ICMJE DISCLOSURE FORM

Date:2022-11-1	19
Your Name:H	ao
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Manuscript Title: rmones and abdomir derwent bariatric sur	Evaluation of the relations between reproduction-related pituitary and ovarian ho all fat area-related variables determined by CT in overweight/obese women who un gery: a cross-sectional study if known):
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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 <u>current</u>

manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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,

Time frame: Since the initial planning of the work All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this			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)
present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this		Ti	me frame: Since the initia	l planning of the work
item.	1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	XNone	

2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone
3	Royalties or licenses	XNone
4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and for travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

Please summarize the above conflict of interest in the following box:

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.

ICMJE DISCLOSURE FORM

Date:2022-11-19
Your Name:Bo
Yang
Manuscript Title:Evaluation of the relations between reproduction-related pituitary and ovarian hormones and abdominal fat area-related variables determined by CT in overweight/obese women who un
derwent bariatric surgery: a cross-sectional study Manuscript number (if known):

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	whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
	needed)	

	Ti	me frame: Since the initial planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_X_None
		Time frame: past 36 months
2	Grants or contracts from	XNone
	any entity (if not indicated	
	in item #1 above).	
3	Royalties or licenses	XNone
4	Consulting fees	XNone
5	Payment or honoraria for	XNone
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
,	educational events	V. Al
6	Payment for expert	XNone
	testimony	
7	Cupport for attending	XNone
/	Support for attending meetings and for travel	
8	Patents planned, issued	XNone
	or pending	
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9	Participation on a Data	XNone
	Safety Monitoring Board	
10	or Advisory Board	V. Nana
10	Leadership or fiduciary role in other board,	XNone
	society, committee or	
	advocacy group, paid or	
11	unpaid Stock or stock on tions	XNone
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12	Receipt of equipment, materials, drugs, medical	XNone
	writing, gifts or other	
	services	
13	Other financial or non-	XNone

	financial interests			
ΡΙ	ease summarize the abo	ve conflict of interest ir	n the following box:	
	None.			
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	te:2022-11-19 ur Name:Shigeru	ı Kiryu		
rm de	ones and abdominal fat rwent bariatric surgery:	area-related variables a cross-sectional study	s between reproduction-related pituitary and o determined by CT in overweight/obese womer /	n who un

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	T:	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)
1	All support for the	me frame: Since the initiaXNone	planning of the work
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	
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5	Payment or honoraria for	X None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary role in other board,	XNone	
	society, committee or		

	advocacy group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non- financial interests	XNone		
	interior interests			
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	None.			
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	estions on this form.	wered every question	and have not aftered the wording of any of the	
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	rwent bariatric surgery: anuscript number (if kno		У	

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	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past X_None	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and for travel	XNone	

3	Patents planned, issued	XNone	
	or pending		
)	Participation on a Data	XNone	
	Safety Monitoring Board		
0	or Advisory Board Leadership or fiduciary	X None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
1	Stock or stock options	XNone	
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services 13 Other financial or non-financial interests XNone		XNone	
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		ve conflict of interest	in the following box:
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	None.		nent to indicate your agreement:
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Da Yo Yu	ease place an "X" next to Licertify that I have ans estions on this form. ICMJE DISC te:2022-11-19 ur Name:Dexin	o the following statem wered every question CLOSURE FORM	nent to indicate your agreement: n and have not altered the wording of any of the ns between reproduction-related pituitary and ovari
Da Yu Ma	ease place an "X" next to Licertify that I have ans estions on this form. ICMJE DISC te:2022-11-19 ur Name:Dexin Inuscript Title:Eva	o the following statem wered every question CLOSURE FORM aluation of the relatio area-related variable	nent to indicate your agreement: In and have not altered the wording of any of the

related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third

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		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)
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1	All support for the	X_None	
	present manuscript (e.g.,		
	funding, provision of study materials, medical		
	writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	X None	
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5	Payment or honoraria for	XNone	
	lectures, presentations,		

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X_None	
7	Support for attending meetings and for travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
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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.

ICMJE DISCLOSURE FORM

Date:2022-11-19
Your Name:Zehua
Sun
Manuscript Title: Evaluation of the relations between reproduction-related pituitary and ovarian h
rmones and abdominal fat area-related variables determined by CT in overweight/obese women who ur
derwent bariatric surgery: a cross-sectional study
Manuscript number (if known):

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		Time frame: past	36 months
2	Grants or contracts from	XNone	

	any entity (if not indicated in item #1 above).	
3	Royalties or licenses	XNone
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5	Payment or honoraria for	X None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
4	educational events Payment for expert	XNone
6	testimony	
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7	Support for attending meetings and/or travel	XNone
	mooungs and/or advor	
8	Patents planned, issued	XNone
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9	Participation on a Data	XNone
9	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary	XNone
	role in other board,	
	society, committee or	
	advocacy group, paid or unpaid	
11	Stock or stock options	X None
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12	Receipt of equipment,	XNone
	materials, drugs, medical writing, gifts or other	
	services	
13	Other financial or non-	XNone
	financial interests	

Please summarize the above conflict of interest in the following box:

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. ICMJE DISCLOSURE FORM Date: 2022-11-19_____ Your Name: _____Yang Chen Manuscript Title: _____ Evaluation of the relations between reproduction-related pituitary and ovarian ho rmones and abdominal fat area-related variables determined by CT in overweight/obese women who un derwent bariatric surgery: a cross-sectional study______ 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 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 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. Specifications/Comments Name all entities with

institution)

Time frame: Since the initial planning of the work

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pas XNone	t 36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and for travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None.	
Please place an "X" next to the following statement to indicate your agreement:	
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_X_I certify that I have answered every question and have not altered the wording of a	any of the
questions on this form.	
ICMJE DISCLOSURE FORM	
Date:2022-11-19	
Your Name:Xin Li	
Manuscript Title: Evaluation of the relations between reproduction-related pitui	3
rmones and abdominal fat area-related variables determined by CT in overweight/obe	
derwent bariatric surgery: a cross-sectional study Manuscript number (if known):	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work
1	All support for the	X None	
'	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical		
	writing, article processing		
	charges, etc.) No time limit for this		
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	rtem.	Time frame: past	26 months
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	
	o on our array roos		
5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X_None	
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7	Cupport for attending	X None	
7	Support for attending meetings and or travel	xivone	
8	Patents planned, issued	XNone	
	or pending		
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9	Participation on a Data Safety Monitoring Board	XNone	
	or Advisory Board		
10	Leadership or fiduciary	X_None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
11	unpaid Stock or stock options	X None	

12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Please summarize the above conflict of interest in the following box:

None.			

Please place an "X" next to the following statement to indicate your agreement:

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Date:2022-11-19
our Name:Fang
Vang
Manuscript Title:Evaluation of the relations between reproduction-related pituitary and ovarian ho mones and abdominal fat area-related variables determined by CT in overweight/obese women who un derwent bariatric surgery: a cross-sectional study Manuscript number (if known):

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastX_None	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and for travel	XNone	
8	Patents planned, issued or pending	X_None	

9			
	Participation on a Data Safety Monitoring Board	XNone	
10	or Advisory Board Leadership or fiduciary role in other board,	XNone	
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
PI	ease place an "X" next to	o the following stateme	nt to indicate your agreement:
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1	All support for the	XNone	
·	present manuscript (e.g.,		
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	charges, etc.)		
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	item.		
		Time frame: past	: 36 months
2	Grants or contracts from	X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	
5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		

6	Payment for expert testimony	XNone	
7	Support for attending meetings and for travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
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