Date:	1/31/2023
Your Name:	Asha Senapati
Manuscript Title:	Treatment options for patients with pilonidal sinus disease: PITSTOP a mixed-methods 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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3	any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None None □	

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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	None	
13	Other financial or non-financial interests	None	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	2/24/2023
Your Name:	Professor Christine Moffatt
Manuscript Title:	Treatment options for patients with pilonidal sinus disease: PITSTOP a mixed-methods evaluation
Manuscript Number (if known):	Click or tap here to enter text.

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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.	Time frame: Since the initial planning  None	of the work  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 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	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [🖂]		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	e:	2/1/2023		
Your Name: Ellen Lee				
Manuscript Title:		-	Treatment options for patients with pilonid evaluation	al sinus disease: PITSTOP a mixed-methods
Ma	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 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.		ot-for-profit third parties whose interests may be nt to transparency and does not necessarily		
epic		nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the	□ No	one	
	present			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing	Healt	study is funded by NIHR th Technology Assessment 17/17/02)	Payments to institution for my work as statistician.
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Healt	th Technology Assessment	·
	manuscript (e.g., funding, provision of study materials, medical writing, article processing	Healt	th Technology Assessment	statistician.
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Healt	th Technology Assessment	Click the tab key to add additional rows.
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Healt (HTA	th Technology Assessment 17/17/02)	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	
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	I am a member of two Data monitoring and Ethics Committees and two Trial Steering Committees, all of which are for NIHR funded studies. None are in the same disease area.  I am a member of RfPB Yorkshire & North East Committee.	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	2/12/2023
Your Name:	Farhat VN Din
Manuscript Title:	Treatment options for patients with pilonidal sinus disease: PITSTOP a mixed-methods evaluation
Manuscript Number (if known):	Click or tap here to enter text.

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		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

		Name all entities with whom you have 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	
r 1	-	to the following statement to indicate your agreeme	
	I certify that I have	answered every question and have not altered the wo	rding of any of the questions on this form.

Date:	8/7/2023
Your Name:	Emily Strong
Manuscript Title:	Treatment options for patients with pilonidal sinus disease: PITSTOP a mixed-methods 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.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	2/9/2023
Your Name:	Helen Jones
Manuscript Title:	Treatment options for patients with pilonidal sinus disease: PITSTOP a mixed-methods 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.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

		Name all entities with whom you have this relationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [🖂]		t to the following statement to indicate your agreed answered every question and have not altered the	

Dat	e:		1/30/2023		
You	ır Name:		Mike Bradburn		
Ma	nuscript Title:		Treatment options for patients with pilonic evaluation	al sinus disease: PITSTOP a mixed-methods	_
Ma	nuscript Number (if k	nown):	Click or tap here to enter text.		_
con affe indi The epic tha	tent of your manuscri ected by the content of cate a bias. If you are author's relationship demiology of hyperter t medication is not me	ipt. "Rela of the man e in doubt s/activition nsion, you entioned	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For a u should declare all relationships with manual in the manuscript.	/interest, it is preferable that you do so.	
		Name al	entities with whom you have this	Specifications/Comments (e.g., if payments were	
			hip or indicate none (add rows as needed)	made to you or to your institution)	
			thip or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)	
1	All support for the	relations		made to you or to your institution)	
1	All support for the present manuscript (e.g.,	relations  [ Notional	Time frame: Since the initial planning one  al Institute for Health Research, Health	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,	relations  [ Notional	Time frame: Since the initial planning one  al Institute for Health Research, Health	made to you or to your institution) of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	relations  [ Notional	Time frame: Since the initial planning one  al Institute for Health Research, Health	made to you or to your institution)  of the work  Grant received by institution	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	relations  [ Notional	Time frame: Since the initial planning one  al Institute for Health Research, Health	made to you or to your institution)  of the work  Grant received by institution	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relations  [ Notional	Time frame: Since the initial planning one al Institute for Health Research, Health logy Appraisal project grant 17/17/02	made to you or to your institution)  of the work  Grant received by institution  Click the tab key to add additional rows.	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	relations  [ Notional	Time frame: Since the initial planning one  al Institute for Health Research, Health	made to you or to your institution)  of the work  Grant received by institution  Click the tab key to add additional rows.	
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.	National Techno	Time frame: Since the initial planning one al Institute for Health Research, Health logy Appraisal project grant 17/17/02	made to you or to your institution)  of the work  Grant received by institution  Click the tab key to add additional rows.	
	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.	National Techno	Time frame: Since the initial planning one all Institute for Health Research, Health logy Appraisal project grant 17/17/02  Time frame: past 36 month	made to you or to your institution)  of the work  Grant received by institution  Click the tab key to add additional rows.	
	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 contracts from any entity (if not indicated in item	National Techno	Time frame: Since the initial planning one all Institute for Health Research, Health logy Appraisal project grant 17/17/02  Time frame: past 36 month	made to you or to your institution)  of the work  Grant received by institution  Click the tab key to add additional rows.	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	Image: square of the property o	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have 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	I am currently a member of the NIHR HTA funding panel (commissioned calls) which reviewed and recommended the project for funding in 2017. I was not however a member of this panel at the time.	
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:			2/24/2023		
You	r Name:		Jon Lund		
Manuscript Title:			Treatment options for patients with pilonidal sinus disease: PITSTOP a mixed-methods evaluation		
Mai	nuscript Number (if kr	nown):	Click or tap here to enter text.		
con affe indi The epic that	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.  In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time				
fran	ne for disclosure is the	e past 36	months.		
			l entities with whom you have this thip 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.	Co-Inve	estigator on grant supporting the work d in this paper ref: HTA17/17/02	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Co-Inve	estigator on grant supporting the work		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Co-Inverse reporte	estigator on grant supporting the work d in this paper ref: HTA17/17/02		

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:		2/9/2023			
Your Name:		Matthew Lee	Matthew Lee		
Manuscript Title:		Treatment options for patients with pilonic evaluation	Treatment options for patients with pilonidal sinus disease: PITSTOP a mixed-methods evaluation		
Mar	uscript Number (if k	nown): Click or tap here to enter text.			
In the interest of transparency, we content of your manuscript. "Re affected by the content of the maindicate a bias. If you are in doubted."  The author's relationships/activity		·	ot-for-profit third parties whose interests may be ent to transparency and does not necessarily //interest, it is preferable that you do so.  example, if your manuscript pertains to the facturers of antihypertensive medication, even if		
	em #1 below, report and for disclosure is the	all support for the work reported in this manuscript v e 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		
	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 Funded via NIHR HTA grant	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  NIHR RfPB grant for development of a PROM for GI recovery.			
3	Royalties or	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  Speakers fees from Jannsen for IBD talk.	
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	Board member world society for emergency surgery  Member of research committee, ASGBI.	Vice president Moynihan academy

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			3/10/2023		
Your Name:			Jonathan Morton		
Manuscript Title:			Treatment options for patients with pilonidal sinus disease: PITSTOP a mixed-methods evaluation		
Ma	nuscript Number (if k	nown):	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." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		ipt. "Rela of the man e in doubt s/activition nsion, you entioned	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa in the manuscript.	/interest, it is preferable that you do so.	
		Name all	l entities with whom you have this	Specifications/Comments (e.g., if payments were	
		relations	ship or indicate none (add rows as needed)	made to you or to your institution)	
		relations	thip or indicate none (add rows as needed)  Time frame: Since the initial planning		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	[ <u></u> ] No			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	[ <u></u> ] No	Time frame: Since the initial planning one g was from an NIHR grant	of the work  Click the tab key to add additional rows.	
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	Funding	Time frame: Since the initial planning one	of the work  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	
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	Participation on the trial committee for this study.	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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

Date:	1/31/2023
Your Name:	Nyantara Wickramasekera
Manuscript Title:	Treatment options for patients with pilonidal sinus disease: PITSTOP a mixed-methods 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.

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

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None	Click the tab key to add additional rows.
		Time frame: past 36 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	
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	
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:	2/2/2023
Your Name:	Arkadiusz Peter Wysocki
Manuscript Title:	Treatment options for patients with pilonidal sinus disease: PITSTOP a mixed-methods evaluation
Manuscript Number (if known):	Click or tap here to enter text.

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			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, article processing charges, etc.)  No time limit for this item.	[⊠] No	Time frame: past 36 month	Click the tab key to add additional rows.	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
3	Royalties or licenses	No.	one		

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

		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	
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:	1/30/2023
Your Name:	PETER G VAUGHAN-SHAW
Manuscript Title:	Treatment options for patients with pilonidal sinus disease: PITSTOP a mixed-methods 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.

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			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)
			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.	[X]	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).	X	None	
3	Royalties or licenses	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)
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
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:  X I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	1/30/2023
Your Name:	Phil Shackley
Manuscript Title:	Treatment options for patients with pilonidal sinus disease: PITSTOP a mixed-methods evaluation
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  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	
Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date	e:		8/8/2023	
Your Name:			Steve brown	
Mar	Manuscript Title:		Treatment options for patients with pilonidal sinus disease: PITSTOP a mixed-methods evaluation	
Mar	nuscript Number (if k	(nown):	Click or tap here to enter text.	
content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activities		ipt. "Rela of the ma e in doub os/activiti nsion, yo	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.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if 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.		ithout time limit. For all other items, the time		
			Il 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
	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.	HTA gra	ant	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).	[⊠] N	lone	
3	Royalties or licenses	⊠ N	one	

		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	None	
13	Other financial or non-financial interests	Mone  HTA Commissioning Committee October 2017 to September 2019	
r i	Please place an "X" next to the following statement to indicate your agreement:		

Date:	2/6/2023
Your Name:	Tia Callaghan
Manuscript Title:	Treatment options for patients with pilonidal sinus disease: PITSTOP a mixed-methods evaluation
Manuscript Number (if known):	Click or tap here to enter text.

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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.

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Time frame: Since the initial planning of the work			of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	
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Date:			3/3/2023		
Your Name:			Daniel Hind		
Manuscript Title:			Surgical options for the treatment of pilonidal sinus disease: the PITSTOP observational cohort study with nested mixed methods and qualitative design.		
Manuscript Number (if known):		nown):	Click or tap here to enter text.		-
content of your manuscript. "Relate affected by the content of the manu		pt. "Rela f the mai in doubt	e ask you to disclose all relationships/activities/interests listed below that are related to the sted" 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 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.					
			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.,	[□  No	one		
		Grant N	NIHR HTA 17/17/02	Paid to University of Sheffield	
	funding, provision of study materials,	Grant N	NIHR HTA 17/17/02	Paid to University of Sheffield  Click the tab key to add additional rows.	
	funding, provision of study materials, medical writing,	Grant N	NIHR HTA 17/17/02		
	funding, provision of study materials, medical writing, article processing charges, etc.)	Grant N	NIHR HTA 17/17/02		
	funding, provision of study materials, medical writing, article processing	Grant N	NIHR HTA 17/17/02		
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Grant N	Time frame: past 36 month	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.			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 month	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		Time frame: past 36 month	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 month	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	[⊠ No	Time frame: past 36 month	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	
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	Member of the NIHR HTA CET committee	Unpaid

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	Mone  HTA Clinical Evaluation and Trials Committee and HTA Fast Track Committee - June 2021		
	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.