Date:	3/23/2022
Your Name:	Carol Bugge
Manuscript Title:	Clinical and cost-effectiveness of pessary self-management versus clinic-based care for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluation
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.

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning o	of the work
1	All support for the present	□ None	
	manuscript (e.g., funding, provision of study materials,		TOPSY study grant was awarded to my institution, University of Stirling
	medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 months	3
2	Grants or contracts from	□ None	
	any entity (if not indicated in item	CSO	Opal Trial (completed 2018) URCHOICE feasibility study
	#1 above).	NHS Lothian and NHS Grampian	SCENIC study

		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 ■	
4	Consulting fees	None Non	
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 None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■	
10	Leadership or fiduciary role in other board,	None ■	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options	\boxtimes	None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	L certify that I have	answe	ered every question and have not altered the wo	ording of any of the questions on this form

Date:	9/3/2021	
Your Name:	Suzanne Hagen	
Manuscript Title:	Clinical and cost-effectiveness of pessary self-management versus clinic-based care for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluation	
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 relationship or indicate none (ad		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., funding, provision of study materials,	NIHR HTA		A portion of the TOPSY study grant was awarded to my institution, Glasgow Caledonian University
	medical writing,			Click the tab key to add additional rows.
	article processing charges, etc.) No time limit for this item.			
		Time fr	ame: past 36 month	s
2	Grants or contracts from	□ None		
	any entity (if not indicated in item #1 above).	Chief Scientist Office		Chief Investigator on ProLong20+ grant awarded to my institution, Glasgow Caledonian University
		NIHR HTA		Co-chief Investigator on TOPSY grant with part funding awarded to my institution, Glasgow Caledonian University
		NIHR HTA		Co- Investigator on SUCCESS grant awarded to my institution, Glasgow Caledonian University

		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)
		Academy of medical sciences NIHR HTA	Lead UK Investigator on PIPELINE networking grant with funding awarded to my institution, Glasgow Caledonian University Co- Investigator on CADET grant with part funding awarded to my institution, Glasgow Caledonian University
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	
7	Support for attending meetings and/or travel	None ■	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety	⊠ None	

			e all entities with whom you have this conship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Monitoring Board or Advisory Board			
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	
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:		1/27/2022			
Your Name:		Andrew Elders	Andrew Elders		
Ma	inuscript Title:		ry self-management versus clinic-based care mised controlled trial with process evaluation		
Ma	nuscript Number (if k	nown): Click or tap here to enter text.			
cor aff	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	ntent of your manuscri ected by the content o	rency, we ask you to disclose all relationships/activition pt. "Related" means any relation with for-profit or not feel the manuscript. Disclosure represents a commitmed 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 hyperter	s/activities/interests should be defined broadly. For an anion, you should declare all relationships with manufentioned in the manuscript.			
	tem #1 below, report a me for disclosure is the	all support for the work reported in this manuscript we past 36 months.	rithout 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., funding, provision	NIHR HTA Grant for the above trial- time as co-app			
	of study materials,		Click the tab key to add additional rows.		
	medical writing, article processing charges, etc.)				

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 ■	
4	Consulting fees	None Non	
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 None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■	
10	Leadership or fiduciary role in other board,	None ■	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options	\boxtimes	None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	L certify that I have	answe	ered every question and have not altered the wo	ording of any of the questions on this form

Dat	te:	2/9/2022		
Your Name: Manuscript Title:		Helen Mason		
		Clinical and cost-effectiveness of pessary self-management versus clinic-based care for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluation		
Ma	Manuscript Number (if known): Click or tap here to enter text.			
cor affe ind In t 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. 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			
ind	icate a bias. If you are	n doubt about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi	demiology of hyperter	activities/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.		
	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.			
		same 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 NIHR HTA Grant for the above trial- time as co-app		

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.

Time frame: past 36 months

None

NIHR HTA Grant for the above trial- time as co-app

Click the tab key to add additional rows.

Time frame: past 36 months

None

None

None

None

None

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)
3	Royalties or licenses	None ■	
4	Consulting fees	None Non	
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 None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■	
10	Leadership or fiduciary role in other board,	None ■	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options	\boxtimes	None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
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 wording of any of the questions on this form			

Date:	2/1/2022
Your Name:	Kirsteen Goodman
Manuscript Title:	Clinical and cost-effectiveness of pessary self-management versus clinic-based care for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluation
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.

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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 Trial Manager for TOPSY. Salary paid for by NIHR grant?	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	

		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 ■	
4	Consulting fees	None Non	
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 None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■	
10	Leadership or fiduciary role in other board,	None ■	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options	\boxtimes	None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
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 wording of any of the questions on this form			

Date:	3/2/2022
Your Name:	Melanie Dembinsky
Manuscript Title:	Clinical and cost-effectiveness of pessary self-management versus clinic-based care for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluation
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.

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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	e all entities with whom you have this	Specifications/Comments (e.g., if payments were
			onship or indicate none (add rows as needed)	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		None	
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.			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	

		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 ■	
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 None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■	
10	Leadership or fiduciary role in other board,	None ■	

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)
	society, committee or advocacy group,			
	paid or unpaid			
11	Stock or stock options	\boxtimes	None	
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have	answe	ered every question and have not altered the wo	ording of any of the questions on this form.

2/1/2022

Date:

Your Name:		_Lynn Melone				
Manuscript Title:		•	Clinical and cost-effectiveness of pessary self-management versus clinic-based care for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluation			
Maı	nuscript Number (if k	nown): _Click or tap here to enter text.				
con affe	tent of your manuscri cted by the content o	rency, we ask you to disclose all relationships/active pt. "Related" means any relation with for-profit or f the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/active	not-for-profit third parties whose interests may be nent to transparency and does not necessarily			
con affe indi The epic	tent of your manuscri cted by the content o cate a bias. If you are author's relationships demiology of hyperter	f the manuscript. Disclosure represents a commitment of the manuscript. Disclosure represents a commitment of the manuscript of the manuscript. The manuscript of the manuscri	not-for-profit third parties whose interests may be nent to transparency and does not necessarily ty/interest, it is preferable that you do so.			
In item #1 below, report all suppo frame for disclosure is the past 36		all support for the work reported in this manuscrip	t without time limit. For all other items, the time			
		Name all entities with whom you have this relationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)			
		Time frame: Since the initial planr	ng of the work			
1	All support for the present	□ None				
	manuscript (e.g., funding, provision of study materials,	NIHR HTA Grant for the above trial – time as coapp				
	medical writing, article processing		Click the tab key to add additional rows.			
charges, etc.) No time limit for this item.						
		Time frame: past 36 mo	nths			
2	Grants or contracts from	⊠ None				
	any entity (if not indicated in 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)
3	Royalties or licenses	None None	
4	Consulting fees	None Non	
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 None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■	
10	Leadership or fiduciary role in other board,	None ■	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non-financial interests	None Non	
Plea	ise place an "X" nex	t to the following statement to indicate your agreeme	ent:

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

Date:	3/23/2022		
Your Name:	Catherine Best		
Manuscript Title: Clinical and cost-effectiveness of pessary self-management versus clinic-based for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluations.			
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. 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.			
epidemiology of hypertension, you	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.	NIHR HTA Grant for the above trial- time as Statistician	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	

		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 ■	
4	Consulting fees	None Non	
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 None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■	
10	Leadership or fiduciary role in other board,	None ■	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group,			
	paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
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 wording of any of the questions on this form.			

Date:	3/4/2022
Your Name:	Sarkis Manoukian
Manuscript Title:	Clinical and cost-effectiveness of pessary self-management versus clinic-based care for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluation
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.

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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 plannir	g 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 mon	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None NIHR Grant Co-applicant	Co-I National Institute for Health Research (NIHR) Common Health Assets: a mixed methods realist evaluation and economic appraisal of how community led organisations impact on the health and wellbeing of people living in deprived areas in the UK, £1.6m, 2021-2024

		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	
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	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Monitoring Board or Advisory Board			
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	
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 wording of any of the questions on this form.			

Date:	9/13/2021
Your Name:	Lucy Dwyer
Manuscript Title:	Clinical and cost-effectiveness of pessary self-management versus clinic-based care for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluation
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.

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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	□ None	
	manuscript (e.g.,	£8,678 over four years of project	Payment made to my institution
ì	funding, provision	9.8% WTE year 1 and 2.5% WTE years 2, 3 and 4	,
ì	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	S
2	Grants or	None Non	
	contracts from		
	any entity (if not		
	indicated in item		
	#1 above).		
Ì			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None 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	National Institute for Clinical Excellence (NICE)- member of guideline committee for Non surgical management and prevention of pelvic floor dysfunction	Unpaid role supporting the development of national guidelines development.

		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 Member of The UK Clinical Guideline for best practice in the use of vaginal pessaries for pelvic organ prolapse guidelines comittee	Unpaid role supporting the development of national guidelines development.
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:		
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:		1/31/2022	1/31/2022		
Your Name:		Mr Aethele Khunda			
Manuscript Title:			Clinical and cost-effectiveness of pessary self-management versus clinic-based care for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluation		
Ma	anuscript Number (if kı	nown): Click or tap here to enter text.			
co aff	ntent of your manuscri fected by the content o	rency, we ask you to disclose all relationships/activitipt. "Related" means any relation with for-profit or not fit of the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activit	ot-for-profit third parties whose interests may be ent to transparency and does not necessarily		
co aff	ntent of your manuscri fected by the content o	rency, we ask you to disclose all relationships/activitipt. "Related" means any relation with for-profit or not fithe manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be ent to transparency and does not necessarily		
ер	idemiology of hyperten	s/activities/interests should be defined broadly. For ision, you should declare all relationships with manuentioned in the manuscript.			
	item #1 below, report a	all support for the work reported in this manuscript verpast 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 plannir			
1			ng of the work		
	All support for the	□ None	ng of the work		
	present manuscript (e.g., funding, provision	□ None NIHR HTA grant for the above trial	Work on the above TOPSY trial = 1 hour/ week for 4 years = £10164.75		
	present manuscript (e.g., funding, provision of study materials, medical writing,		Work on the above TOPSY trial = 1 hour/ week		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Work on the above TOPSY trial = 1 hour/ week for 4 years = £10164.75		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	NIHR HTA grant for the above trial	Work on the above TOPSY trial = 1 hour/ week for 4 years = £10164.75 Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIHR HTA grant for the above trial Time frame: past 36 mor	Work on the above TOPSY trial = 1 hour/ week for 4 years = £10164.75 Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	NIHR HTA grant for the above trial	Work on the above TOPSY trial = 1 hour/ week for 4 years = £10164.75 Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIHR HTA grant for the above trial Time frame: past 36 mor	Work on the above TOPSY trial = 1 hour/ week for 4 years = £10164.75 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)
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	Olympus	Supported Travel and accommodation to attend laparoscopic urogynaecology workshop on 7-8/0-3/2019
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	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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non-financial interests	None Non	
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:	10/2/2022 Margaret Graham	
Your Name:		
Manuscript Title:	Clinical and cost-effectiveness of pessary self-management versus clinic- based care for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluation	
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.

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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.

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 relati need	e all entities with whom you have this ionship or indicate none (add rows as ed)	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.	X	None		
			Time frame: past 36 mor	aths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	X	None		

		Name all entities with whom you have thi relationship or indicate none (add rows a needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	x None	
4	Consulting fees	x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None	
6	Payment for expert testimony	x None	
7	Support for attending meetings and/ or travel	x None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x 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	x None	
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None	
13	Other financial or non-financial interests	⊠ None	

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 ${\bf x}$ form.

ς.			4 /24 /2022		
Date:			1/31/2022		
Your Name:			Dr Wael Agur		
Ma	nuscript Title:			ry self-management versus clinic-based care mised controlled trial with process evaluation	
Ma	nuscript Number (if k	(nown):	Click or tap here to enter text.		
con 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.				
con affe	tent of your manuscr ected by the content o	ipt. "Relatof the mai	ted" means any relation with for-profit or no	es/interests listed below that are related to the ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /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.					
	tem #1 below, report me for disclosure is th		•	vithout time limit. For all other items, the time	
			entities with whom you have this hip 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	□ No	one		
	manuscript (e.g., funding, provision of study materials, medical writing,		cientist Office (CSO), search Scotland (NRS) & NHS Ayrshire &	Career Fellow - Research Fellowship Programme Payments were made to my institution and myself.	
	article processing charges, etc.)			Click the tab key to add additional rows.	
	No time limit for this item.			ones, the tablety to dua duality full town.	
	and reality		Time frame: past 36 montl	ns	
2				13	
2	Grants or contracts from	☐ No	ne		

University of Bristol - National Institute for Health

Research (NIHR)

any entity (if not

indicated in item

#1 above).

Co-Chief Investigator for **PURSUIT** study, a

incontinence in women

recently funded (£1.7m) multicenter RCT for

surgical treatment of recurrent stress urinary

		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 ■	
4	Consulting fees	Oaklaw Consultancy Ltd	Own limited company looking after Medico-legal Consultancy
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	Oaklaw Consultancy Ltd	Own limited company looking after Medico-legal Consultancy
7	Support for attending meetings and/or travel	□ None Contura	Funding to attend an International conference in 2019
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 Non	
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 Medical Innovation Systems (MIS)	A recent startup company creating software to streamline shared decision making in Women's Health including the pelvic organ prolapse condition.
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:	2/7/2022
Your Name:	Suzanne Breeman
Manuscript Title:	Clinical and cost-effectiveness of pessary self-management versus clinic-based care for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluation
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.

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Time frame: Since the initial planning o	of the work
All support for the present	□ None	
manuscript (e.g., funding, provision	NIHR HTA grant (16/82/01)	Payment made to institution
of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
	Time frame: past 36 months	5
Grants or contracts from any entity (if not indicated in item #1 above).	None None	
	present manuscript (e.g., 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: Since the initial planning of the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months None Time frame: past 36 months 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 ■	
4	Consulting fees	None Non	
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 ■	
10	Leadership or fiduciary role in other board,	None ■	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options	\boxtimes	None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
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 wording of any of the questions on this form			

Grants or

contracts from any entity (if not indicated in item #1 above).

⊠ None

Date:		2/9/2022			
Your Name: Manuscript Title:		Jane Culverhouse	Jane Culverhouse		
		•	Clinical and cost-effectiveness of pessary self-management versus clinic-based care for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluation		
Ma	nuscript Number (if k	nown): 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 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.				
epi	demiology of hyperter	s/activities/interests should be defined broadly. For nsion, you should declare all relationships with manuentioned in the manuscript.			
	tem #1 below, report a me for disclosure is the	all support for the work reported in this manuscript verset and the manuscript verset verset and the manuscript verset ve	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., Patient and public involvement time paid from funding, provision TOPSY NIHR grant		Patient and public involvement time paid from TOPSY NIHR grant			
	of study materials,	To the time of time of the time of time of the time of tim			
	medical writing, article processing		Click the tab key to add additional rows.		
	charges, etc.)				
	No time limit for this item.				
	this item.				

Time frame: 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)
3	Royalties or licenses	None ■	
4	Consulting fees	None Non	
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 ■	
10	Leadership or fiduciary role in other board,	None ■	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options	\boxtimes	None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
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 wording of any of the questions on this form			

Date:	2/10/2022		
Your Name:	Angela Forrest		
Manuscript Title: Clinical and cost-effectiveness of pessary self-management versus clinic-based controlled trial with process evaluations.			
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.			
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.			
epidemiology of hypertension, you	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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		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 Patient and public involvement time paid from TOPSY NHR grant	Click the tab key to add additional rows.
	this item.	Time frame; post 36 month	
2	Grants or	Time frame: past 36 month	5
2	contracts from any entity (if not indicated in item #1 above).	Notice Notice	

		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 ■	
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 Non	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None See response to Q1	
10	Leadership or fiduciary role in other board,	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options	\boxtimes	None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
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 wording of any of the questions on this form			

Date:	2/10/2022
Your Name:	Mark Forrest
Manuscript Title:	Clinical and cost-effectiveness of pessary self-management versus clinic-based care for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluation
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.

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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 NIHR HTA Grant for the above trial- time as co-app	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	

		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 ■	
4	Consulting fees	None Non	
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 ■	
10	Leadership or fiduciary role in other board,	None ■	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options	\boxtimes	None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
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 wording of any of the questions on this form			

Date:	2/7/2022
Your Name:	Karen Guerrero
Manuscript Title:	Clinical and cost-effectiveness of pessary self-management versus clinic-based care for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluation
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.

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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	□ None	
	manuscript (e.g., funding, provision	NIHR HTA Grant for the above trial-time as co-app	
	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	5
2	Grants or contracts from	None Non	
	any entity (if not indicated in item		
	#1 above).		

			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)
3	Royalties or licenses		None	
4	Consulting fees		None	
5	Payment or honoraria for		None	
	lectures, presentations,			
	speakers			
	bureaus, manuscript writing or educational events			
6	Payment for expert testimony		None	
7	Support for attending		None	
	meetings and/or travel			
8	Patents planned, issued or		None	
	pending			
0	Dautiai: -ti-		Nava	
9	Participation on a Data Safety Monitoring		None	
	Board or			
	Advisory Board			
10	Leadership or fiduciary role in		None	
	other board,	Cha	ir UK Continence Society	All honorary unpaid posts

		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	Treasurer British Society Urogynaecologists Chair RCOG Sub specilaity training committee		
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:			
\boxtimes	☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

3 8/26/2021 ICMJE Disclosure Form

Date:	2/25/2022	
Your Name:	Christine Hemming	
Manuscript Title:	Clinical and cost-effectiveness of pessary self-management versus clinic-based care for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluation	
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.		
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		

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.

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.

	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	□ None	
manuscript (e.g., funding, provision	NIHR HTA grant (16/82/01)	Payment made to institution
of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
	Time frame: past 36 months	
Grants or contracts from any entity (if not indicated in item #1 above).	None	
	present manuscript (e.g., 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	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

		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	
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 Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Chair of the pilot Pelvic Floor Registry Implementation Group Accountable Officer for NHS Grampian for pelvic floor mesh complications	No payment to self or institution No payment to self or institution

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/9/2022
Your Name:	Doreen McClurg
Manuscript Title:	Clinical and cost-effectiveness of pessary self-management versus clinic-based care for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluation
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.

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.

			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,		TA Grant for the above trial – time as co-	Click the tab key to add additional rows.
article processing charges, etc.) No time limit for this item.				,
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ Nor	ne	

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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,	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	Topic Advisor on the NICE guideline 'Pelvic floor dysfunction: prevention and non-surgical management [NG10123] [Internet]. National Institute for Health and Care Excellence (NICE); 2021. Available from: https://www.nice.org.uk/guidance/indevelopmen t/gid-ng10123				
11	Stock or stock options	None None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None				
13	Other financial or non-financial interests	None				
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:	2/25/2022
Your Name:	John Norrie
Manuscript Title:	Clinical and cost-effectiveness of pessary self-management versus clinic-based care for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluation
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.

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.

			all entities with whom you have this enship 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.,	NIHR	HTA Grant for the above trial- time as co-app	
	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 month	s
2	Grants or contracts from		None	
	any entity (if not	Unive	ersity of Aberdeen	Grant from UK NIHR/HTA
	indicated in item	Unive	ersity of Edinburgh	Grant from UK NIHR/HTA
	#1 above).			

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

			all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
society, committe			/NIHR Efficacy and Mechanisms Evaluation E) – Chair of Funding Board	University of Edinburgh are recompensed for my time. Not related to this study.
advocacy group, paid or unpaid		Member of the following committees: NIHR CTU Standing Advisory Committee (2018-23); NIHR HTA & EME Editorial Board (2015-2019); Chair EME Funding Committee (2019-Present); HTA General Committee (2016-2019); HTA Post- Funding Committee (2016-2019); HTA Funding Committee Policy Group (2016-2019); COVID-19 Reviewing (2020).		No payment received for any roles.
Stock or soptions	stock	\boxtimes	None	
Receipt o equipmen materials	nt,	\boxtimes	None	
medical v gifts or of services	vriting,			
Other find non-finar interests			None	
interests				
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.				

3 8/26/2021 ICMJE Disclosure Form

Date:	2/1/2022	
Your Name:	Ranee Thakar	
Manuscript Title:	Clinical and cost-effectiveness of pessary self-management versus clinic-based care for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluation	
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		

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.

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 NIHR HTA Grant for the above trial – time as coapp	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			

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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,	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	International Urogynecological Association- Immediate Past President Royal College of Obstetricians and Gynaecologists	Voluntary
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None ■	
13	Other financial or non-financial interests	None	
Plea ⊠	-	t to the following statement to indicate your agreeme	

Date:	8/26/2021
Your Name:	Rohna Kearney
Manuscript Title:	Clinical and cost-effectiveness of pessary self-management versus clinic-based care for pelvic organ prolapse: TOPSY randomised controlled trial with process evaluation
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.

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	
All support for the present	□ None	
manuscript (e.g., funding, provision	NIHR funding as co-chief investigator	Made to institution
of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
	Time frame: past 36 months	
Grants or contracts from any entity (if not indicated in item #1 above).	None	
	present manuscript (e.g., 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	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

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses		None	
4	Consulting fees		None	
		Briti	sh Standards Institute	Personal
5	Payment or honoraria for		None	
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for		None	
	expert testimony	Med	dico-legal work in urogynaecology	Personal
				7 5.001.01
7	Support for attending		None	
	meetings and/or travel			
	traver			
8	Patents planned, issued or		None	
	pending			
9	Participation on	\boxtimes	None	
,	a Data Safety			
	Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role in		None	
	other board,	RCO	G Women's Network	Clinical Member

		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	NHS England CRG for Women's services Birth-Aid	Member Charity trustee
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	

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