

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Garnet

2. Surname (Last Name)
Anderson

3. Date
25-February-2014

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

5. Manuscript Title
Economic Return from the Women's Health Initiative Estrogen plus Progestin Trial

6. Manuscript Identifying Number (if you know it)
M13-2348

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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
NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WHI contract

Section 3. Relevant financial activities outside the submitted work.

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Dr. Anderson reports grants from NHLBI, during the conduct of the study .

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Section 1. Identifying Information

1. Given Name (First Name) Scott	2. Surname (Last Name) Ramsey	3. Date 25-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Economic Return from the Women's Health Initiative Estrogen plus Progestin Clinical Trial	_____	
6. Manuscript Identifying Number (if you know it) 13-2348	_____	

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Dr. Ramsey has nothing to disclose.

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1. Given Name (First Name)
Mark

2. Surname (Last Name)
Hlatky

3. Date
25-February-2014

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

5. Manuscript Title
Economic Return from the Women's Health Initiative Estrogen plus Progestin Clinical Trial

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13-2348

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National Heart Lung and Blood Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WHI grant is identified in manuscript

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Section 1. Identifying Information

1. Given Name (First Name) Mary	2. Surname (Last Name) Pettinger	3. Date 19-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Josh Roth
5. Manuscript Title Economic Return from the Womens Health Initiative Estrogen plus Progestin Clinical Trial		
6. Manuscript Identifying Number (if you know it) M13-2348		

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1. Given Name (First Name) JoAnn	2. Surname (Last Name) Manson	3. Date 19-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joshua Roth
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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)
Karen

2. Surname (Last Name)
Johnson

3. Date
04-March-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Joshua Roth, PhD, MHA

5. Manuscript Title
Economic Return from the Women's Health Initiative Estrogen plus Progestin Clinical Trial

6. Manuscript Identifying Number (if you know it)
M13-2348

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
NHLBI, NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant to my institution

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

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) Teresa

2. Surname (Last Name) Waters

3. Date 04-March-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name Scott Ramsey, MD PhD

5. Manuscript Title Economic Return from the Women's Health Initiative Estrogen plus Progestin Clinical Trial

6. Manuscript Identifying Number (if you know it) 13-2348

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIH grant NO1-WH-2118

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Dr. Waters reports grants from National Institutes of Health, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
ROWAN

2. Surname (Last Name)
CHLEBOWSKI

3. Date
20-March-2014

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

5. Manuscript Title
Economic Return from the Women's Health Initiative Estrogen plus Progestin Clinical Trial

6. Manuscript Identifying Number (if you know it)
M13-2348

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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
Pfizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant
Novartis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant, Honorarium
Amgen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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. CHLEBOWSKI reports other from Pfizer , other from Novartis, other from Amgen, 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) ruth	2. Surname (Last Name) etzioni	3. Date 19-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joshu Roth
5. Manuscript Title Economic Return from the Women's Health Initiative Estrogen plus Progestin Clinical Trial		
6. Manuscript Identifying Number (if you know it) 13-2348		

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____
Joshua

2. Surname (Last Name) _____
Roth

3. Date _____
19-February-2014

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

5. Manuscript Title _____
Economic Return from the Women's Health Initiative Estrogen plus Progestin Clinical Trial

6. Manuscript Identifying Number (if you know it) _____
M13-2348

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Heart, Lung, and Blood Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
National Institute on Aging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jacques	2. Surname (Last Name) Rossouw	3. Date 20-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joshua Roth
5. Manuscript Title Economic Return from the Women's Health Initiative Estrogen plus Progestin Clinical Trial		
6. Manuscript Identifying Number (if you know it) M13-2348		

Section 2. The Work Under Consideration for Publication

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Dr. Rossouw has nothing to disclose.

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