

ICMJE DISCLOSURE FORM

Date: 2/15/2022

Your Name: Line Winther Gustafson

Manuscript Title: The clinical utility of biopsies and diagnostic large loop excision of the transformation zone in women with transformation zone type 3: a cross-sectional study

Manuscript Number (if known): Manuscript ID BJOG-21-1804

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 type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">This study was supported by a grant from the Health Research Foundation of Central Denmark Region (A3234) and Dagmar Marshalls Foundation</td> <td>Salary for PhD Student Line Winther Gustafson</td> </tr> <tr> <td>This study was supported by a grant from, A.P. Moller Foundation, Else and Mogens Wedell-Wedellsborgs Foundation and Fabricant Einar Willumsens Mindelegat</td> <td>Running cost for Line Winther Gustafson's PhD project</td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	This study was supported by a grant from the Health Research Foundation of Central Denmark Region (A3234) and Dagmar Marshalls Foundation	Salary for PhD Student Line Winther Gustafson	This study was supported by a grant from, A.P. Moller Foundation, Else and Mogens Wedell-Wedellsborgs Foundation and Fabricant Einar Willumsens Mindelegat	Running cost for Line Winther Gustafson's PhD project	Click the tab key to add additional rows.	
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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%; border-collapse: collapse; height: 40px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse; height: 40px;"> <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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"><tr><td>Astra Zeneca</td><td>Line W. Gustafson has received speaker's fee from Astra Zeneca</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Astra Zeneca	Line W. Gustafson has received speaker's fee from Astra Zeneca					
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"><tr><td>Danish Cancer Society travel grant</td><td>The purpose of the travel was to visit dr. Nicolas Wentzensen at National Cancer Institute, US.</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Danish Cancer Society travel grant	The purpose of the travel was to visit dr. Nicolas Wentzensen at National Cancer Institute, US.					
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							

		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	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Roche Diagnostics.	Line Winther Gustafson is participating in other studies with HPV test kits and CINTec plus kits sponsored by Roche
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.