Date:	4/22/2022
Your Name:	Catherine Moakes
Manuscript Title:	Gefitinib and methotrexate to resolve tubal ectopic pregnancy: the GEM3 RCT
Manuscript Number (if known):	14.150.03

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.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
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.	None	Click the tab key to add additional rows.
		 Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	Image: square of the property o	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have th relationship or indicate none (add rows a		е
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea [⊠]	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.			

Date:	5/3/2022
Your Name:	Stephen Tong
Manuscript Title:	Gefitinib and methotrexate to resolve tubal ectopic pregnancy: the GEM3 RCT
Manuscript Number (if known):	14.150.03

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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)
		Time frame: Since the initial planning of	of the work
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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	I am a named inventor on patents relating to the use of gefitinib to treat ectopic pregnancy.	

		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	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Advisory Board: Menzies Medical Research Institute (based in Tasmania)	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	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.		

Date:	4/25/2022
Your Name:	Lee Jonathan Middleton
Manuscript Title:	Gefitinib and methotrexate to resolve tubal ectopic pregnancy: the GEM3 RCT
Manuscript Number (if known):	14.150.03

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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.

		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)
		Time frame: Since the initial planning	of the work
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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

		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	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [🖂]	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.		

Date:		4/1/2022			
Your Name:		William Colin Duncan			
Mar	nuscript Title:	_	Gefitinib and methotre	xate to resolve tubal	ectopic pregnancy: the GEM3 RCT
Mar	uscript Number (if k	nown):	14.150.03		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		ipt. "Rela" of the man e in doubt as/activitie asion, you entioned i	ted" means any relation buscript. Disclosure reprabout whether to list a es/interests should be de should declare all relation the manuscript.	with for-profit or no esents a commitmer relationship/activity, fined broadly. For e onships with manufa	s/interests listed below that are related to the ot-for-profit third parties whose interests may be not to transparency and does not necessarily (interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if (ithout time limit. For all other items, the time)
			entities with whom you hip or indicate none (ad		Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since	e the initial planning o	of the work
	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.	Grant fu study	ne Inding from HIHR EME to	conduct this	Click the tab key to add additional rows.
			Time fr	ame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	Grant fu	inding from UKRI MRC to ed studies	o conduct three	
3	Royalties or licenses	⊠ No	ne		

		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	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Funding from Merck for speaking at educational events Funding from Guerbet for speaking at an educational event	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chair of Society for Reproduction and Fertility	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	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.		

Date:	4/20/2022
Your Name:	Ben W. Mol
Manuscript Title:	Gefitinib and methotrexate to resolve tubal ectopic pregnancy: the GEM3 RCT
Manuscript Number (if known):	14.150.03

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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.

		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)
		Time frame: Since the initial planning o	of the work
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.	None Time frame: past 36 months	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	NHMRC	Investigator grant (GNT1176437)
3	Royalties or licenses	None None	

		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	□ None	
		ObsEva Merck Merck KGaA	Ben W Mol reports consultancy for ObsEva at an hourly rate Ben W Mol reports consultancy for Merck Merck
			KGaA at an hourly rate
5	Payment or honoraria for lectures,	None ■	
	presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or	⊠ None	
	travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
10	Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or	None	
	advocacy group, paid or unpaid		

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	Merck Merck KGaA	Ben W Mol reports receipt of travel support
Plea [⊠]	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.		

Date:	4/18/2022
Your Name:	Lucy Whitaker
Manuscript Title:	Gefitinib and methotrexate to resolve tubal ectopic pregnancy: the GEM3 RCT
Manuscript Number (if known):	14.150.03

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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.

		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)
		Time frame: Since the initial planning	of the work
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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR ESPriT2: A multi-centre randomised controlled trial to determine the effectiveness of laparoscopic treatment of isolated superficial peritoneal endometriosis for the management of chronic pelvic pain in women (NIHR129801) Roche Diagnostics ENVISION: ENdometroisis biomarker Verlfication Sample collection.	Co-Chief Investigator Co-Chief Investigator

		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)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	□ None	

		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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

4/18/2022	
Davor Jurkovic	
Gefitinib and methotrexate to resolve tubal ectopic pregnancy: the GEM3 RCT	
14.150.03	
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Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the \boxtimes None present manuscript (e.g., funding, provision of study materials, Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or \boxtimes None contracts from any entity (if not indicated in item #1 above). 3 Royalties or None licenses

		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	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:			4/19/2022	
Your Name:			Arri Coomarasamy	
Manuscript Title:			Gefitinib and methotrexate to resolve tubal ectopic pregnancy: the GEM3 RCT	
Ma	nuscript Number (if k	(nown):	14.150.03	
content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activities			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitmen t about whether to list a relationship/activity, es/interests should be defined broadly. For e	/interest, it is preferable that you do so.
	t medication is not me			
	em #1 below, report ne for disclosure is th		·	ithout time limit. For all other items, the time
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning o	of the work
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.		one	Click the tab key to add additional rows.
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: past 36 months	Click the tab key to add additional rows.
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			Click the tab key to add additional rows.

			ications/Comments (e.g., if payments were to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	■ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Member of the NIHR EME funding commitee from January 2019 to present	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [🖂]	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.		

Date:	4/18/2022
Your Name:	Natalie Nunes
Manuscript Title:	Gefitinib and methotrexate to resolve tubal ectopic pregnancy: the GEM3 RCT
Manuscript Number (if known):	14.150.03

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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.

			with whom you have this dicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Т	ime frame: Since the initial planning o	of the work
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.	None		Click the tab key to add additional rows.
			Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None Non		

		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	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [🖂]	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.		

Date:	4/19/2022
Your Name:	Tom Holland
Manuscript Title:	Gefitinib and methotrexate to resolve tubal ectopic pregnancy: the GEM3 RCT
Manuscript Number (if known):	14.150.03

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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.

		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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Time frame: Since the initial planning	of the work Click the tab key to add additional rows.
	charges, etc.) No time limit for this item.	Ti 6 136 14	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month None	
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments made to you or to your in	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Occasional honoraria for teaching for Olympus medical	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	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.		

Date:	4/19/2022
Your Name:	Fiona Clarke
Manuscript Title:	Gefitinib and methotrexate to resolve tubal ectopic pregnancy: the GEM3 RCT
Manuscript Number (if known):	14.150.03

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.

		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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Time frame: Since the initial planning None	of the work Click the tab key to add additional rows.
	No time limit for this item.		
		Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

		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	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:	4/18/2022
Your Name:	Lauren Sutherland
Manuscript Title:	Gefitinib and methotrexate to resolve tubal ectopic pregnancy: the GEM3 RCT
Manuscript Number (if known):	14.150.03

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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.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
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.	None Time frame: past 36 months	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	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.		

Date:	8/8/2022
Your Name:	Ann Doust
Manuscript Title:	Gefitinib and methotrexate to resolve tubal ectopic pregnancy: the GEM3 RCT
Manuscript Number (if known):	14.150.03

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.

		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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Time frame: Since the initial planning	of the work Click the tab key to add additional rows.
	No time limit for this item.		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month None	
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if particular made to you or to your institution)	yments were
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:	4/20/2022
Your Name:	Jane Daniels
Manuscript Title:	Gefitinib and methotrexate to resolve tubal ectopic pregnancy: the GEM3 RCT
Manuscript Number (if known):	14.150.03

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.

		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)
		Time frame: Since the initial planning of the work	
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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Image: square of the content of the	
13	Other financial or non-financial interests	National Institute for Health and Care Research	Member NIHR Clinical Trials Unit standing advisory committee 01/05/16 -30/09/23
Plea	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.		

Date	e:	4/19/2022			
Your Name:		Andrew Horne	Andrew Horne		
Manuscript Title:		Gefitinib and methotrexate to resolu	Gefitinib and methotrexate to resolve tubal ectopic pregnancy: the GEM3 RCT		
Mar	nuscript Number (if l	nown): 14.150.03			
con affe indi	tent of your manuscreted by the content of cate a bias. If you are author's relationship	ipt. "Related" means any relation with for-proof the manuscript. Disclosure represents a come in doubt about whether to list a relationship/os/activities/interests should be defined broadly	activities/interests listed below that are related to the fit or not-for-profit third parties whose interests may be mitment to transparency and does not necessarily activity/interest, it is preferable that you do so. 7. For example, if your manuscript pertains to the manufacturers of antihypertensive medication, even if		
that	t medication is not m	entioned in the manuscript.			
	em #1 below, report ne for disclosure is th		cript without time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as ne	Specifications/Comments (e.g., if payments were eded) made to you or to your institution)		
		Time frame: Since the initial pl	anning of the work		
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.	NIHR funded the GEM3 trial Astra Zeneca provided the IMP and placebo	Payment to institution Click the tab key to add additional rows.		
		Time frame: past 36	months		
2	Grants or contracts from	□ None			
	any entity (if not indicated in item #1 above).	UKRI (£4,100,000) 2021-2025 "MICA: ADVANTAGE visceral pain consortium" NIHR HTA (£1,728,286) 2020-2025 "Deep infiltrating endometriosis: management by medical treatment versus early surgery: DIAMOND" Roche Diagnostics (£395,760) "Envision study	Payment to institution Payment to institution Payment to institution		
3	Royalties or licenses	None Non			

		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	Benevolent AI GSK	Payment to institution Payment to institution
		GJK	rayment to institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Chair of two TSCs	Unpaid
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Trustee of Ectopic Pregnancy Trust	Unpaid

		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	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None Grants from Wellcome Trst, MRC, CSO, Wellbeing of Women, Ferring and personal fees from Nordic Pharma, AbbVie	
Plea [⊠]	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.		

45 12/13/2021 ICMJE Disclosure Form