

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.



Identifying information.



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".



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.



Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.



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.

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

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

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

Greendale 1



Section 1. Identifying Inform	ation				
1. Given Name (First Name) Gail	2. Surname Greendale	e (Last Name)		3. Date 28-Novemb	per-2018
4. Are you the corresponding author?	✓ Yes	No			
5. Manuscript Title Changes in Body Composition and Wei	ght during th	ne Menopause Transitior	1		
6. Manuscript Identifying Number (if you kn 124865-INS-CMED-TR-2	ow it)				
Section 2. The Work Under Co	onsideratio	on for Publication			
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Are there any relevant conflicts of intere			-	•	
Section 4. Intellectual Proper	ty Pateni	ts & Copyrights			
Do you have any patents, whether plant	ned, pending	g or issued, broadly relev	ant to the work?	Yes	✓ No

Greendale 2



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✓ No other relation	onships/conditions/circumstances that present a potential conflict of interest
	uscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. als may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Dr. Greendale has	nothing to disclose.

Evaluation and Feedorus

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Greendale 3



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Barbara	2. Surnam Sternfeld	ne (Last Name)		3. Date 28-November-2018
4. Are you the corresponding author?	Yes	✓ No	Corresponding Author's Nat Gail Greendale	me
5. Manuscript Title Changes in Body Composition and Weig	ht during	the Menopause	e Transition	
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Name of Institution/Company	Grant?		n-Financial Other? Con	nments
National Institute on Aging	\checkmark			
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Section 4. Intellectual Proper	ty – Pate	nts & Copyrig	ihts	
Do you have any patents, whether plann	ned, pendir	ng or issued, br	oadly relevant to the work?	Yes 🗸 No

Sternfeld 2



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Dr. Sternfeld reports grants from National Institute on Aging, during the conduct of the study; .
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Section i Identifying Inform	nation	
1. Given Name (First Name) Meihua	2. Surname (Last Name) Huang	3. Date 27-November-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Gail A. Greendale
5. Manuscript Title Changes in Body Composition and Wei	ight during the Menopaus	e Transition
6. Manuscript Identifying Number (if you ki 124865-INS-CMED-TR-2	now it)	
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Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Huang 2



Relationships not covered above
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Dr. Huang has nothing to disclose.

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Huang 3



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Weijuan	2. Surname (Last Name) Han	3. Date 06-December-2018
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Changes in Body Composition and Wei	ght during the Menopause Transition	
6. Manuscript Identifying Number (if you kn 124865-INS-CMED-TR-2	now it)	
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Do you have any patents, whether plant	ned, pending or issued, broadly relevant to the work	☐ Yes ✓ No</td

Han 2



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Section 1. Identifying Inform	nation			
1. Given Name (First Name) Carrie	2. Surname (Li Karvonen-Gu			3. Date 28-November-2018
4. Are you the corresponding author?	Yes ✓	No	Corresponding Author's Nar Gail Greendale	ne
5. Manuscript Title Changes in Body Composition and Wei	ght during the	Menopause	e Transition	
6. Manuscript Identifying Number (if you kr 124865-INS-CMED-TR-2	now it)			
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Do you have any patents, whether plan	ned, pending o	or issued, br	roadly relevant to the work?	Yes 🗸 No

Karvonen-Gutierrez 2



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Dr. Karvonen-Gutierrez has nothing to disclose.

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Seaton 1. Identifying Inform	nation		
1. Given Name (First Name) Kristine	2. Surname (Last Name) Ruppert		3. Date 03-December-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Na Gail A. Greendale	me
Manuscript TitleChanges in Body Composition and Wei	ght during the Menopaus	e Transition	
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Ruppert 2



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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. Ruppert has nothing to disclose.
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Ruppert 3



Section 1. Identifying Inform	nation		
Given Name (First Name) Jane	2. Surname (Last Name) Cauley	3. Date 28-November-2018	
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name	
5. Manuscript Title Changes in Body Composition and Wei	ght during the Menopause	e Transition	
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Cauley 2



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Dr. Cauley has nothing to disclose.
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Cauley



Section 1. Identifying Inform	nation					
1. Given Name (First Name) Joel	2. Surname (Last Name) Finkelstein	3. Date 28-November-2018				
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Gail A Greendale				
5. Manuscript Title Changes in Body Composition and Wei	ght during the Menopaus	e Transition				
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Finkelstein 2



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Dr. Finkelstein has nothing to disclose.
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Finkelstein 3



See 16 1. Identifying Inforn	nation		
1. Given Name (First Name) Sheng-Fang	2. Surname (Last Name) Jiang	3. Date 06-December-2018	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Gail Greendale	
5. Manuscript Title Changes in Body Composition and Wei	ight during the Menopaus	e Transition	
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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Arun	2. Surname (Last Name) Karlamangla	3. Date 03-December-2018
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Gail A. Greendale
5. Manuscript Title Changes in Body Composition and Wei	ight during the Menopau:	se Transition
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Karlamangla 2



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Karlamangla 3

STROBE COHORT CHECKLIST

Changes in Body Composition and Weight During the Menopause Transition JCI Insight ms. 124865-INS-CMED-TR-2

Element	Item No	Recommendation In italics are comments relevant to this manuscript	Page or Table/Figure Location
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	4
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	4
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	5
Objectives	3	State specific objectives, including any prespecified hypotheses	5-6
Methods			
Study design	4	Present key elements of study design early in the paper COMMENT: JCI Insight mandates that methods follow the results. Therefore, design elements come later in the paper by journal requisite.	19-23
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection COMMENT: Originally, we did not include the calendar years of baseline visit and the last included follow-up visit in this analysis. We added this information to page 19.	19
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	19
		(b) For matched studies, give matching criteria and number of exposed and unexposed	N/A
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	19-21
Data	8*	For each variable of interest, give sources of data and details of methods of	19-21
sources/		assessment (measurement). Describe comparability of assessment methods if	
measurement		there is more than one group	
Bias	9	Describe any efforts to address potential sources of bias COMMENT: A main risk of bias is the restriction to final menstrual period (FMP) sample an (unavoidable restriction of the analytic design). We checked demographic and body composition characteristics of the full body composition cohort and of those who had an FMP. These characteristics were quite similar. We added this information to results.	6
Study size	10	Explain how the study size was arrived at	19
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	21-22
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	19-23
		(b) Describe any methods used to examine subgroups and interactions COMMENT: We described effects of race/ethnicity on page 23. We did not perform any interacted analyses.	23
		(c) Explain how missing data were addressed COMMENT: The only model covariate for which we had missingness was hormone therapy use, but missingness was rare. We added this information to the methods.	21

		(d) If applicable, explain how loss to follow-up was addressed COMMENT: We did not invoke any specific methods to address loss to follow up. However, we added information about the median number of visits, which indicates a very stable sample composition (see also item 14c).	6
		(e) Describe any sensitivity analyses	Not done
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	19 Figure 3
		(b) Give reasons for non-participation at each stage	19 Figure 3
		(c) Consider use of a flow diagram	Figure 3
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	6 Table 1
		(b) Indicate number of participants with missing data for each variable of interest COMMENT: The losses of participants to the analytical sample (due to missing, required data elements) are shown in Figure 3. Because this is a longitudinal, repeated measures analysis, one does not lose participants due to missing data; one loses observations. After the creation of the analytic sample, there were no missing data for age at FMP or race/ethnicity, the variables of interest reported in Tables 2-4; thus, no observations were lost on their account. As noted above, we did lose 56 (0.5%) observations due to missing data on hormone use.	19 Figure 3
		(c) Summarise follow-up time (eg, average and total amount) COMMENT: The calendar start (baseline) and stop time (follow-up visit 13) is presented in the methods. We provide the number of observations per woman (along with maximum observations possible). See new information on pp 6 and 19.	6, 19
Outcome data	15*	Report numbers of outcome events or summary measures over time COMMENT: Outcomes are continuous variables not discrete events	N/A
Main results	16	Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg 95% confidence interval). Make clear which confounders were adjusted for and why they were included COMMENT: We believe that presenting unadjusted longitudinal models (outcomes in relation to FMP time only) would be uninformative; our covariates are exposures of interest, not confounders. (Commonly, an unadjusted vs adjusted analysis is presented to gauge the effect of confounders). The crude relation between each outcome and FMP time is depicted in the LOESS plots (Figure 1), with the caveat that these are repeated cross-sectional estimates, as noted in the legend.	Figure 1
		(b) Report category boundaries when continuous variables were categorized	N/A
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period COMMENT: Tables 2-4 contain absolute risk for average White woman and relative risks for other ethnic groups or specific exposures. Absolute risks are elaborated in the results text.	Tables 2- 4 Figure 2 7-12

Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	N/A
Discussion			
Key results	18	Summarise key results with reference to study objectives COMMENT: In the results section, we use subheadings to identify the results related to each study objective	6-12
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	17-18
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	18
Generalisability	21	Discuss the generalisability (external validity) of the study results	18
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	24

^{*}Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.

STROBE COHORT CHECKLIST

Changes in Body Composition and Weight During the Menopause Transition JCI Insight ms. 124865-INS-CMED-TR-2

Element	Item No	Recommendation In italics are comments relevant to this manuscript	Page or Table/Figure Location
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	4
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	4
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	5
Objectives	3	State specific objectives, including any prespecified hypotheses	5-6
Methods			
Study design	4	Present key elements of study design early in the paper COMMENT: JCI Insight mandates that methods follow the results. Therefore, design elements come later in the paper by journal requisite.	19-23
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection COMMENT: Originally, we did not include the calendar years of baseline visit and the last included follow-up visit in this analysis. We added this information to page 19.	19
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	19
		(b) For matched studies, give matching criteria and number of exposed and unexposed	N/A
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	19-21
Data	8*	For each variable of interest, give sources of data and details of methods of	19-21
sources/		assessment (measurement). Describe comparability of assessment methods if	
measurement		there is more than one group	
Bias	9	Describe any efforts to address potential sources of bias COMMENT: A main risk of bias is the restriction to final menstrual period (FMP) sample an (unavoidable restriction of the analytic design). We checked demographic and body composition characteristics of the full body composition cohort and of those who had an FMP. These characteristics were quite similar. We added this information to results.	6
Study size	10	Explain how the study size was arrived at	19
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	21-22
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	19-23
		(b) Describe any methods used to examine subgroups and interactions COMMENT: We described effects of race/ethnicity on page 23. We did not perform any interacted analyses.	23
		(c) Explain how missing data were addressed COMMENT: The only model covariate for which we had missingness was hormone therapy use, but missingness was rare. We added this information to the methods.	21

		(d) If applicable, explain how loss to follow-up was addressed COMMENT: We did not invoke any specific methods to address loss to follow up. However, we added information about the median number of visits, which indicates a very stable sample composition (see also item 14c).	6
		(e) Describe any sensitivity analyses	Not done
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	19 Figure 3
		(b) Give reasons for non-participation at each stage	19 Figure 3
		(c) Consider use of a flow diagram	Figure 3
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	6 Table 1
		(b) Indicate number of participants with missing data for each variable of interest COMMENT: The losses of participants to the analytical sample (due to missing, required data elements) are shown in Figure 3. Because this is a longitudinal, repeated measures analysis, one does not lose participants due to missing data; one loses observations. After the creation of the analytic sample, there were no missing data for age at FMP or race/ethnicity, the variables of interest reported in Tables 2-4; thus, no observations were lost on their account. As noted above, we did lose 56 (0.5%) observations due to missing data on hormone use.	19 Figure 3
		(c) Summarise follow-up time (eg, average and total amount) COMMENT: The calendar start (baseline) and stop time (follow-up visit 13) is presented in the methods. We provide the number of observations per woman (along with maximum observations possible). See new information on pp 6 and 19.	6, 19
Outcome data	15*	Report numbers of outcome events or summary measures over time COMMENT: Outcomes are continuous variables not discrete events	N/A
Main results	16	Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg 95% confidence interval). Make clear which confounders were adjusted for and why they were included COMMENT: We believe that presenting unadjusted longitudinal models (outcomes in relation to FMP time only) would be uninformative; our covariates are exposures of interest, not confounders. (Commonly, an unadjusted vs adjusted analysis is presented to gauge the effect of confounders). The crude relation between each outcome and FMP time is depicted in the LOESS plots (Figure 1), with the caveat that these are repeated cross-sectional estimates, as noted in the legend.	Figure 1
		(b) Report category boundaries when continuous variables were categorized	N/A
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period COMMENT: Tables 2-4 contain absolute risk for average White woman and relative risks for other ethnic groups or specific exposures. Absolute risks are elaborated in the results text.	Tables 2- 4 Figure 2 7-12

Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	N/A
Discussion			
Key results	18	Summarise key results with reference to study objectives COMMENT: In the results section, we use subheadings to identify the results related to each study objective	6-12
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	17-18
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	18
Generalisability	21	Discuss the generalisability (external validity) of the study results	18
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	24

^{*}Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.