



Supporting Information

Supplementary material

This appendix was part of the submitted manuscript and has not been peer reviewed.
It is posted as supplied by the authors.

Appendix to: Abbasi K, Ali P, Barbour V, et al. Ending nuclear weapons, before they end us. *Med J Aust* 2025; doi: 10.5694/mja2.52676.

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

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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>									
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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: Parveen Ali

Manuscript Title: Ending nuclear weapons – before they end us

Manuscript Number (if known): xxx

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

Date: 3/31/2025

Your Name: Marion Birch

Manuscript Title: Ending nuclear weapons – before they end us

Manuscript Number (if known): xxx

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4	Consulting fees	<input type="checkbox"/> None <table border="1" data-bbox="383 258 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"/> None <table border="1" data-bbox="383 480 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 & 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 & 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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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" data-bbox="383 1148 1516 1314"> <tr> <td>Travel / conference expenses as editor of Medicine, Conflict & Survival (Taylor & Francis) from the Lionel Penrose Trust.</td> <td>To myself</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Travel / conference expenses as editor of Medicine, Conflict & Survival (Taylor & Francis) from the Lionel Penrose Trust.	To myself						
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Date: 3/31/2025

Your Name: Inga Blum

Manuscript Title: Ending nuclear weapons – before they end us

Manuscript Number (if known): xxx

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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>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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11	Stock or stock options	<input checked="" type="checkbox"/> None <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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <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>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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Please place an "X" next to the following statement to indicate your agreement:

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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.

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.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; align-items: center;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%; padding: 5px;"> AH is a principal investigator Pathfinder Initiative 2020-25, co-investigator Sustainable Healthy Food Systems research programme 2017-23, co-investigator Complex Urban Systems for Sustainability and Health (CUSSH) 2017-23—all funded by the Wellcome Trust, with additional funding from the Oak Foundation for the Pathfinder initiative; member,. </td> <td style="width: 40%; padding: 5px;"> Payments to institution </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>	AH is a principal investigator Pathfinder Initiative 2020-25, co-investigator Sustainable Healthy Food Systems research programme 2017-23, co-investigator Complex Urban Systems for Sustainability and Health (CUSSH) 2017-23—all funded by the Wellcome Trust, with additional funding from the Oak Foundation for the Pathfinder initiative; member,.	Payments to institution				
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3	Royalties or licenses	<input type="checkbox"/> None <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"/> None <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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		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)
		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"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</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

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>Honoraria for speaking at Vassar College, Soka University and University of Massachusetts—all donated to Back from the Brink campaign</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Honoraria for speaking at Vassar College, Soka University and University of Massachusetts—all donated to Back from the Brink campaign							
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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

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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: José Florencio F. Lapeña Jr.

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: Robert Mash

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: Olga Trushina

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: Dr Arun Mitra

Manuscript Title: Ending nuclear weapons – before they end us

Manuscript Number (if known): xxx

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <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" style="width: 100%; margin-top: 10px;"> <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: Carlos A. Monteiro

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.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 5px;"> <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>							
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 5px;"> <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>							
3	Royalties or licenses	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 5px;"> <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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4	Consulting fees	<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> <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"/> None <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"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<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>									
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 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>									
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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: Elena N. Naumova

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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☒ 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: DAVID ONAZI

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: 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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4	Consulting fees	<input checked="" type="checkbox"/> None <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"/> None <table border="1" data-bbox="386 483 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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6	Payment for expert testimony	<input type="checkbox"/> None <table border="1" data-bbox="386 1253 1516 1484"> <tr> <td>Expert witness on radiation and health for DST Legal acting for Mine Free Mallee Farms Inc to proposed Goschen Mineral Sands and Rare Earths Project Inquiry and Advisory Committee (Victorian Government), 2024.</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Expert witness on radiation and health for DST Legal acting for Mine Free Mallee Farms Inc to proposed Goschen Mineral Sands and Rare Earths Project Inquiry and Advisory Committee (Victorian Government), 2024.							
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" data-bbox="386 1572 1516 1740"> <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"/> None <table border="1" data-bbox="386 1829 1516 1929"> <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"/> None	
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		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"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Honorary Principal Fellow, Melbourne School of Population and Global Health, University of Melbourne	
<p>Please place an "X" next to the following statement to indicate your agreement:</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

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 476 1516 577"> <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" data-bbox="386 690 1516 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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.

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Time frame: Since the initial planning of the work								
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>							<div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="font-size: 0.8em; margin-top: 5px;">Click the tab key to add additional rows.</div>
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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

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

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: Paul Yonga

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: 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.

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