ICMJE DISCLOSURE FORM

Date: 10/26/2021

Your Name: Jeroen Metzemaekers

Manuscript Title: Treatment preferences for medication or surgery in patients with deep endometriosis and bowel involvement – A Discrete Choice Experiment

Manuscript Number (if known): BJOG-21-1230

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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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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| **Time frame: Since the initial planning of the work** | |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
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| 3 | Royalties or licenses | ☒ None |
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| 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                                                                            |
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|---|---|
| **11** Stock or stock options | ☒ None |
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| **12** Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None |
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| | 
| **13** Other financial or non-financial interests | ☒ None |
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ICMJE DISCLOSURE FORM

Date: 10/26/2021

Your Name: M. Elske van den Akker-van Marle

Manuscript Title: Treatment preferences for medication or surgery in patients with deep endometriosis and bowel involvement – A Discrete Choice Experiment

Manuscript Number (if known): BJOG-21-1230

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| **3** | Royalties or licenses | ☒ None<br>Click the tab key to add additional rows. |
|   |   |   |
|---|---|---|
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None |
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| 6 | Payment for expert testimony | ☒ None |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                                  | ☒  None                                                                                                         |
|    |                                                                                                                  |                                                                                                                  |
| 13 | Other financial or non-financial interests                                                                       | ☒  None                                                                                                         |
|    |                                                                                                                  |                                                                                                                  |

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ICMJE DISCLOSURE FORM

Date: 10/26/2021

Your Name: Mathilde J.G.H. Smeets

Manuscript Title: Treatment preferences for medication or surgery in patients with deep endometriosis and bowel involvement – A Discrete Choice Experiment

Manuscript Number (if known): BJOG-21-1230

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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| 6 | Payment for expert testimony                                                              | ☒ None                                                                           |
| 7 | Support for attending meetings and/or travel                                               | ☒ None                                                                           |
| 8 | Patents planned, issued or pending                                                         | ☒ None                                                                           |
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| 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:

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**ICMJE DISCLOSURE FORM**

**Date:** 10/26/2021

**Your Name:** Jonathan Sampat

**Manuscript Title:** Treatment preferences for medication or surgery in patients with deep endometriosis and bowel involvement – A Discrete Choice Experiment

**Manuscript Number (if known):** BJOG-21-1230

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| **3** Royalties or licenses | ☒ None |
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| 8 | Patents planned, issued or pending                                                              | ☒ None                                                                           |
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| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                           |
|   | Stock or stock options | None |
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|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
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|   | Other financial or non-financial interests | 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.
Date: 10/26/2021
Your Name: James English
Manuscript Title: Treatment preferences for medication or surgery in patients with deep endometriosis and bowel involvement – A Discrete Choice Experiment
Manuscript Number (if known): BJOG-21-1230

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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| 4 | Consulting fees                                                                                 | ☒ None                                                                           |
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| 6 | Payment for expert testimony                                                                    | ☒ None                                                                           |
| 7 | Support for attending meetings and/or travel                                                     | ☒ None                                                                           |
| 8 | Patents planned, issued or pending                                                               | ☒ None                                                                           |
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| 13 | Other financial or non-financial interests                                                 | ☒ None                                                                           |

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Date: 10/26/2021

Your Name: Jacques W.M. Maas

Manuscript Title: Treatment preferences for medication or surgery in patients with deep endometriosis and bowel involvement – A Discrete Choice Experiment

Manuscript Number (if known): BJOG-21-1230

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Date: 10/26/2021

Your Name: Jacques W.M. Maas

Manuscript Title: Treatment preferences for medication or surgery in patients with deep endometriosis and bowel involvement – A Discrete Choice Experiment

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|    |                                                                                                                                                                              |                                                                                   |
| 13 | Other financial or non-financial interests                                                                                                                                | ☒ None                                                                            |
|    |                                                                                                                                                                              |                                                                                   |

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ICMJE DISCLOSURE FORM

Date: 10/26/2021

Your Name: Frank Willem Jansen

Manuscript Title: Treatment preferences for medication or surgery in patients with deep endometriosis and bowel involvement – A Discrete Choice Experiment

Manuscript Number (if known): BJOG-21-1230

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| 13 | Other financial or non-financial interests □ None                                               |                                                                                   |

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ICMJE DISCLOSURE FORM

Date: 10/26/2021

Your Name: Elke Thijs

Manuscript Title: Treatment preferences for medication or surgery in patients with deep endometriosis and bowel involvement – A Discrete Choice Experiment

Manuscript Number (if known): BJOG-21-1230

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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board ☒ None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid ☒ None |  |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 11 | Stock or stock options                                                                            | ☒ None                                                                          |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                 | ☒ None                                                                          |
| 13 | Other financial or non-financial interests                                                        | ☒ None                                                                          |

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

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

Date: 10/26/2021
Your Name: Brigitte Essers
Manuscript Title: Treatment preferences for medication or surgery in patients with deep endometriosis and bowel involvement – A Discrete Choice Experiment
Manuscript Number (if known): BJOG-21-1230

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.) |
| ☒ | None |
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| **No time limit for this item.** | |
| **Time frame: past 36 months** | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). |
| ☒ | None |
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| **3** | Royalties or licenses |
| ☒ | None |
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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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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 |

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.