>								
2	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None <div style="margin-left: 20px; font-size: 1.2em;">NONE</div> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input checked="" type="checkbox"/> None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None None	

James Tumwine

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None <i>None</i>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <i>None</i>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <i>None</i>	

Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

*James  
Turner*

*03*