

ICMJE DISCLOSURE FORM

Date: 2/13/2022

Your Name: María Núñez-Núñez

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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 frame for disclosure is the past 36 months.

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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.

ICMJE DISCLOSURE FORM

Date: 2/12/2022

Your Name: Marta Maes-Carballo

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Your Name: LUCIANO E MIGNINI

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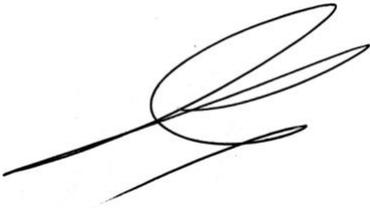
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Please place an "X" next to the following statement to indicate your agreement:

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



LUCIANO MIGNINI

ICMJE DISCLOSURE FORM

Date: 2/13/2022

Your Name: Dr Patrick Chien

Click or tap here to enter text.

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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 frame for disclosure is the past 36 months.

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| | | | University of Birmingham. ISRCTN Registration: 97865475. EUDRACT Number 2013-001984-21. |
| | | Myself | Member of TSC for The effectiveness of laparoscopic treatment of isolated superficial peritoneal endometriosis for managing chronic pelvic pain in women: a randomised controlled full trial (ESPrIT2 Study) – University of Edinburgh. |
| | | Myself | Member or TSC for Hysteroscopic Excision of Leiomyoma and Polyp in Infertility: Two randomised controlled trials (HELP Study) – University of Sheffield. |
| | | Myself | Chair of TSC for Recurrence of Endometriosis: a randomised controlled trial of clinical and cost effectiveness of Gonadotrophin Releasing Hormone Analogues with add back hormone replacement therapy versus repeat Laparoscopic surgery (REGAL trial) – University of Aberdeen. |
| | | Myself | Chair of TSC for LAParoscopic Versus Abdominal hysterectomy for heavy menstrual bleeding (LAVA trial) – University of Nottingham. |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
| | | Myself | Deputy Editor-in-Chief of British Journal of Obstetrics & Gynaecology (BJOG) |
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Please place an "X" next to the following statement to indicate your agreement:

| | 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) |
|---|---|--|
| <input type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | |

ICMJE DISCLOSURE FORM

Date: 3/4/2022

Your Name: Yacoub Khalaf

Manuscript Title: Click or tap here to enter text.

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.

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | Merck, IBSA, Ferring pharmaceuticals, LD Collins. | Honoraria for Lectures |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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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.

ICMJE DISCLOSURE FORM

Date: 18 February 2022

Your Name: Mohamed Fawzy

Manuscript Title: Click or tap here to enter text.

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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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.

ICMJE DISCLOSURE FORM

Date: 2/14/2022

Your Name: Javier Zamora

Click or tap here to enter text.

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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 frame for disclosure is the past 36 months.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | | | |
|---|--|--|---|--|--|--|--|--|---|
| Time frame: Since the initial planning of the work | | | | | | | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | <div style="border: 1px solid black; padding: 2px; font-size: small; text-align: center;">Click the tab key to add additional rows.</div> |
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| Time frame: past 36 months | | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | |
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Javier Zamora



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party – that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Effective Date (07-August-2008)

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. **If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.**

The Work Under Consideration for Publication

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|-------------------------------------|--------------------------|----------------------------|----------------|------------|----------|
| 1. Grant | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X ADD |
| 2. Consulting fee or honorarium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X ADD |
| 3. Support for travel to meetings for the study or other purposes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X ADD |
| 5. Payment for writing or reviewing the manuscript | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication | | | | | | |
|--|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| 7. Other | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | ADD |
| | | | | | | X |
| | | | | | | ADD |

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. **If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.**

| Relevant financial activities outside the submitted work | | | | | | |
|--|-------------------------------------|--------------------------|----------------------------|--------|---|-----|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| 1. Board membership | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 2. Consultancy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 3. Employment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 4. Expert testimony | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | I provide expert reports in medical negligence and research integrity cases for which fee is paid by instructing solicitors or parties. | X |
| | | | | | | ADD |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work | | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|---|--|---|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| 5. Grants/grants pending | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | My research is largely funded by public bodies and Charities in the UK and European Union. I have occasionally participated in research projects where pharmaceuticals (e.g. Ferring Pharmaceuticals, GSK) have contributed a grant. | X |
| ADD | | | | | | |
| 6. Payment for lectures including service on speakers bureaus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Ferring Pharmaceuticals; Olympus; various Universities and Societies. | I have received honoraria for speaking at meetings. | X |
| ADD | | | | | | |
| 7. Payment for manuscript preparation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| ADD | | | | | | |
| 8. Patents (planned, pending or issued) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| ADD | | | | | | |
| 9. Royalties | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Taylor and Francis; Hodder Arnold; Huber. | I receive royalties on my books from publishers. | X |
| ADD | | | | | | |
| 10. Payment for development of educational presentations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| ADD | | | | | | |
| 11. Stock/stock options | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| ADD | | | | | | |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Ferring Pharmaceuticals; Olympus; various Colleges, Universities and Societies; Public research funding bodies. | I have received honoraria and have had travel/accommodation expenses covered/reimbursed for speaking at meetings. | X |
| ADD | | | | | | |



ICMJE Form for Disclosure of Potential Conflicts of Interest

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|--|--------------------------|-------------------------------------|-------------------------------------|---|---|---|
| 13. Other (err on the side of full disclosure) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HER (Health Education Research Ltd, UK) | I am a partner/director in a Partnership/Company where I offer advice on several matters including matters within medical research, manuscripts and negligence. | X |
| 13. Other (err on the side of full disclosure) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ferring Pharmaceuticals; Leo-Pharma; Alere; Ethicon; Hologic; Viforpharma; Preglem/Quintiles. | My previous UK institutions have received sponsorship for organizing educational meetings. | X |

ADD

* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4.

Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

ICMJE DISCLOSURE FORM

Date: 2/23/2022

Your Name: Aurora Bueno-Cavanillas

Manuscript Title: RCT Integrity Consensus Statements

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.

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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | | | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | | | | | | | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | | | | | | | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | | | | | | | |
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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.