

## 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.

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".

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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

## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Carolyn	2. Surname (Last Name) Crandall	3. Date 21-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name JoAnn Manson
5. Manuscript Title Menopausal Estrogen-Alone Therapy and Health Outcomes in Women with and without Bilateral Oophorectomy: A Randomized Trial		
6. Manuscript Identifying Number (if you know it) M19-0274		

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

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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. Crandall has nothing to disclose.

### 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)

Thomas

2. Surname (Last Name)

Rohan

3. Date

21-May-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Menopausal Estrogen-Alone Therapy and Health Outcomes in Women with and without Bilateral Oophorectomy: A Randomized Trial

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Dr. Rohan 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) Jacques	2. Surname (Last Name) Rossouw	3. Date 21-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name JoAnn E Manson
5. Manuscript Title Menopausal Estrogen-Alone Therapy and Health Outcomes in Women with and without Bilateral Oophorectomy: A Randomized Trial		
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Dr. Rossouw has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Garnet

2. Surname (Last Name)  
Anderson

3. Date  
21-May-2019

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

5. Manuscript Title  
Menopausal Estrogen-Alone Therapy and Health Outcomes in Women with and without Bilateral Oophorectomy: A Randomized Trial

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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
National Heart Lung and Blood Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NHLBI provided funding for the WHI Clinical Coordinating Center

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Dr. Anderson reports grants from National Heart Lung and Blood Institute, during the conduct of the study; .

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### Section 1. Identifying Information

1. Given Name (First Name)  
Victor

2. Surname (Last Name)  
Henderson

3. Date  
21-May-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Manson

5. Manuscript Title  
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Dr. Henderson has nothing to disclose.

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Aladdin

2. Surname (Last Name)

Shadyab

3. Date

21-May-2019

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 Yes No

Corresponding Author's Name

JoAnn Manson, MD, DrPH

5. Manuscript Title

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Dr. Shadyab 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.

## 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)  
Gretchen

2. Surname (Last Name)  
Wells

3. Date  
22-May-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
JoAnn e. Manson

5. Manuscript Title  
Menopausal Estrogen-Alone Therapy and Health Outcomes in Women with and without Bilateral Oophorectomy: A Randomized Trial

6. Manuscript Identifying Number (if you know it)  
M19-0274

### 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

### 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

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Dr. Wells has nothing to disclose.

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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) Charles      2. Surname (Last Name) Eaton      3. Date 22-May-2019

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
JoAnn E. Manson, MD, DrPH,

5. Manuscript Title  
Menopausal Estrogen-Alone Therapy and Health Outcomes in Women with and without Bilateral Oophorectomy: A Randomized Trial"

6. Manuscript Identifying Number (if you know it)  
M19-0274

### 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
NIH-WHI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Eaton reports grants from NIH-WHI, 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)  
Ross

2. Surname (Last Name)  
Prentice

3. Date  
22-May-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
JoAnn Manson

5. Manuscript Title  
Menopausal estrogen-alone therapy and health outcomes in women with and without bilateral oophorectomy: A randomized trial

6. Manuscript Identifying Number (if you know it)  
M19-0274

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Are there any relevant conflicts of interest?  Yes  No

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Prentice 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) Juhua	2. Surname (Last Name) Luo	3. Date 27-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name JoAnn Manson
5. Manuscript Title Menopausal Estrogen-Alone Therapy and Health Outcomes in Women with and without Bilateral Oophorectomy		
6. Manuscript Identifying Number (if you know it) M19-0274		

### 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

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Dr. Luo 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)  
Jean

2. Surname (Last Name)  
Wactawski-Wende

3. Date  
18-July-2019

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Manson, JoAnn

5. Manuscript Title  
Menopausal Estrogen-Alone Therapy and Health Outcomes in Women with and without Bilateral Oophorectomy: A Randomized Trial

6. Manuscript Identifying Number (if you know it)  
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH/NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WHI contract as PI

### 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

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Dr. Wactawski-Wende reports grants from NIH/NHLBI, during the conduct of the study; .

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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.

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**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**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

**Issued:** The patent has been issued by the agency

**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) Rowan	2. Surname (Last Name) Chlebowski	3. Date 18-July-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name JoAnn Manson
5. Manuscript Title Menopausal Estrogen-Alone Therapy and Health Outcomes in Women with and without Bilateral Oophorectomy: A Randomized Trial		
6. Manuscript Identifying Number (if you know it) M19-0274		

### 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
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Genentech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PUMA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Immunomedics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Amgen	<input type="checkbox"/>	<input checked="" 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

### 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

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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. Chlebowski reports personal fees from AstraZeneca, personal fees from Novartis, personal fees from Genentech, personal fees from PUMA, personal fees from Immunomedics , personal fees from Amgen, during the conduct of the study; .

### Evaluation and Feedback

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### Instructions

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**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) Andrew      2. Surname (Last Name) Kaunitz      3. Date 18-July-2019

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
JE Manson

5. Manuscript Title  
Menopausal Estrogen-Alone Therapy and Health Outcomes in Women with and without Bilateral Oophorectomy: A Randomized Trial

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.

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bayer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allergan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mithra	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TherapeuticsMD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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

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### Section 6. Disclosure Statement

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Dr. Kaunitz reports grants and personal fees from Bayer, grants from Allergan, grants and personal fees from Mithra, personal fees from Pfizer, from TherapeuticsMD, 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) Simin	2. Surname (Last Name) Liu	3. Date 19-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name JoAnn Manson
5. Manuscript Title Menopausal Estrogen-Alone Therapy and Health Outcomes in Women with and without Bilateral Oophorectomy: A Randomized Trial		
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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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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

JoAnn

2. Surname (Last Name)

Manson

3. Date

10-June-2019

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Menopausal Estrogen-Alone Therapy and Health Outcomes in Women with and without Bilateral Oophorectomy: A Randomized Trial.

6. Manuscript Identifying Number (if you know it)

M19-0274

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

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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

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

Dr. Manson has nothing to disclose.

### 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)

AARON

2. Surname (Last Name)

ARAGAKI

3. Date

03-July-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

JOANN MANSON

5. Manuscript Title

Menopausal Estrogen-Alone Therapy and Health Outcomes in Women with and without Bilateral Oophorectomy: A Randomized Trial

6. Manuscript Identifying Number (if you know it)

M19-0274

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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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Mr. ARAGAKI has nothing to disclose.

### 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)  
Cynthia

2. Surname (Last Name)  
Thomson

3. Date  
03-July-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
JoAnn Manson

5. Manuscript Title  
Menopausal Estrogen-Alone Therapy and Health Outcomes in Women with and without Bilateral Oophorectomy: A Randomized Trial

6. Manuscript Identifying Number (if you know it)  
M19-0274

### 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

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Dr. Thomson has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
Barbara

2. Surname (Last Name)  
Howard

3. Date  
09-July-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
JoAnn E. Manson

5. Manuscript Title  
Menopausal Estrogen-Alone Therapy and Health Outcomes in Women with and without Bilateral Oophorectomy: A Randomized Trial

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Howard has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (FirstName) Marcia      2. Surname (LastName) Stefanick      3. Date 03-July-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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ADD

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1. Given Name (First Name)  
Shari

2. Surname (Last Name)  
Bassuk

3. Date  
10-July-2019

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Corresponding Author's Name  
Dr. JoAnn Manson

5. Manuscript Title  
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Dr. Bassuk has nothing to disclose.

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