

## 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.

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#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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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.

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.

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**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

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**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) Nanette

2. Surname (Last Name) Santoro

3. Date 13-June-2014

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name Mitch Harmon

5. Manuscript Title  
Arterial Imaging Outcomes and Cardiovascular Risk Factors in Recently Menopausal Women in The Kronos Early Estrogen Prevention Study (KEEPS): A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)  
M14-0353

### 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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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      |
|----------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---------------|
| Menogenix      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | stock options |
| Bayer, Inc     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |               |

### 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 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

I have stock options in a company, Menogenix, that has patented a non-hormonal treatment for hot flashes  
I have investigator initiated grant support from Bayer, Inc, investigating treatments for menopausal symptoms

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>MINGZHU  | 2. Surname (Last Name)<br>YAN                                       | 3. Date<br>17-June-2014                           |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>DR. Sherman Harman |
| 5. Manuscript Title<br>Arterial Imaging Outcomes and Cardiovascular Risk Factors in Recently Menopausal Women in The Kronos Early Estrogen Prevention Study (KEEPS): A Randomized Controlled Trial |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>M14-0353  |   |   |

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

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Dr. YAN has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
Hugh

2. Surname (Last Name)  
Taylor

3. Date  
23-June-2014

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Mitch Harman

5. Manuscript Title  
KEEPS

6. Manuscript Identifying Number (if you know it)  
M14-0353

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| Name of Entity | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments                          |
|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|
| Pfizer         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grant to Yale and consulting fees |

### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Eric

2. Surname (Last Name)  
Vittinghoff

3. Date  
23-June-2014

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
S. Mitchell Harman MD PhD

5. Manuscript Title  
Arterial Imaging Outcomes and Cardiovascular Risk Factors in Recently Menopausal Women in The Kronos Early Estrogen Prevention Study (KEEPS):

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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                                 |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| Kronos Longevity Research Institute | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reimbursement for statistical consulting |

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Vittinghoff reports personal fees from Kronos Longevity Research Institute, during the conduct of the study; .

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### Section 1. Identifying Information

1. Given Name (First Name)  
Dennis

2. Surname (Last Name)  
Black

3. Date  
23-June-2014

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Sherman Harman

5. Manuscript Title  
KEEPS trial

6. Manuscript Identifying Number (if you know it)

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|----------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------|
| Novartis       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Honorarium for speaking |
| Merck          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Honorarium for speaking |
| Amgen          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Teaching fees           |
| Eli Lilly      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Member of DSMB          |

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

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Dr. Black reports grants and personal fees from Novartis, personal fees from Merck, personal fees from Amgen, personal fees from Eli Lilly, 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) *Marcelle*      2. Surname (Last Name) *Cedars*      3. Date *6/23/14*

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
*Arterial Imaging Outcomes: Cardiovascular Risk Factors in Recently Menopausal Women in The Kronos Early Estrogen Prevention Study (KEEPS): A Randomized Controlled Trial*

6. Manuscript Identifying Number (if you know it)  
*REF M14-0353*

## 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.

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

## Section 4. Intellectual Property -- Patents & Copyrights

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





# ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

## 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?

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

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Frederick

2. Surname (Last Name)  
Naftolin

3. Date  
24-June-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
S. Mitchell Harman

5. Manuscript Title  
Arterial Imaging Outcomes and Cardiovascular Risk Factors in Recently Menopausal Women in the Kronos Early Estrogen Prevention Study

6. Manuscript Identifying Number (if you know it)  
M14-0353

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Dr. Naftolin has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Howard

2. Surname (Last Name)  
Hodis

3. Date  
24-June-2014

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Mitch Harmon

5. Manuscript Title  
Arterial Imaging Outcomes and Cardiovascular Risk Factors in Recently Menopausal Women in the Kronos Early Estrogen Prevention Study (KEEPS): A Randomized Controlled Trial.

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Hodis has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|  |   |                                       |
|--|---|---------------------------------------|
| 1. Given Name (First Name)<br>Matthew  | 2. Surname (Last Name)<br>Budoff                                    | 3. Date<br>13-June-2014               |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Harman |
| 5. Manuscript Title<br>Arterial Imaging Outcomes and Cardiovascular Risk Factors in Recently Menopausal Women in The Kronos Early Estrogen Prevention Study (KEEPS): A Randomized Controlled Trial |   |                                       |
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Dr. Budoff has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>JoAnn                                   | 2. Surname (Last Name)<br>Manson                                    | 3. Date<br>13-June-2014                           |
| 4. Are you the corresponding author?                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>S. Mitchell Harman |
| 5. Manuscript Title<br>Arterial imaging and CVD risk factors in KEEPS |   |   |
| 6. Manuscript Identifying Number (if you know it)                     |   |   |

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Dr. Manson has nothing to disclose.

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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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**Other:** Anything not covered under the previous three boxes

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**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)  
Genevieve

2. Surname (Last Name)  
Neal-Perry

3. Date  
14-June-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Sherman Harman

5. Manuscript Title  
Arterial Imaging Outcomes and Cardiovascular Risk Factors in Recently Menopausal Women in The Kronos Early Estrogen Prevention Study (KEEPS): A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)  
M14-0353

### 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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### 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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Neal-Perry has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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**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)  
Virginia

2. Surname (Last Name)  
Miller

3. Date  
16-June-2014

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
S. Mitchell Harman

5. Manuscript Title  
Arterial Imaging Outcomes and Cardiovascular Risk Factors in Recently Menopausal Women in The Kronos Early Estrogen Prevention Study (KEEPS): A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)  
M14-0353

### 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 |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| Kronos Longevity Research Institute | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

### 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

### 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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### 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. Miller reports grants from Kronos Longevity Research Institute, 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)  
Sherman

2. Surname (Last Name)  
Harman

3. Date  
13-June-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Arterial Imaging Outcomes and Cardiovascular Risk Factors in Recently Menopausal Women in The Kronos Early Estrogen Prevention Study (KEEPS): A Randomized Controlled Trial

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M14-0353

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Are there any relevant conflicts of interest?  Yes  No

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| Name of Institution/Company | Grant?                              | Personal Fees?           | Non-Financial Support?              | Other?                   | Comments                            |
|-----------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| The Aurora Foundation       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | non-profit foundation               |
| Pfizer Pharmaceuticals      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | small grant to investigate bleeding |
| Abbott Laboratories         | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | study drug donation                 |
| Bayer Healthcare            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | study drug donation                 |

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Are there any relevant conflicts of interest?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Harman reports grants from The Aurora Foundation, grants from Pfizer Pharmaceuticals, non-financial support from Abbott Laboratories, non-financial support from Bayer Healthcare, 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)<br>Rogerio             | 2. Surname (Last Name)<br>Lobo                                      | 3. Date<br>13-June-2014                     |
| 4. Are you the corresponding author?              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Mitch Harman |
| 5. Manuscript Title<br>research                   |   |   |
| 6. Manuscript Identifying Number (if you know it) |   |   |

### 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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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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**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)  
Paul

2. Surname (Last Name)  
Hopkins

3. Date  
13-June-2014

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
S. Mitchell Harman, MD, PhD

5. Manuscript Title  
Arterial Imaging Outcomes and Cardiovascular Risk Factors in Recently Menopausal Women in The Kronos Early Estrogen Prevention Study (KEEPS): A Randomized Controlled Trial

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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| Name of Institution/Company | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments                   |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| Kronos Foundation           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | not a conflict of interest |

### 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**.

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| Name of Entity | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments   |
|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| NIH            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | serve or served as co-investigator on several grants. No COI |
| Merck          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | unrelated study. No COI                                      |
| Takeda         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PI for investigator-initiated study. No COI                  |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity             | Grant?                              | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments  |
|----------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---|
| National Lipid Association | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Honoraria for several talks, most CME. No COI                   |
| Horizon CME                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Honoraria for talks, CME. No COI                                |
| Regeneron                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Clinical trial. No COI  |
| Genzyme                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Various presentations, speaker training. No COI                 |
| Various other entitites    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Honoraria for speaking engagements, surveys, consulting. No COI |

### 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?

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

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hopkins reports grants from Kronos Foundation, during the conduct of the study; grants from NIH, grants from Merck, grants from Takeda, personal fees from National Lipid Association, personal fees from Horizon CME, grants from Regeneron, personal fees from Genzyme, personal fees from various other entitites, outside the submitted work.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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 four parts.

#### 1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

#### 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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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.

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. Other relationships.

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.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Eliot      2. Surname (Last Name) Brinton      3. Effective Date (07-August-2008) 17-May-2013

4. Are you the corresponding author?       Yes       No

5. Manuscript Title  
Effects of Anacetrapib on Plasma Lipids in Specific Patient Subgroups in the DEFINE (Determining the Efficacy and Tolerability of CETP INhibition with AnacEtrapib) Trial

6. Manuscript Identifying Number (if you know it)

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### Section 2. The Work Under Consideration for Publication

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

Complete each row by checking "No" or providing the requested information. **If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.**

#### The Work Under Consideration for Publication

| Type                            | No                       | Money Paid to You                   | Money to Your Institution*          | Name of Entity         | Comments**   |     |
|---------------------------------|--------------------------|-------------------------------------|-------------------------------------|------------------------|--|-----|
| 1. Grant                        | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Merck                  | paid expenses for DEFINE site  | X   |
| 1. Grant                        | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Health Diagnostic Labs | paid to help develop lipid lab testing not related to this study   | X   |
| 1. Grant                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Amarin                 | paid as steering committee member for REDUCE-IT study  | X   |
|                                 |                          |                                     |                                     |                        |  | ADD |
| 2. Consulting fee or honorarium | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Merck                  | paid as consultant for Merck regarding anacetrapib, and as speaker for approved cholesterol and diabetes medications | X   |
| 2. Consulting fee or honorarium | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Roche                  | paid as consultant for Roche regarding modeling of lipoprotein metabolism  | X   |



## ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication  |                                     |                                     |                            |                |  |     |
|---|-------------------------------------|-------------------------------------|----------------------------|----------------|--|-----|
| Type  | No                                  | Money Paid to You                   | Money to Your Institution* | Name of Entity | Comments**   |     |
| 2. Consulting fee or honorarium   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Abbvie         | paid as speaker and consultant regarding lipid medications | ×   |
| 2. Consulting fee or honorarium   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Daiichi-Sankyo | paid as speaker and consultant regarding lipid medications | ×   |
| 2. Consulting fee or honorarium   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Kowa           | paid as speaker and consultant regarding lipid medications | ×   |
| 2. Consulting fee or honorarium   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Atherotech     | paid as speaker and consultant regarding lipid testing     | ×   |
| 2. Consulting fee or honorarium   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | DiaDexus       | paid as speaker and consultant regarding lipid testing     | ×   |
| 2. Consulting fee or honorarium   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Amarin         | paid as speaker and consultant regarding lipid medication  | ×   |
|   |                                     |                                     |                            |                |  | ADD |
| 3. Support for travel to meetings for the study or other purposes   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Merck          | paid travel expenses for consulting meetings for Merck.    | ×   |
|   |                                     |                                     |                            |                |  | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |                |  | ×   |
|   |                                     |                                     |                            |                |  | ADD |
| 5. Payment for writing or reviewing the manuscript  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |                |  | ×   |
|   |                                     |                                     |                            |                |  | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |                |  | ×   |
|   |                                     |                                     |                            |                |  | ADD |
| 7. Other  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |                |  | ×   |
|   |                                     |                                     |                            |                |  | ADD |

\* This means money that your institution received for your efforts on this study.

\*\* Use this section to provide any needed explanation.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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 submission.

Complete each row by checking "No" or providing the requested information. **If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.**

| Relevant financial activities outside the submitted work      |                                     |                                     |                            |                              |  |     |
|---|-------------------------------------|-------------------------------------|----------------------------|------------------------------|--|-----|
| Type of Relationship (in alphabetical order)                  | No                                  | Money Paid to You                   | Money to Your Institution* | Entity                       | Comments   |     |
| 1. Board membership   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Atherotech                   | Scientific Advisory Board  | X   |
|   |                                     |                                     |                            |                              |  | ADD |
| 2. Consultancy  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |                              |  | X   |
|   |                                     |                                     |                            |                              |  | ADD |
| 3. Employment   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |                              |  | X   |
|   |                                     |                                     |                            |                              |  | ADD |
| 4. Expert testimony   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Heard, Robbins               | expert witness for statin treatment case (simvastatin)--not involving Merck. | X   |
|   |                                     |                                     |                            |                              |  | ADD |
| 5. Grants/grants pending                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |                              |  | X   |
|   |                                     |                                     |                            |                              |  | ADD |
| 6. Payment for lectures including service on speakers bureaus | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | please see "honoraria" above | please see "honoraria" above   | X   |
|   |                                     |                                     |                            |                              |  | ADD |
| 7. Payment for manuscript preparation                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |                              |  | X   |
|   |                                     |                                     |                            |                              |  | ADD |
| 8. Patents (planned, pending or issued)                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |                              |  | X   |
|   |                                     |                                     |                            |                              |  | ADD |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |                              |  | X   |
|   |                                     |                                     |                            |                              |  | ADD |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work                    |                                     |                          |                            |        |          |                          |
|---|-------------------------------------|--------------------------|----------------------------|--------|----------|--------------------------|
| Type of Relationship (in alphabetical order)                                | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |                          |
| 10. Payment for development of educational presentations                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | <input type="checkbox"/> |
|   |                                     |                          |                            |        |          | ADD                      |
| 11. Stock/stock options   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | <input type="checkbox"/> |
|   |                                     |                          |                            |        |          | ADD                      |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | <input type="checkbox"/> |
|   |                                     |                          |                            |        |          | ADD                      |
| 13. Other (err on the side of full disclosure)                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | <input type="checkbox"/> |
|   |                                     |                          |                            |        |          | ADD                      |

\* This means money that your institution received for your efforts.

\*\* For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

### Section 4. Other relationships

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?

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

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.