

ICMJE DISCLOSURE FORM

Date: 26/07/2021

Your Name: Yana Vinogradova

Manuscript Title: Medical treatment for heavy menstrual bleeding in primary care: 10 year observational follow up of the ECLIPSE 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.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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)
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, 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	
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	

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

 X 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: 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 ECLIPSE trial cohort
 Manuscript number (if known): 15/143/01

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

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	___ NIHR School for Primary Care Research	Member of Board
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	

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

X 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: 28th July 2021
 Your Name: NICHOLAS HILKEN
 Manuscript Title: Medical treatment for heavy menstrual bleeding in primary care: 10 year observational follow up of the ECLIPSE trial cohort
 Manuscript number (if known): 15/143/01

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3	Royalties or licenses	___ None	

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	
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	

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ICMJE DISCLOSURE FORM

Date: 26 July 2021

Your Name: Professor Janesh Gupta

Manuscript Title: Medical treatment for heavy menstrual bleeding in primary care: 10 year observational follow up of the ECLIPSE trial cohort

Manuscript number (if known): 15/143/01

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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	Clinical Advisor for Femcare-Nikommed	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____ None	
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 Advisory Board	_____ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____ None	
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	

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ICMJE DISCLOSURE FORM

Date: 26/07/2021

Your Name: Brittany Dutton

Manuscript Title: Medical treatment for heavy menstrual bleeding in primary care: 10 year observational follow up of the ECLIPSE trial cohort

Manuscript number (if known): 15/143/01

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3	Royalties or licenses	___ None	

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	
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	

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ICMJE DISCLOSURE FORM

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

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> 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.
3	Royalties or licenses	<input type="checkbox"/> None	X

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

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