

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 six parts.

1. Identifying information.

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".

3. Relevant financial activities outside the submitted work.

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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. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ayman

2. Surname (Last Name)
Al-Hendy

3. Date
06-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Treatment of Uterine Fibroid Symptoms with Relugolix Combination Therapy

6. Manuscript Identifying Number (if you know it)
20-08283

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

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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 publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Abb-vie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultatnt
Myovant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
OBS-EVA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultatnt

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 5. Relationships not covered above

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?

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Dr. Al-Hendy reports personal fees from Abb-vie, personal fees from Myovant, personal fees from OBS-EVA, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Juan Camilo

2. Surname (Last Name) Arjona Ferreira

3. Date 08-October-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Ayman Al-Hendy

5. Manuscript Title Treatment of Uterine Fibroid Symptoms with Relugolix Combination Therapy

6. Manuscript Identifying Number (if you know it) 20-08283

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Myovant Sciences Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employment

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 5. Relationships not covered above

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Dr. Arjona Ferreira reports personal fees from Myovant Sciences Inc, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
HILARY

2. Surname (Last Name)
CRITCHLEY

3. Date
07-October-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ayman Al-Hendy

5. Manuscript Title
Treatment of Uterine Fibroid Symptoms with Relugolix Combination Therapy

6. Manuscript Identifying Number (if you know it)
20-08283

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Biotechnology and Biological Sciences Research Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Research Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bayer AG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy and Advisory Board - monies not received personally but managed through the University of Edinburgh to support non-specific research activities

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PregLem SA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy and Advisory Board - monies not received personally but managed through the University of Edinburgh to support non-specific research activities
Gedeon Richter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy and Advisory Board - monies not received personally but managed through the University of Edinburgh to support non-specific research activities
Vifor Pharma UK Ltd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy and Advisory Board - monies not received personally but managed through the University of Edinburgh to support non-specific research activities
AbbVie Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy and Advisory Board - monies not received personally but managed through the University of Edinburgh to support non-specific research activities
Myovant Sciences GmbH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy and Advisory Board - monies not received personally but managed through the University of Edinburgh to support non-specific research activities
UpToDate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties for article on abnormal uterine bleeding

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. CRITCHLEY reports grants from Biotechnology and Biological Sciences Research Council, grants from Medical Research Council, grants from Bayer AG, other from Bayer AG, other from PregLem SA, other from Gedeon Richter, other from Vifor Pharma UK Ltd, other from AbbVie Inc, other from Myovant Sciences GmbH, other from UpToDate, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Andria

2. Surname (Last Name)
Langenberg

3. Date
08-October-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ayman Al-Hendy

5. Manuscript Title
Treatment of Uterine Fibroid Symptoms with Relugolix Combination Therapy

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Myovant Sciences, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	employee

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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1. Given Name (First Name)
Yulan

2. Surname (Last Name)
Li

3. Date
08-October-2020

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Corresponding Author's Name
Ayman Al-Hendy

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Myovant Sciences Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee

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

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Section 6. Disclosure Statement

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Dr. Li reports personal fees from Myovant Sciences Inc, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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3. Relevant financial activities outside the submitted work.

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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.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andrea 2. Surname (Last Name) Lukes 3. Date 07-October-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Ayman Al-Hendy

5. Manuscript Title
Treatment of Uterine Fibroid Symptoms with Relugolix Combination Therapy

6. Manuscript Identifying Number (if you know it)
20-08283

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Myovant Sciences, Inc	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Principal Investigator for grant. Consultant.

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 publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Abbvie	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Principal Investigator for grant. Consultant.
Bayer Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Principal Investigator
Merck & Co., Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Principal Investigator

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Gynesonics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Principal Investigator
ObsEva	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Principal Investigator

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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?

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Section 6. Disclosure Statement

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Dr. Lukes reports grants and personal fees from Myovant Sciences, Inc, during the conduct of the study; grants and personal fees from Abbvie, grants from Bayer Pharmaceuticals, grants from Merck & Co., Inc, grants from Gynesonics, grants from ObsEva, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Laura

2. Surname (Last Name)
McKain

3. Date
07-October-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ayman Al-Hendy

5. Manuscript Title
Treatment of Uterine Fibroid Symptoms with Relugolix Combination Therapy

6. Manuscript Identifying Number (if you know it)
20-08283

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Myovant Sciences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee and shareholder

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. McKain reports personal fees and other from Myovant Sciences, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alfred	2. Surname (Last Name) Poindexter	3. Date 07-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ayman Al-Hendy
5. Manuscript Title Treatment of Uterine Fibroid Symptoms with Relugolix Combination Therapy		
6. Manuscript Identifying Number (if you know it) 20-08283		

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Poindexter has nothing to disclose.

Evaluation and Feedback

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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Elizabeth

2. Surname (Last Name)
Stewart

3. Date
12-October-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ayman Al-Hendy

5. Manuscript Title
Treatment of Uterine Fibroid Symptoms with Relugolix Combination Therapy

6. Manuscript Identifying Number (if you know it)
20-08283

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Myovant Sciences Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering Committee member for Phase 3 Trial

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 publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy for uterine fibroids
AbbVie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy for uterine fibroids
UpToDate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties for educational content

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Med Learning Group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for development of educational content
ObsEva	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy for uterine fibroids
Peer View	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for development of educational content
PER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for development of educational content
Massachusetts Medical Society	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for written content

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Methods and Compounds for Treatment of Abnormal Uterine Bleeding (6440445)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		No commercial activity; no licensee

Section 5. Relationships not covered above

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?

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Roberta

2. Surname (Last Name) Venturella

3. Date 07-October-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Ayman Al-Hendy

5. Manuscript Title Treatment of Uterine Fibroid Symptoms with Relugolix Combination Therapy

6. Manuscript Identifying Number (if you know it) 20-08283

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Myovant Sciences Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Venturella reports personal fees from Myovant Sciences Inc., outside the submitted work; .

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3. Relevant financial activities outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Claudio

2. Surname (Last Name)
Villarroel

3. Date
06-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ayman Al-Hendy

5. Manuscript Title
Treatment of Uterine Fibroid Symptoms with Relugolix Combination Therapy

6. Manuscript Identifying Number (if you know it)
20-08283

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Villarroel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Rachel

2. Surname (Last Name)
Wagman

3. Date
08-October-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ayman Al-Hendy

5. Manuscript Title
Treatment of Uterine Fibroid Symptoms with Relugolix Combination Therapy

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Wagman reports other from Myovant Sciences, outside the submitted work; .

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