

## ICMJE DISCLOSURE FORM

Date: 24.08.2021 \_\_\_\_\_ Y

our Name: Professor Julia Hippisley-Cox \_\_\_\_\_ Use of menopausal hormone therapy and risk of dementia: nested case-control studies using the QResearch and CPRD databases

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	NIHR grant	Grant to institution
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Wellcome trust	Grant to institution
		NIHR	Grant to institution
		MRC and CRUK and other research councils	Grant to institution
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> None	
6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	<u>    </u> None	
8	Patents planned, issued or pending	<u>    </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> Director QResearch	Not-for-profit medication research database hosted at the university of oxford, partnership between Oxford and EMIS (commercial supplier fo NHS IT systems)
11	Stock or stock options	<u>    </u> shareholder	Share holder ClinRisk Ltd outside submitted work
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> QResearch	Database (see above)
13	Other financial or non-financial interests	<u>    </u> None	

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.