Date:		Friday, June 9, 2023			
Your Name:		Andrew Horne	Andrew Horne		
Manuscript Title:		Preventing recurrence of endometrio therapy: the PRE-EMPT RCT	Preventing recurrence of endometriosis by means of long-acting progestogen therapy: the PRE-EMPT RCT		
Ma	nuscript Number (if know	n): _11/114/01			
content of your manuscript. "Rela affected by the content of the ma					
epi			example, if your manuscript pertains to the facturers of antihypertensive medication, even if		
	em #1 below, report all s ne for disclosure is the p		without time limit. For all other items, the time		
	Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)				
		Time frame: Since the initial planning	g of the work		
1	All support for the	None			
	present	investigator on NIHR grant which funded this	Payments to institution Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	investigator on NIHR grant which funded this	Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	investigator on NIHR grant which funded this	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 any entity (if not indicated in item #1 above).	investigator on NIHR grant which funded this	Click the tab key to add additional rows.		
	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 #1 above).	Time frame: past 36 mont None Int funding from Chief Scientist Office, Ilbeing of Women and Medical Research Incil (UKRI) Incipients of the NIHR HTA grant 11/114/01 that	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	
		Payment for consultancy to Roche, Gesynta and Joii	Payments to institution
5	Payment or honoraria for	□ None	
	lectures, presentations, speakers	Lecture honoraria from Theramex	Payment to me
	bureaus, manuscript writing or educational events		
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	[□] None	
	pending	UK Patent Application No. 2217921.2 for prediction of response to gabapentin in women with pelvic pain	
•	Dantiain ation an		
9	Participation on a Data Safety	None	
	Monitoring Board or Advisory Board	TSC chair for two NIHR grants	
10	Leadership or fiduciary role in	□ None	
	other board, society, committee or advocacy group, paid or unpaid	President-elect World Endometriosis Society Trustee Endometriosis UK	

		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:			Friday, June 9, 2023		
Your Name:			Dr Annalise Weckesser		
Manuscript Title:			Preventing recurrence of endometriosis by means of long-acting progestogen therapy: the PRE-EMPT RCT		
Mar	nuscript Number (if k	known):	11/114/01		
content of your manuscript. "Rela affected by the content of the ma		ript. "Rela of the ma			
epic		ension, 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	
	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 H	ealth Technology Assessment Programme: 11/114/01	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 o	one		
3	Royalties or licenses	⊠ Ne	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	
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:	Friday, June 9, 2023 Clive Stubbs	
Your Name:		
Manuscript Title:	Preventing recurrence of endometriosis by means of long-acting progestogen therapy: the PRE-EMPT RCT	
Manuscript Number (if known):	11/114/01	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The 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 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	
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:	Priday, June 9, 2023 Danielle Pirie	
Your Name:		
Manuscript Title:	Preventing recurrence of endometriosis by means of long-acting progestogen therapy: the PRE-EMPT RCT	
Manuscript Number (if known):	11/114/01	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The 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 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	
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:		Tuesday, August 8, 2023	Tuesday, August 8, 2023		
Your Name:		Emma Cox	Emma Cox		
Manuscript Title:		Preventing recurrence of endometric therapy: the PRE-EMPT RCT	Preventing recurrence of endometriosis by means of long-acting progestogen therapy: the PRE-EMPT RCT		
Mar	nuscript Number (if k	nown): 11/114/01			
content of your manuscript. "Rela affected by the content of the man		rency, we ask you to disclose all relationships/activit pt. "Related" means any relation with for-profit or f the manuscript. Disclosure represents a commitm in doubt about whether to list a relationship/activit	not-for-profit third parties whose interests may be ent to transparency and does not necessarily		
epid	lemiology of hyperte	s/activities/interests should be defined broadly. For asion, you should declare all relationships with manu entioned in the manuscript.			
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript e past 36 months.	without time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as needed	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial plannin	g 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.	CEO of Endometriosis UK	Emma receives a salary from Endometriosis UK Click the tab key to add additional rows.		
		Time frame: past 36 mon	hs		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Intuitive: Grant for the project 'Developing patient information resources on endometriosis surgery'			
3	Royalties or licenses	None			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	CEO of Endometriosis UK World Endometriosis Organisation	As CEO, has a leadership role in the charity which is a paid role. Steering Committee member – 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	Image: square of the square o	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	EPiC2: A randomised, double-blind, placebocontrolled feasibility trial to evaluate dichloroacetate (DCA) in the management of endometriosis-associated pain RoADPain: Understanding the role of adolescent dysmenorrhea as a risk factor for the transition to chronic pain ADVANTAGE: Advanced Discovery of Visceral Analgesics via Neuroimmune Targets and the Genetics of Extreme human phenotype ESPriT2: A multi-centre randomised controlled trial to determine the effectiveness of laparoscopic treatment of isolated superficial peritoneal endometriosis for the management of chronic pelvic pain in women DIAMOND: Deep infiltrating endometriosis: management by medical treatment versus early surgery REGAL: Recurrence of Endometriosis: a randomized controlled trial of clinical and cost effectiveness of Gonadotrophin Releasing Hormone Analogues with add back HRT vs repeat Laparoscopic surgery ESPriT1: The effectiveness of laparoscopic treatment of isolated superficial peritoneal endometriosis for managing chronic pelvic pain in women: a randomised controlled feasibility trial effect: Phase II single-arm open label clinical trial to evaluate the efficacy and side effects of dichloroacetate to treat endometriosis-associated pain "CRESCENDO Creating a Clinical Prediction Model to predict Surgical Success in Endometriosis NICE committee member endometriosis guideline committee.	

	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)
	Working group member of the NCEPOD Study into Endometriosis Member of the Pain Parliamentary Campaign Group	

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:	Tuesday, August 1, 2023
Your Name:	Elaine Denny
Manuscript Title:	Preventing recurrence of endometriosis by means of long-acting progestogen therapy: the PRE-EMPT RCT
Manuscript Number (if known):	11/114/01

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The 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 ript (e.g., , provision materials, writing, processing , etc.) e limit for	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Recipients of the NIHR HTA grant 11/114/01 that supported the PRE-EMPT trial	
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 🖂	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:	Tuesday, August 1, 2023
Your Name:	Ertan Saridogan
Manuscript Title:	Preventing recurrence of endometriosis by means of long-acting progestogen therapy: the PRE-EMPT RCT
Manuscript Number (if known):	11/114/01

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The 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	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).	National Institute for Health Research, UK	Grants received as a Co-applicant for 2 multicentre trials on endometriosis and hysterectomy
	,	Rosetrees Trust	Grants received as a Key Investigator for a multicenter trial
		Barts and the London Charity	Grants received as a Key Investigator for a multicenter trial
		Recipients of the NIHR HTA grant 11/114/01 that supported the PRE-EMPT trial	

		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	
		De Gruyter	Editor of book entitled 'Minimally Invasive Surgery in Gynecological Practice'
4	Consulting fees	□ None	
		Hologic	Personal fees received for consultancy
5	Payment or honoraria for	□ None	
	lectures, presentations,	Medtronic	Personal fees received for teaching at
	speakers	Hologic	educational activity Personal fees for writing an article
	bureaus,	Karl Storz	Personal fees for a presentation
	manuscript	Intuitive	Personal fees received for educational activities
	writing or	Artrex	Personal fees received for teaching at
	educational events		educational activity
6	Payment for expert testimony	⊠ None	
7 Support for attending None			
	meetings and/or travel		
	traver		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety	[□] None	
	Monitoring	Hologic	Participation on Advisory Board
	Board or Advisory Board		
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	Medicines and Healthcare Products Regulatory Agency (MHRA), Medicines for Women's Health Expert Advisory Group	
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	-	t to the following statement to indicate your agreemen	
	I certify that I have	answered every question and have not altered the wor	rding of any of the questions on this form.

Date:	Tuesday, 24 October 2023	
Your Name:	Georgina Jones	
Manuscript Title:	Preventing recurrence of endometriosis by means of long-acting progestogen therapy: the PRE-EMPT RCT	
Manuscript Number (if known):	11/114/01	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The 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.

ľ		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 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 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	

Da	te:	Tuesday, June 13, 2023			
Yo	ur Name:	Hilary O.D. Critchley			
Ma	nuscript Title:	Preventing Recurrence of Endometric PRE-EMPT randomised controlled tria	osis by Means of Long-acting Progestogen Therapy: the		
Ma	nuscript Number (if known):	Click or tap here to enter text.			
cor affind The epi tha	ntent of your manuscript. "Re ected by the content of the m icate a bias. If you are in dou e author's relationships/activi demiology of hypertension, y it medication is not mentione	elated" means any relation with for-profit anuscript. Disclosure represents a comm bt about whether to list a relationship/acties/interests should be defined broadly. ou should declare all relationships with med in the manuscript.	tivities/interests listed below that are related to the or not-for-profit third parties whose interests may be nitment to transparency and does not necessarily ctivity/interest, it is preferable that you do so. For example, if your manuscript pertains to the nanufacturers of antihypertensive medication, even if ript without time limit. For all other items, the time		
Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payment made to you or to your institution)			Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planr	ning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical	None			

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 Service S	Click the tab key to add additional rows.
		Time frame: past 36 mor	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	grants from Biotechnology and Biological Sciences Research Council, grants from Medical Research Council/ NIHR, Bayer AG, Berlin	- To Institution Research grant with salaries for research staff & study consumables - To Institution Research collaboration grant with salaries for research staff & study consumables
3	Royalties or licenses	'	have had personal receipt of royalties from Up-To-Date" for an article on Abnormal Iterine Bleeding.

		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	
		for: Bayer AG, Berlin	provided Consultancy and Scientific Advisory Board advice (with no personal remuneration received) To Institution
		Gedeon Richter	provided Consultancy advice (with no personal remuneration received) To Institution
		Myovant Sciences GmbH	provided Consultancy and Scientific Advisory Board advice (with no personal remuneration received) To Institution
5	Payment or honoraria for lectures,	□ None	
	presentations, speakers bureaus, manuscript writing or educational events	Vifor Pharma UK Ltd	Speaker at meeting on abnormal uterine bleeding and iron deficiency anaemia (with no personal remuneration received) To Institution
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None Travel Expenses for SAB meeting. SAB (Scientific Advisory Board)	
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	Chair (2021-2023) of the Committee for Menstrual Disorders and Related Health Impacts of the International Federation of Gynecology and Obstetrics (FIGO)	Unpaid

		have	e all entities with whom you this relationship or indicate (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options		None		
	_	[1			
12	Receipt of equipment, materials, drugs, medical				
	writing, gifts or other services				
	Services				
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:			Tuesday, October 24, 2023		
Your Name:			Jane Daniels		
Manuscript Title:			Preventing recurrence of endometriosis by means of long-acting progestogen therapy: the PRE-EMPT RCT		
Mai	nuscript Number (if k	(nown):	11/114/01		
content of your manuscript. "Rela affected by the content of the ma			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity	/interest, it is preferable that you do so.	
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		•	rithout 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	
		r - 1			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	No	one	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials,	No	one	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	No	Time frame: past 36 month		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	□ Ne			
	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	Recipie support	Time frame: past 36 month one nts of the NIHR HTA grant 11/114/01 that	Funding to University of Birmingham (for period when I worked there, until April 2017) No funding to current institution since April	

			Specifications/Comments (e.g., if payments were nade to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	■ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	member)	TU support funding (variable) To payment

		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:	Friday, June 9, 2023
Your Name:	Professor Janesh Gupta
Manuscript Title:	Preventing recurrence of endometriosis by means of long-acting progestogen therapy: the PRE-EMPT RCT
Manuscript Number (if known):	11/114/01

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The 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
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	Click the tab key to add additional rows.	
	any entity (if not indicated in item #1 above).	Recipients of the NIHR HTA grant 11/114/01 that supported the PRE-EMPT trial	
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	Clinical advisor for Femcare UK Ltd	Made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	Various medicolegal opinions in expert testimony for criminal, civil, GMC cases	Made to me
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:	Tuesday, October 24, 2023
Your Name:	Kevin G. Cooper
Manuscript Title:	Preventing recurrence of endometriosis by means of long-acting progestogen therapy: the PRE-EMPT RCT
Manuscript Number (if known):	11/114/01

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The 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	PRE-EMPT: Preventing Recurrence of Endometriosis by Means of long acting	payment for time committed to project to NHS Grampian R&D, 10% FTA	
	of study materials, medical writing, article processing charges, etc.)	Protestogen Therapy HTA Project: 11/114/01. 2013-2023 £1,837,557.60		
	No time limit for		Click the tab key to add additional rows.	
	this item.		· · · · · · · · · · · · · · · · · · ·	
		Time frame: past 36 month	ns.	
2	Grants or contracts from	[□] None		
	any entity (if not	Recurrence of Endometriosis: a randomised	payment for time committed to project to NHS	
	indicated in item	controlled trial of clinical and cost-effectiveness	Grampian R&D, 1% FTA	
	#1 above).	of Gonadotrophin Releasing Hormone Analogues		
		with add-back hormone replacement therapy		
		versus repeat Laparoscopic surgery (REGAL trial) HTA (2019-25) £1,660,14		
		"ESPriT2: A multi-centre randomised controlled	payment for time committed to project to NHS	
		trial to determine the effectiveness of	Grampian R&D, 1% FTA	
		laparoscopic treatment of isolated superficial		
		peritoneal endometriosis for the management of		
		chronic pelvic pain in women" NIHR/HTA		
		programme no 129801 (2020-25), (£2,057,700)		

		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)
		Deep infiltrating endometriosis: management by medical treatment versus early surgery: DIAMOND. National Institute for Health Research (NIHR) Health Technology Assessment (HTA) programme (2021-2025). £1,528,925.36 A randomised comparison of laparoscopic supracervical hysterectomy with endometrial ablation for women with heavy menstrual bleeding - medium-term follow-up at a minimum of five years (HEALTH – 2). National Institute for Health Research (NIHR 154434) Health Technology Assessment (HTA) programme (2023-2025). £200,000	payment for time committed to project to NHS Grampian R&D, 5% FTA payment for time committed to project to NHS Grampian R&D, 2.5% FTA
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	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	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)
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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:	Tuesday, 24 October 2023	
Your Name:	: Laura Gennard	
Manuscript Title: Preventing recurrence of endometriosis by means of long-acting progressing therapy: the PRE-EMPT RCT		
Manuscript Number (if known):	11/114/01	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.		
The 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		

			entities with whom you have this nip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	⊠ Noi	ne	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).	⊠ No	ne	
3	Royalties or licenses	No.	ne	

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

		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:	Tuesday, August 1, 2023
Your Name:	Lisa Leighton
Manuscript Title:	Preventing recurrence of endometriosis by means of long-acting progestogen therapy: the PRE-EMPT RCT
Manuscript Number (if known):	11/114/01

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The 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.

ľ		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 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	
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:		Monday, June 12, 2023		
Your Name:		Lee Middleton		
Manuscript Title:		Preventing Recurrence of Endometriosis by Means of Long-acting Progestogen Therapy: the PRE-EMPT randomised controlled trial		
Mai	nuscript Number (if k	own): Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the man		ency, we ask you to disclose all relationships/activities/interests listed below that are related to the t. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be the manuscript. Disclosure represents a commitment to transparency and does not necessarily n doubt about whether to list a relationship/activity/interest, it is preferable that you do so.		
epic	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 itioned in the manuscript.		
	em #1 below, report and for disclosure is the	I support for the work reported in this manuscript without time limit. For all other items, the time past 36 months.		
		Specifications/Comments (e.g., if payments were 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., 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).	recipients of the NIHR HTA grant 11/114/01 that supported the PRE-EMPT trial		
3	Royalties or licenses	None None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
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:	Friday, June 9, 2023
Your Name:	Laura Ocansey
Manuscript Title:	Preventing recurrence of endometriosis by means of long-acting progestogen therapy: the PRE-EMPT RCT
Manuscript Number (if known):	11/114/01

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The 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.

ľ		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 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 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:	Tuesday, October 24, 2023
Your Name:	Mark Monahan
Manuscript Title:	Preventing recurrence of endometriosis by means of long-acting progestogen therapy: the PRE-EMPT RCT
Manuscript Number (if known):	11/114/01

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The 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.

ľ		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 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 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:	Friday, June 9, 2023
Your Name:	Melyda Melyda
Manuscript Title:	Preventing Recurrence of Endometriosis by Means of Long-acting Progestogen Therapy: the PRE-EMPT randomised controlled trial
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 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

		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:	Tuesday, October 24, 2023
Your Name:	Siladitya Bhattacharya
Manuscript Title:	Preventing recurrence of endometriosis by means of long-acting progestogen therapy: the PRE-EMPT RCT
Manuscript Number (if known):	11/114/01

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Time 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 Royalties from Cambridge University Press for book	

		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	Honorarium for lectures from Merck, Organon, Ferring, Obstetric and Gynaecological Society of Singapore and Taiwanese Society for Reproductive Medicine	All honoraria paid to University of Aberdeen
6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	Support from Merck, ESHRE and Ferring for attending meetings as speaker	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	METAFOR and CAPE Trials Data Monitoring 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 Commitment of research funding from Merck	
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:	Tuesday, August 1, 2023	
Your Name:		T Justin Clark	
Maı	nuscript Title:	Preventing recurrence of endometriosis by means of long-acting progestogen therapy: the PRE-EMPT RCT	
Mai	nuscript Number (if kn	wn): 11/114/01	
content of your manuscript. "Relaffected by the content of the ma		rcy, we ask you to disclose all relationships/activities/interests listed below that are related to the "Related" means any relation with for-profit or not-for-profit third parties whose interests may be me manuscript. Disclosure represents a commitment to transparency and does not necessarily doubt about whether to list a relationship/activity/interest, it is preferable that you do so.	
epic	demiology of hypertens	ctivities/interests should be defined broadly. For example, if your manuscript pertains to the on, you should declare all relationships with manufacturers of antihypertensive medication, even if ioned 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.		
		me all entities with whom you have this ationship 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 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).	ecipients of the NIHR HTA grant 11/114/01 that upported the PRE-EMPT trial	
3	Royalties or	◯ None	

licenses

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	T. J Clark has received honoraria from Bayer AG for attending one advisory board meeting (2015) and hands on training of 3 clinicians in Essure sterilisation (made by Bayer; 2016) and from Gedeon Richter as part of the Orbis educational programme in Women's Health (He was President of the British Society for Gynaecological Endoscopy (2019-2002).
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	sponsored by GR since 2016 and for travel and accommodation expenses to attend FIGO in Rome (2012).
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Justin Clark with HTA Prioritisation Committee C (Mental health, women and childrens health) May 2017 to July 2020, and HTA Prioritisation Committee B (In hospital)-May 2017 to July 2022.	
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:	Tuesday, 24 October 2023
Your Name:	Tracy Roberts
Manuscript Title:	Preventing recurrence of endometriosis by means of long-acting progestogen therapy: the PRE-EMPT RCT
Manuscript Number (if known):	11/114/01

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The 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.

ľ		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 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 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:	Friday, June 9, 2023
Your Name:	Versha Cheed
Manuscript Title:	Preventing recurrence of endometriosis by means of long-acting progestogen therapy: The PRE-EMPT RCT
Manuscript Number (if known):	11/114/01

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	Time frame: past 36 months					
2	Grants or contracts from any entity (if not indicated in item #1 above).		None			
3	Royalties or licenses		None			

			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	

			all entities with whom you have this aship 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	[⊠] N	lone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		lone			
13	Other financial or non-financial interests	⊠ N	lone			
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.						