ICMJE DISCLOSURE FORM

Date: 21/11/2021

Your Name: Simay Fidan-Çalıkoğlu

Manuscript Title: Occult leiomyosarcomas during myomectomy: what should be considered? A narrative review

Manuscript number (if known):

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
	All 16 11		planning of the work
1	All support for the present	X None	
	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
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	X None	

Please summarize the above conflict of interest in the following box:

I have no conflict of interest.		

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

X 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: 21/11/2021

Your Name: Yavuz Emre ŞÜKÜR

Manuscript Title: Occult leiomyosarcomas during myomectomy: what should be considered? A narrative review

Manuscript number (if known):

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4	Consulting fees	X None	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events				
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financial interests	13		X None	
		financial interests		

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ICMJE DISCLOSURE FORM

Date: 21/11/2021

Your Name: Salih TAŞKIN

Manuscript Title: Occult leiomyosarcomas during myomectomy: what should be considered? A narrative review

Manuscript number (if known):

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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.	X None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	X None X None	36 months
4	Consulting fees	X None	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events				
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materials, drugs, medical writing, gifts or other services 13 Other financial or non- X None				
writing, gifts or other services 13 Other financial or non- X None	12	Receipt of equipment,	X None	
services 13 Other financial or non- X None				
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