Da	te: 26/07/2021					
Yo	ur Name: Yana Vinogra	adova				
Ma	nuscript Title: Medi	cal treatment for heavy m	enstrual bleeding in primary care: 10 year observation	nal		
fol	low up of the ECLIPSE trial					
	nuscript number (if known)					
rel par to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.			
	e following questions apply inuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>			
to	•	ension, you should declare	defined broadly. For example, if your manuscript pertai all relationships with manufacturers of antihypertensive he manuscript.			
	item #1 below, report all su e time frame for disclosure i		d in this manuscript without time limit. For all other ite	:ms,		
	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.	None				

Time frame: past 36 months

None

None

medical writing, article processing charges, etc.)

No time limit for this item.

Grants or contracts from

in item #1 above).

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Royalties or licenses

any entity (if not indicated

	o hi c	N	
4	Consulting fees	None	
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5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

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

Date:	23.7.21
Your Name:	Joe Kai
Manuscript Title:	Medical treatment for heavy menstrual bleeding in primary care: 10 year observational
follow up of the I	ECLIPSE trial cohort
Manuscript numb	per (if known):15/143/01

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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		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.	NIHR HTA programme	Grant funding for this research
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
7	consuming rees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
	Daubiaination on a Data	Nana	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	NIHR School for	Member of Board
	in other board, society, committee or advocacy	Primary Care Research	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

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	CHOLAS HILKEN Medical treatment for heavy menstrual bleeding in primary care: 10 year observational
• •	JIPSE trial cohort
Manuscript number	(if known):15/143/01
•	

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		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	
		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	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

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

υaτ	e:26		
Υοι	r Name:Professor Ja	nesh Gupta	
Ма	nuscript Title: Medi	cal treatment for heavy r	menstrual bleeding in primary care: 10 year observationa
	nuscript number (if known)		
rela par to t	ited to the content of your ties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
to t me In i	he epidemiology of hypert dication, even if that medic	ension, you should declar cation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript. The manuscript without time limit. For all other item
		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 initia	al planning of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None None	
	No time limit for this item.	Time frame: pas	st 36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	None None	SC 30 Months
	Royalties or licenses	None	

4	Consulting fees	Clinical Advisor for Femcare-Nikomed	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
6	Payment for expert testimony	I have provided expert testimony in High Court, Crown Court and Coroners Court	
_			
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

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form.	J

	te:26/07/2021		
Ma	• •	cal treatment for heavy m	enstrual bleeding in primary care: 10 year observational
fol:	low up of the ECLIPSE trial	cohort : 15/143/01	
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rela	ated to the content of your	manuscript. "Related" mea	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment
to	-	necessarily indicate a bias.	If you are in doubt about whether to list a
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	tem #1 below, report all su time frame for disclosure i		d in this manuscript without time limit. For all other items
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as needed)	,
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		

Time frame: past 36 months

None

None

Grants or contracts from

in item #1 above).

Royalties or licenses

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any entity (if not indicated

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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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	materials, drugs, medical writing, gifts or other	None	
	services		
13	Other financial or non- financial interests	None	

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

Date:28 th July	2021
Your Name:J	ane Daniels
Manuscript Title: _	Medical treatment for heavy menstrual bleeding in primary care: 10 year observational
follow up of the ECI	LIPSE trial cohort
Manuscript number	(if known):15/143/01

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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	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	X			
		Time frame: past				
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR Health Technology Assessment programme 12/206/52	This project also uses the LNG-IUS as one of the trial drugs. University of Nottingham received directly allocated costs as I am a grant holder.			
2	Davaltica au licanaca	Nege	V			
3	Royalties or licenses	None	X			

4	Consulting fees	None	X
5	Payment or honoraria for lectures, presentations,	None	X
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	None	X
7	Support for attending meetings and/or travel	None	X
8	Patents planned, issued or pending	None	X
9	Participation on a Data Safety Monitoring Board or	None	X
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	X
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	X
12	Receipt of equipment, materials, drugs, medical	None	X
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	Member NIHR Clinical Trials Unit standing advisory committee 01/05/16 -01/05/22	

X_ I certify that I have answered every question ar form.	nd have not altered the wording of any of the que	stions on this