Date:	1/25/2022
Your Name:	Lucy Harriet Ravenscroft Whitaker
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study
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.

		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 Non	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).	NIHR HTA (NIHR129801)	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 Co-Chief Investigator with Andrew Horne Payment directly to University of Edinburgh

		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 None	
6	Payment for expert testimony	None Non	
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 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,		
11	paid or unpaid Stock or stock	None ■ No	
	options		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None ■	
13	Other financial or non-financial interests	None Non	
Plea	•	t to the following statement to indicate your agreements answered every question and have not altered the wo	

Date:	10/15/2021
Your Name:	Lee Jonathan Middleton
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
Manuscript Number (if known):	Click or tap here to enter text.

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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 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	□ 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 None	

		e all entities with whom you have this ionship 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	-	e following statement to indicate your agreeme	

110/7/2021

Date:

#1 above).

You	ır Name:	Lee Priest	Lee Priest		
		Ulipristal acetate versus levonorgestrel-releasing intrauterine system for homenstrual bleeding: the UCON RCT and mechanism of action study.	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.		
Ма	nuscript Number (if k	nown): 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 content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you			ests may be ssarily		
epi	demiology of hyperter	s/activities/interests should be defined broadly. For example, if your manuscript pertains to a sion, you should declare all relationships with manufacturers of antihypertensive medicationships with manufacturers of antihypertensive medicationships with manufacturers of antihypertensive medications 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.			the time		
		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if p 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.,	□ None			
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Contributed to methodology, project administration, visualisation, writing of the original draft and review/editing of the final report.			
		Click the tab key to add additional rows.			
		Time frame: past 36 months			
2	Grants or contracts from any entity (if not	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)
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 None □	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None 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 None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non-financial interests	None None	
Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

Date:	10/12/2021
Your Name:	Smita Odedra
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
Manuscript Number (if known):	Click or tap here to enter text.

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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.	None 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 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	
6	Payment for expert testimony	None Non	
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 None	

			e all entities with whom you have this ionship 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: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	10/15/2021
Your Name:	Versha Cheed
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
Manuscript Number (if known):	Click or tap here to enter text.

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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.	None 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	
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 ■	

			e all entities with whom you have this ionship 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: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	10/14/2021
Your Name:	Elaine Nicholls
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
Manuscript Number (if known):	Click or tap here to enter text.

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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	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 None	I do not benefit from any associated affiliations, nor do I claim expenses Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None 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	
6	Payment for expert testimony	None Non	
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 None	

			e all entities with whom you have this ionship 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: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	10/14/2021
Your Name:	Alistair RW Williams
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
Manuscript Number (if known):	Click or tap here to enter text.

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		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	
		Bayer AG	Personal consultancy fees Fees divided between University of Edinburgh and ARWW
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	⊠ None	
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board,		
	society, committee or advocacy group,		
	paid or unpaid		

			e all entities with whom you have this ionship 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:	7/10/2021
Your Name:	Neil Roberts
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
Manuscript Number (if known):	Click or tap here to enter text.

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		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	
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 None	

			e all entities with whom you have this ionship 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	
	Please place an "X" next to the following statement to indicate your agreement:			

Date:	10/13/2021
Your Name:	Mr Clive Stubbs
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
Manuscript Number (if known):	Click or tap here to enter text.

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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 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	None Non	
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 None	

			e all entities with whom you have this ionship 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	
	Please place an "X" next to the following statement to indicate your agreement:			

Date:	10/13/2021
Your Name:	Konstantinos Tryposkiadis
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
Manuscript Number (if known):	Click or tap here to enter text.

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		me all entities with whom you have th ationship or indicate none (add rows a	
		Time frame: Since the initia	l 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: pas	36 months
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 Non	
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 ■	

			e all entities with whom you have this ionship 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: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	10/14/2021
Your Name:	Hannah Bensoussane
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
Manuscript Number (if known):	Click or tap here to enter text.

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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 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	

		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 Non	
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	None None	

			e all entities with whom you have this ionship 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: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	11/7/2021
Your Name:	R R Chodankar
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
Manuscript Number (if known):	Click or tap here to enter text.

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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
2	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. Grants or	None Time frame: past 36 month None	Click the tab key to add additional rows.
	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	
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 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 Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None ■	
13	Other financial or non-financial interests	□ None Rohan Chodankar has been supported as a Clinical Research Fellow by Bayer AG between April 2018 to February 2021.	
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:	7/10/2021
Your Name:	Alison Murray (A.A. Murray)
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
Manuscript Number (if known):	Click or tap here to enter text.

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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.

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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 □	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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
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 None	

			e all entities with whom you have this ionship 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: \[\text{\$\te			

Date:	10/7/2021
Your Name:	Moira Nicol
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: Since the initial planning	of the work
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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 Non	
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 ■	

			e all entities with whom you have this ionship 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:			

Date:	10/22/2021	
Your Name:	Aleksandra Tsolova	
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.	
Manuscript Number (if known):	Click or tap here to enter text.	

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		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.
	ı	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	

ľ		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	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 square o	
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:	11/10/2021
Your Name:	Kaimimg Yin
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
Manuscript Number (if known):	Click or tap here to enter text.

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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)
ı		Time frame: Since the initial planning	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.	None Time frame: past 36 month	Click the tab key to add additional rows.
	Grants or contracts from any entity (if not indicated in item #1 above).	None Non	
	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 Non	
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 None	

			e all entities with whom you have this ionship 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:			

Date:	10/8/2021
Your Name:	Marcos Cruz
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
Manuscript Number (if known):	Click or tap here to enter text.

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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.	None None	Click the tab key to add additional rows.
		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	

		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 Non	
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 None	

			e all entities with whom you have this ionship 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:			

Date:	10/6/2021
Your Name:	Hui Wei Leow
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
Manuscript Number (if known):	Click or tap here to enter text.

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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.

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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 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	

			pecifications/Comments (e.g., if payments were nade 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 □	

			e all entities with whom you have this ionship 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: \[\textstyle I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	10/6/2021
Your Name:	Lucy Kershaw
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
Manuscript Number (if known):	Click or tap here to enter text.
content of your manuscript. "Rela affected by the content of the ma	re ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of 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.	

Specifications/Comments (e.g., if payments were Name all entities with whom you have this 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 □ None contracts from any entity (if not Position funded by GlaxoSmithKline I am not an employee of GSK, payment is to indicated in item my institution. #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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
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 Chair of South East Scotland Research Ethics committee 1	Voluntary role

		e all entities with whom you have this ionship 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	-	e following statement to indicate your agreeme	

Date:	11/15/2021
Your Name:	Suzanne McLenachan
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
Manuscript Number (if known):	Click or tap here to enter text.

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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 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	
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 ■	

		e all entities with whom you have this ionship 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	-	e following statement to indicate your agreeme	

Date:	1/25/2022	
Your Name:	Graham McKillop	
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study	
Manuscript Number (if known):	Click or tap here to enter text.	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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 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 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 Non	
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 ■	

			e all entities with whom you have this ionship 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	
Please place an "X" next to the following statement to indicate your agreement:				

Date:	10/8/2021
Your Name:	Jane Walker
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		ame all entities with whom you have this elationship or indicate none (add rows as needed) Specifications/Comments (e.g., if paymen made to you or to your institution)	ts were
		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 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 Non	
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 None	

			e all entities with whom you have this ionship 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:			

Date:	10/7/2021
Your Name:	Scott Semple
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
Manuscript Number (if known):	Click or tap here to enter text.

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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 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	

		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 Non	
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	

			e all entities with whom you have this ionship 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.			

Dat	e:	_	1/25/2022			
Your Name: Manuscript Title:		_	T Justin Clark Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study			
Ma	Manuscript Number (if known): Click or tap here to enter text.					
cor affe	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.					
cor aff	itent of your manuscri ected by the content o	ipt. "Relat of the man	ed" means any relation with for-profit or no	is/interests listed below that are related to the ort-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.		
epi	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.					
	tem #1 below, report and the for disclosure is the			ithout time limit. For all other items, the time		
			entities with whom you have this nip 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.,	□ Nor	ne			
	funding, provision					
	of study materials, medical writing,			Click the tab key to add additional rows.		
	article processing					
	charges, etc.) No time limit for					
	this item.					

Time frame: past 36 months

Grants or

contracts from any entity (if not indicated in item #1 above). **⊠** 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)
3	Royalties or licenses	None Non	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None I have received honoraria for lecturing and training from Bayer AG (manufacturers of the Mirena Coil) I have received honoraria for lecturing and training on the Orbis International Medical Education Programme in Gynaecology, funded by Gedeon Richter (manufacturers of Ulipristal Acetate)	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	□ None I received travel and accommodation expenses to attend FIGO 2021 in Rome from Gedeon Richter (manufacturers of Ulipristal Acetate)	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory 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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None President of the British Society for Gynaecological Endoscopy	
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	Member of the NIHR HTA Prioritisation Committee C (Mental health, women's and children's health) 2017-2020 Member of the NIHR HTA Prioritisation Committee B (Hospital Based Care) 2017-2022	
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:		10/9/2021		
Your Name:		Mary Ann Lumsden		
Manuscript Title:		Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.		
Ma	nuscript Number (if k	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub		ncy, we ask you to disclose all relationships/activities/interests listed below that are related to the t. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. Sactivities/interests should be defined broadly. For example, if your manuscript pertains to the		
-		ion, you should declare all relationships with manufacturers of antihypertensive medication, even if tioned in the manuscript.		
	em #1 below, report and the for disclosure is the	support for the work reported in this manuscript without time limit. For all other items, the time past 36 months.		
		ame all entities with whom you have this elationship 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.,	□ None		
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Click the tab key to add additional rows.		
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Click the tab key to add additional rows. Time frame: past 36 months		
2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			

		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:		
\boxtimes	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

Dat	e:	10/7/2021			
Your Name:		Dharani K. Hapangama	Dharani K. Hapangama		
Manuscript Title:		•	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.		
Ma	nuscript Number (if l	known): Click or tap here to enter text.			
content of your manuscript. "Rela affected by the content of the ma		arency, we ask you to disclose all relationships/activition ript. "Related" means any relation with for-profit or not of the manuscript. Disclosure represents a commitme re in doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily		
epi	demiology of hyperte	ps/activities/interests should be defined broadly. For ension, you should declare all relationships with manuf nentioned in the manuscript.			
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript we past 36 months.	vithout time limit. For all other items, the time		
		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	□ None			
	manuscript (e.g.,	EME UCON grant	To University of Liverpool		
	funding, provision of study materials,				
	medical writing, article processing				
	charges, etc.)				
	No time limit for this item.				
		Time frame: past 36 month	s		
2	Grants or	□ None			
	contracts from any entity (if not	[]			
	indicated in item	Wellbeing of Women's RG2137 MRC MR/V007238/1.	To University of Liverpool To University of Liverpool		
	#1 above).	Northwest cancer research RDG2021.18	To University of Liverpool		
3	Royalties or	None Non			
3	Noyalties of				
	licenses				
	licenses				

li .		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 Canadian Society of Fertility & Andrology	To me
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None Non	
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	

			e all entities with whom you have this ionship 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:			

18 8/26/2021 ICMJE Disclosure Form

Date:	10/22/2021
Your Name:	Lucky Saraswat
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study
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.

	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
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 None	Click the tab key to add additional rows.
	Time frame: past 36 months	S
Grants or contracts from any entity (if not indicated in item #1 above).	☑ None Dr Saraswat has received grants from NIHR HTA for conduct of RCT	
Royalties or licenses	None None	

			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	Dr Saraswat has received honoraria from Gideon-Richter for being on advisory board	
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 □	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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:			

45 8/26/2021 ICMJE Disclosure Form

Date:	10/8/2021
Your Name:	Siladitya Bhattacharya
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
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.

		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 from a root 26 month	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 None	
3	Royalties or licenses	□ None Cambridge University Press book on infertility	Payment made to me

li .		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 Invited speaker at 11 th Singapore International Congress on Obstetrics & Gynaecology Speaker honorarium − Merck Speaker honorarium − Ferring	Payment made to University of Aberdeen Payment to be made to the University of Aberdeen Payment to be made to the University of Aberdeen
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 Board member, NHS Grampian	Payment to University of Aberdeen

		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 Non		
13	Other financial or non-financial interests	Oxford University Press – Editor in Chief, Human Reproduction Open special Senior Editor Cochrane Gynaecology and Infertility	Honorarium No honorarium received	
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:		1/29/2021	1/29/2021		
Your Name: Manuscript Title:		Paul Smith	Paul Smith		
			Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.		
Ma	nuscript Number (if kı	nown): Click or tap here to enter text.			
content of your manuscript. "Rela affected by the content of the ma		ot. "Related" means any relation with for-profit or it files the manuscript. Disclosure represents a commitm	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi	demiology of hyperten	s/activities/interests should be defined broadly. For sion, you should declare all relationships with manuntioned in the manuscript.			
	tem #1 below, report a me for disclosure is the	Ill support for the work reported in this manuscript past 36 months.	without time limit. For all other items, the time		
		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	g of the work		
1	All support for the present	□ None			
	manuscript (e.g.,				
		NIHR	Payments to The University of Birmingham		
	funding, provision of study materials,	NIHR	Payments to The University of Birmingham Click the tab key to add additional rows.		
	funding, provision of study materials, medical writing,	NIHR			
	funding, provision of study materials, medical writing, article processing charges, etc.)	NIHR			
	funding, provision of study materials, medical writing, article processing	NIHR			
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Click the tab key to add additional rows.		
2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIHR Time frame: past 36 mont □ None	Click the tab key to add additional rows.		
2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	Time frame: past 36 mont	Click the tab key to add additional rows.		
2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time frame: past 36 mont	Click the tab key to add additional rows.		
2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not	Time frame: past 36 mont	Click the tab key to add additional rows.		
2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 mont	Click the tab key to add additional rows.		
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	Time frame: past 36 mont None NIHR fellowship (PDF-2015-08-099)	Click the tab key to add additional rows.		
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 mont None NIHR fellowship (PDF-2015-08-099)	Click the tab key to add additional rows.		

		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 Non	
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 None	

			e all entities with whom you have this ionship 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.			

8/26/2021 ICMJE Disclosure Form

Date:	11/19/2021
Your Name:	Jane Daniels
Manuscript Title:	Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the UCON RCT and mechanism of action study.
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.

		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 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	
		Bayer (manufacturer of Mirena)	I have received honoraria for attending one advisory board meeting (2015) and hands on training of 3 clinicians in Essure sterilisation - made by Bayer – (2016)
		Gedeon Richter (manufacturer of Ulipristal Acetate)	I have received honoraria as part of the Orbis educational programme in Women's Health which is sponsored by GR since 2016 I received travel and accommodation expenses to attend FIGO in Rome (2012)
5	Payment or honoraria for	□ None	
	lectures, presentations,	See 4. above	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None ∨	
	,		
7 Support for attending None		□ None	
	meetings and/or travel	See 4. above	
	craver		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on	None	
	a Data Safety Monitoring		
	Board or Advisory Board		
10	Leadership or fiduciary role in	□ None	
	other board, society,	President of the British Society for Gynaecological Endoscopy	

		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)
	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 Non	
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.		

27 8/26/2021 ICMJE Disclosure Form

Date:17/01/2022
Your Name: Hilary OD Critchley
Manuscript Title: Ulipristal acetate versus levonorgestrel-releasing intrauterine system for heavy menstrual bleeding: the
UCON RCT and mechanism of action study
Manuscript number (if known):

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past X Hilary Critchley (HC): grants from Biotechnology and Biological Sciences Research Council, grants from Medical Research Council/ NIHR, Bayer AG, Berlin	- To Institution Research grant with salaries for research staff & study consumables - To Institution Research collaboration grant with salaries for research staff & study consumables
3	Royalties or licenses	Х	HC has personal receipt of royalties from "Up-To-Date" for an article on Abnormal Uterine Bleeding.
4	Consulting fees	X	

			- To Institution
		for: Bayer AG, Berlin;	HC has provided Consultancy and Scientific Advisory Board advice (with no personal remuneration received) - To Institution
		Gedeon Richter;	HC has provided Consultancy advice (with no personal remuneration received) - To Institution
		Myovant Sciences GmbH.	HC has provided Consultancy and Scientific Advisory Board advice (with no personal remuneration received)
5	Payment or honoraria for	Vifor Pharma UK Ltd;	- To Institution
	lectures, presentations, speakers bureaus, manuscript writing or educational events		Speaker at meeting on abnormal uterine bleeding and iron deficiency anaemia (with no personal remuneration received)
6	Payment for expert	X None	
_	testimony		
7	Support for attending	X Travel Expenses for SAB	
	meetings and/or travel	meeting. SAB (Scientific Advisory Board) in March	
		2020	
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X Chair (from 2022) of the Committee for Menstrual Disorders and Related Health Impacts of the International Federation of Gynecology and Obstetrics (FIGO)	unpaid
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

Please place an "X" next to the following statement to indicate your agreement: X \(\text{\certify}\) certify that I have answered every question and have not altered the wording of any of the questions on this form.