STATISTICAL ANALYSIS PLAN

Title	**INAS-VIPOS** International Active Surveillance Study of Medication Used for the Treatment of Endometriosis: Visanne Post-approval Observational Study
Protocol version	VIPOS Study Protocol, 2nd revision of Nov. 21, 2011
Active substance	Dienogest
Medicinal product	Visanne 2 mg
Marketing authorization holder	Bayer AG 13342 Berlin Germany
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Abbreviations

ADB	Administrative Database
ADR	Adverse Drug Reaction
AT	As Treated
ATE	Arterial Thromboembolism
ATC	Anatomical Therapeutic Chemical Classification System
CHC	Combined Hormonal Contraceptives
CI	Confidence Interval
DIMDI	German Institute for Medical Documentation and Information
EMT	Endometriosis treatment
EURAS	EURopean Active Surveillance (study)
FU	Follow-up
GP	General Practitioner
HCP	Health Care Professional
HR	Hazard Ratio
ICD-10	International Classification of Diseases, 10th revision
IP	Incidence Proportion
IR	Incidence Rate
IRR	Incidence Rate Ratio
ITT	Intention to Treat
LOCF	Last observation carrying forward
NAED	Not approved hormonal medications for the treatment of endometriosis
OAED	Other approved hormonal medications for the treatment of endometriosis
OR	Odds Ratio
P	Prevalence
SAE	Serious Adverse Event
SAP	Statistical Analysis Plan
SDB	Study Database
SMAC	Safety Monitoring and Advisory Council
VTE	Venous Thromboembolism
WHO	World Health Organization
WY	Women years
ZEG	Berlin Center for Epidemiology & Health Research (acronym for the German term 'Zentrum für Epidemiologie & Gesundheitsforschung Berlin')

1. Introduction

This document describes the Statistical Analysis Plan (SAP) for the "International Active Surveillance Study of Medication Used for the Treatment of Endometriosis, the **Vi**sanne **P**ost-approval **O**bservational **S**tudy". To enhance understanding and to follow the guidelines proposed by the European Network of Centers for Pharmacoepidemiology and Pharmacovigilance (ENCePP), this SAP will also reflect parts of the study protocol.

1.1 Rationale and background

Dienogest (DNG) is a 19-nortestosterone derivative progestogen that is highly selective for progesterone receptors [1]. As a progestin in DNG/EE, DNG is known for having strong endometrial effects that improve dysmenorrhea and decrease the duration of menstrual bleeding [2]. In addition, progestogens may also modulate pain associated with endometriosis by dampening neuronal activity [3]. It is not known what influence DNG will have on bleeding disturbances associated with endometriosis over a longer time frame or the potential influence of DNG on mood disturbance and depression in endometriosis patients.

1.2 Research question and objective

The primary objective of the study is to assess safety aspects of Dienogest 2 mg/day (Visanne®) used as endometriosis therapy and of other hormonal treatments for endometriosis in a study population that is representative for the actual users of the individual preparations. This includes an estimate of the absolute risk of rare serious adverse outcomes.

1.3 Protocol version and amendments

INAS-VIPOS – Final study protocol, 2nd revision of Nov. 21, 2011.

Study Protocol, Amendment of September 30, 2017.

2. Study Objectives

The main clinical outcomes of interest for the short and long-term follow-up are:

- Medical intervention for anemia induced by cyclical bleeding disturbances (anemia)[1]
- First-time occurrence of clinically relevant depression, or worsening of existing depression
- To analyze discontinuation patterns of DNG and other endometriosis treatments due to treatment failure[2].

1 For the purposes of this SAP, this will be referred to as "anemia" for the remainder of the document. The definition for validation of "anemia" is given in Section 5.4.3

2 'Treatment failure' is defined as cessation of treatment caused by lack of efficacy, loss of efficacy or an adverse drug reaction and does not include women who stop treatment after pre-defined treatment periods (e.g. after six months for GnRH agonists). In addition, combined

Secondary objectives are:

- To characterize the baseline risk of users of the individual formulations (lifetime history of co-morbidity, risk markers, co-medication, socio-demographic and lifestyle data).
- To analyze the drug utilization pattern of DNG and other endometriosis treatments in a study population that is representative for typical use of the individual preparations under routine medical conditions.
- To investigate the risks of short and long-term use of DNG and of established endometriosis treatments in adolescent women.

3. Study Design

This is a large, prospective, controlled, non-interventional, long-term cohort study which follows two cohorts, users of DNG and users of other medications used for the treatment of endometriosis[3]. The cohorts consist of new users (starter[4] and restarter[5]) or switcher[6] of a hormonal endometriosis treatment. A "non-interference" approach will be used to provide standardized, comprehensive, reliable information on endometriosis treatment patterns.

A follow-up assessment for each woman is scheduled 6, 12, 24, 36 and depending on the date of enrollment 48, 60, 72 and 84 months after baseline. Women will be followed-up for at least 2 years. Women recruited in the early phase of the study will be followed-up until study endpoint [max. 7 years][7]. By means of these contacts, almost all relevant clinical outcomes will be captured.

However, during the first year of the study, less than 15% of the planned recruitment target within that time frame was achieved (i.e. 1,191 women were recruited rather than the anticipated 8,334 women). As a consequence, the overall recruitment phase was longer (and therefore the observation time was less) than we had expected. In order to achieve the envisaged total observation time of 84,000 women years, the follow-up period will be prolonged by one year (until end of QII 2018)[6].

All clinically relevant serious adverse events will be verified by ZEG through contact with the relevant physicians and by reviewing pertinent source documentation. A standard algorithm will be used to classify 'clinically relevant depression' and 'medically treated anemia' as 'confirmed' or 'not confirmed'. At the end of the study, this classification will be verified by blinded independent adjudication

treatment with GnRH, an estrogen and/or a progestogen (add-back therapy) will be considered as a single treatment regimen. In cases where add-back therapy is used the predefined end-point is the cessation of the add-back therapy.

3 Users of non-approved hormonal medications prescribed for endometriosis treatment are additionally followed up and included in the analysis.

4 First ever user of EMT

5 EMT use after intake break (>= 4 weeks)

6 Switching from another EMT

7 According Study Protocol, Amendment of September 30, 2017

3.1 Study population, inclusion and exclusion criteria

It was planned to implement the study in several European countries including, but not necessarily limited to, Germany, Austria, France, and Poland. However, the study was initiated in Germany in 2010, and in Hungary and Poland in early 2011. Because of recruitment problems, additional countries were included to broaden the recruitment base: Ukraine, Russia, and Switzerland started recruitment in 2012.

Recruitment of the cohort members will be conducted via a network of approximately 1,000 physicians (study centers) managing women with a diagnosis of endometriosis. The combined cohort will include 25,000 women [8].

At the participating centers, all women prescribed a new treatment for endometriosis are to be asked by their physician if they are willing to participate. The physician is to explain the nature of the study, its purpose and associated procedures, and the expected duration of follow-up for each woman prior to her study entry. Each woman is to have ample opportunity to ask questions and must be informed about her right to withdraw from the study at any time without disadvantage and without having to provide reasons for her decision. This information will be provided on an informed consent and data privacy form which must be signed by all study participants. These documents are to be approved by the relevant local Ethics Committees and the relevant Data Privacy Office, if applicable.

Once enrolled, a subject may discontinue use of the relevant medication at any time. However, subjects will continue to be followed whether or not they remain on their treatment for endometriosis, provided that they do not withdraw their consent. During the follow-up phase, subjects will be asked whether they have discontinued their treatment or whether they have switched to another medication or received surgical treatment to manage their endometriosis. Information on the date and reason for discontinuation or switching during the follow-up phase will also be collected.

The study participants are women who

- are users of a newly prescribed regimen for endometriosis (starter, switcher or restarter)
- are willing to participate in this long-term follow-up study.

There are no specific medical inclusion or exclusion criteria. However, women

- who are not cooperative/available for follow-up may be excluded from study participation
- women with a language barrier will not be eligible for study inclusion.

The study flowchart (section 3.2) provides an overview of all study phases.

8 At the end of recruitment in June 2014 the number of OED patients was much lower than the anticipated share of 10% of the study population. The SMAC recommend therefore to re-start recruitment for 2,000 OAED patients.

3.2 Study Flow Chart

Recruitment: 6 European countries (Germany, Poland, Russia, Hungary, Switzerland, Ukraine)
Indication: Starter, restarter and switcher initiating a new treatment for endometriosis and willing to participate
Recruitment time: approx. 58 months (end of 2010 – June 2014; spring 2015 – June 2016)

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Phase I: BASELINE SURVEY

Baseline Questionnaire: Physician/Patient

DNG
(DNG 2mg/day)

OAED
1) GnRH-a
2) Danazol

NAED
1) Combined contraceptives (CC)
2) Other progestins
3) Any other non-approved hormonal medication for endometriosis or those approved only in some participating countries

↓

Phase II: FOLLOW-UP

FU-Questionnaire: Patient

FU 1: 6 months
FU 2 up to FU 8: on annual basis

Sample: AT/ITT
Objectives: Primary and secondary outcomes

Validation of *self-reported* outcomes of interest:
1. Contact treating HCP, review relevant source documents
2. Classification: confirmed / not confirmed by ZEG physicians
3. Verification by blinded independent adjudication (anemia/depression)

↓

END OF OBSERVATION

1. End of FU (i.e. end of study)
2. Drop-out (e.g., withdrawal of informed consent)
3. Loss to Follow-up

3.3 Study variables

Table 1: Schedule of assessments and variables obtained during study phases.

	Phase I		Phase II
	Baseline		FU 1 up to FU 8
	Physician	Patient	Patient
Informed consent		Before any procedure	
Patient characteristics - Age of women - Height		x	
- Weight - BMI		x	x
Socio-economic characteristics - Education - Smoking		x	
Endometriosis treatment - Diagnosis classification	x		
- Prescribed medication - Number of surgical procedures (related to endometriosis)	x		x
- Reasons for switching / stopping treatment			x
Endometriosis characteristics - Endometriosis pattern (symptoms, first diagnosis, treatment history, pain)		x	
- Surgical procedures related to endometriosis		x	x
Gynecological History - Age at first menarche - Pregnancies/deliveries		x	
Medical history - Diseases / conditions - Surgical procedures (other than endometriosis-related)		x	
Family history (Endometriosis, Depression, VTE)		x	
Medication		x	x
Anemia		x	x
Depression		x	x
Mood		x	x
Serious Adverse events			x

4. Power and Sample Size

The 2 to 7-year follow-up of more than 25,000 women should result in approximately 89,000 documented women-years. This estimate is based on the assumptions that (1) ZEG's physicians' network could recruit 25,000 women within three years, and (2) the annual drop-out rate is 10% (based on the EURAS-OC [4] and LASS studies). Details are provided in Table 1 and are based on the assumption that the follow-up period is a maximum of 6 years[9].

Table 1: Expected observation time (max. 6 years follow-up): Patient recruitment within 3 years (annual recruitment rate = 8,334 women)

	Sub-cohorts recruited during the					
Time (y)*	**1st study year**		**2nd study year**		**3rd study year**	
	No. of women	Time of observation	No. of women	Time of observation	No. of women	Time of observation
1	7,910	4,035				
2	7,119	7,515	7,910	4,035		
3	6,407	6,763	7,119	7,515	7,910	4,035
4	5,766	6,087	6,407	6,763	7,119	7,515
5	5,190	5,478	5,766	6,087	6,407	6,763
6	4,671	4,930	5,190	5,478	5,766	6,087
WY (total)		34,808		29,878		24,400
WY (grand total)	89,086					

* Time after start of recruitment

** The number of recruited women equals 8,334. However, the number of women at the end of the first year is lower because some women will drop out during the first year (daily drop-out rate is ~ 0.029%).

The study was designed to analyze rare events (according to the CIOMS classification 1 – 10 and less than 1 event(s) per 10,000 women-years, respectively). The adverse events of particular interest for the sample size calculations are anemia, clinically relevant depression and treatment failure.

The background prevalence of anemia in premenopausal European women is approximately 10-15% [5]. Based on this high prevalence and the fluctuating character of the disease the investigators anticipate an incidence of new or recurrent anemia in an active surveillance study of 0.01-0.02. The sample size calculation is based on a conservative estimate of 0.01 (or 1 event per 100 WY).

A conservative estimate of the prevalence rate for depression in women with endometriosis is 20%. This figure is based on a systematic literature review of the available evidence and an analysis of EURAS/INAS results. For newly diagnosed or worsening depression the expected incidence rate is at least 0.01. Based on this incidence, the sample size outlined below was calculated; in case the study

9 According Study Protocol, Amendment of September 30, 2017

shows other incidence rates at a later point in time, a re-calculation may be necessary and will be discussed with the Safety Monitoring and Advisory Council if required.

Based on the natural history of endometriosis treatment, we anticipate that the majority of women will stop or change treatment regimen during the course of this study. We expect an incidence rate of women ceasing or changing treatment ('treatment failure') for other endometriosis medications due to lack of efficacy, loss of efficacy or an adverse drug reaction of at least 0.3. For the DNG cohort, a proportion of 0.25 of the total study population seems to be realistic.

Overall, 3 hypotheses will be tested (cf. section 11). The problem of multiple comparisons is addressed by using Bonferroni-Holm correction to maintain the overall error rate by testing each individual hypothesis at a statistical significance level of 1/3 times what it would be if only one hypothesis were tested (i.e., the individual tests will be based on an α level of 0.0167 instead of 0.05).

Power calculations based on the incidences given above showed that approximately 84,000 women-years would be needed to show non-inferiority of DNG versus other endometriosis medications for anemia. The calculations for anemia are based on the assumptions given in Table 2. In essence, the study is powered to exclude a two-fold risk of anemia for the DNG with at least 10% of the total exposure – if the true risk of anemia is not different for the relevant sub-cohorts.

Table 2: Power calculation [6] for anemia based on the assumption that the true incidence of DNG cohort is not different from other endometriosis medications (reference cohort)

Test significance level, α (one-sided)	0.0083 (= 0.0167 two-sided)
Anemia Incidence for reference cohort	0.01
Non-inferiority margin	0.01 (equal to the anemia incidence for the reference cohort)
Expected anemia incidence for DNG cohort	0.01
Power (%)	90
Proportion of DNG users (% of study population)	10
Proportion of reference users (% of study population)	5
Required women-years in DNG cohort	8,400
Required women-years in reference cohort	4,200
Total women years	84,000

Furthermore, 84,000 WY would be sufficient to also exclude a two-fold risk of clinically relevant depression (cf. Table 3), assuming that DNG accounts for at least 10% of the total exposure.

For 'treatment failure' approximately 29,500WY will be required to show that DNG is superior to other endometriosis medications (cf. Table 4), assuming that the proportion of DNG, danazol, and GnRH agonists users each account for 10% of the total exposure.

Table 3: Power calculation [6] for depression based on the assumption that the true incidence in the DNG cohort is not different from the reference cohort

Test significance level, α (one-sided)	0.0083 (= 0.0167 two-sided)
Depression Incidence for reference cohort	0.01
Non-inferiority margin	0.01 (equal to the depression incidence for the reference cohort)
Expected depression incidence for DNG cohort	0.01
Power (%)	90
Proportion of DNG users (% of study population)	10
Proportion of reference users (% of study population)	5
Required women-years in DNG cohort	8,400
Required women-years in reference cohort	4,200
Total women years	84,000

Table 4: Power calculation [6] for 'treatment failure' based on the assumption that the true incidence in the DNG cohort is ~ 2,500/10,000 compared to ~ 3,000/10,000 in the other endometriosis medications cohort.

Test significance level, α (one-sided)	0.0167
Incidence of treatment failure for other endometriosis medications cohort	0.30
Clinically relevant difference	0.05
Expected incidence of treatment failure for DNG cohort	0.25
Power (%)	90
Proportion of DNG users (% of study population)	10
Proportion of reference users (% of study population)	5
Required women-years in DNG cohort	2,950
Required women-years in other endometriosis medications cohort	1,475
Total women years	29,500

These power calculations suggest that this study is sufficiently powered to show non-inferiority of DNG compared to established endometriosis treatments with regard to anemia and clinically relevant depression, as well as superiority with regards to 'treatment failure'.

5. Statistical Methodology

Three primary outcomes of interest, anemia, depression and treatment failure, will be analyzed using inferential statistics. Statistical evaluation will be performed with the most current release version of the software package SAS® [7]

5.1 Analysis sets

There are no specific inclusion or exclusion criteria. However, women with a language barrier, a non-hormonal or not newly prescribed baseline medication or women who are pregnant at study enrollment will be excluded from the analysis. The final analyses will include both an "as treated" (AT) and an "intention-to-treat " (ITT) analysis. All women who are not excluded from the analysis will be assigned to the ITT and AT population at baseline. Only women with follow up information will be considered for longitudinal analysis (e.g. distribution of outcomes over time, incidence rates, regression). Women who never started their prescribed baseline medication will be considered in the ITT analysis, but excluded from the AT analysis. The safety conclusions of the study will be based on the AT analysis.

This study follows three cohorts: users of Visanne (DNG), users of other medication approved for the treatment of endometriosis (OAED) and users of non-approved hormonal medications prescribed for endometriosis treatment or those approved only in some participating countries (NAED).

Distribution of women, population characteristics (baseline and follow up) as well as clinical outcomes will be presented for the following cohorts and sub-categories.

Cohort	**Sub-category for presentation**
DNG	Complete cohort
OAED	GnRH-a, Danazol, complete cohort
NAED	Combined hormonal contraceptives, other progestins, complete cohort

The cohorts consist of new users (starter and restarter) or switcher of a hormonal endometriosis treatment. For the primary analysis, outcomes of interest or adverse events will be assigned to the treatment at the time the outcome or the event occurred. Women with multiple exposure or unspecific treatment will be specified as "Allocation unknown". Women who stopped their treatment will be assigned to an "Ex-use" cohort.

5.2 Hypothesis

Based on available data and pharmacological/pharmacokinetic considerations the a priori assumption is that use of DNG is not associated with an increased risk of anemia compared to approved hormonal medications used in the treatment of endometriosis ("endometriosis medications"). It is probable that statistical comparisons of DNG vs. other endometriosis medications will not show a difference. Therefore, a non-inferiority design to investigate the anemia risk of DNG had been chosen. The analysis will be based on the comparison of the upper confidence limit for the point estimate of the anemia hazard ratio with the predefined non-inferiority margin (cf. section 4).

H_0 and H_A denote the null and alternative hypotheses, respectively. HR_{Anemia} is defined as the hazard ratio for anemia for DNG vs. OAED.

$$H_0: HR_{Anemia} \geq 2$$

$$H_A: HR_{Anemia} < 2$$

For clinically relevant depression (first episode or worsening), the a priori assumption is that no approved treatment for endometriosis is associated with a higher risk of depression compared with untreated endometriosis. A non-inferiority design has been chosen, with primary analysis based on the comparison of the upper confidence limit for the point estimate of the depression hazard ratio with the predefined non-inferiority limit (cf. section 4). $HR_{Depression}$ is defined as the hazard ratio for depression (newly diagnosed or worsening) for DNG vs. OAED

$$H_0: HR_{Depression} \geq 2$$

$$H_A: HR_{Depression} < 2$$

There are both pharmacological and clinical indications that suggest that DNG may be superior to other endometriosis medications as a long-term treatment for endometriosis. That is, a statistical comparison of DNG vs. other endometriosis medications may show a difference in 'treatment failure', with DNG users continuing on treatment for longer periods of time. 'Treatment failure' is defined as cessation of treatment caused by lack of efficacy, loss of efficacy or an adverse drug reaction and does not include women who stop treatment after pre-defined treatment periods (e.g. after six months for GnRH agonists). In addition, combined treatment with GnRH, an estrogen and/or a progestogen (add-back therapy) will be considered as a single treatment regimen. In cases where add-back therapy is used the predefined end-point is the cessation of the add-back therapy. A superiority design to investigate 'treatment failure' for DNG has been chosen. The analysis will be based on a 5%-point difference (difference of 0.05) of DNG vs. other endometriosis medications. $OR_{TreatmentFailure}$ is defined as the odds ratio for 'treatment failure' for DNG vs. OAED.

$$H_0: OR_{TreatmentFailure} \geq 1$$
$$H_A: OR_{Treatmentfailure} < 1$$

5.3 Analysis of population characteristics

5.3.1 Descriptive statistics

All background data such as patient characteristics, socio-economic characteristics, endometriosis pattern and gynecological history, family and medical history, concomitant medication as well as mood will be described by presenting frequency distributions and/or basic summary statistics (number of patients with an observation [n], mean, standard deviation [SD], median, 25th [Q1] and 75th [Q3] percentiles, minimum [Min] and maximum [Max]). Unless otherwise specified, the mean and median for a continuous variable will be listed to 1 more decimal place than the original (raw) values and the SD will be listed to 2 more decimal places than the original values. The minimum and maximum will be listed to the same number of decimal places as the original values.

Categorical variables will be summarized using frequencies and percentages. Each table will list both absolute and relative numbers (%), providing the total amount of available data for each variable. Total number of women (100%) for the presented (sub-) population is given in the first line of each table. Additional categories may be derived from data and are denoted by <<CATEGORY>> in the table templates. Percentages will be listed to 2 decimal places. In cases where the percentage calculated is > 0% and < 0.01%, three decimal places will be listed with the absolute value.

In addition, age-standardized proportions are presented for selected baseline characteristics, history of co-morbidity, risk markers and co-medication. Therefore, the most represented cohort will used as the referenced standard population.

5.3.2 Stratifying factors

The numbers of patients enrolled and included in the analysis populations will be tabulated by defined stratifying variables for the AT and ITT population, if appropriate.

Baseline and follow-up population characteristics will be presented for the AT and ITT population and stratified by

(1) Country
(2) EMT user type: starter vs. switcher vs. restarter
(3) Diagnostic classification: Diagnosis confirmed by surgery vs. diagnosis based on clinical symptoms,

if not otherwise specified.

The analysis of the primary and secondary outcomes will be presented for the AT population, anemia and depression additionally for the ITT population. Primary and secondary outcomes are stratified by subgroups if appropriate:

(1) Country
(2) EMT user type: starter vs. switcher vs. restarter
(3) Diagnostic classification: Diagnosis confirmed by surgery vs. diagnosis based on clinical symptoms

Selected outcomes regarding the baseline risk (lifetime history of co-morbidity, risk markers, co-medication, socio-demographic and lifestyle data), will be additionally displayed by subgroups as follows:

(1) Age categories: < 20 vs. 20 to < 30 vs. 30 to < 40 vs. >= 40
(2) Age standardized

Additional subgroups will be added for selected outcomes if appropriate.

5.4 Analysis of primary and secondary outcome variables

The primary outcome (anemia, depression, treatment failure), secondary outcomes (risk factors, treatment pattern) as well as other safety outcomes (SAEs) and other outcomes of interest (surgeries) associated with the use of DNG, OAED and NAED will be assessed using different measurements as defined by Rothman et al. [8].

5.4.1 Incidence measures

The *incidence rate* (IR) measures the occurrence of new cases per unit of person-time.

$$IR = \frac{Number\ of\ new\ cases}{Total\ follow-up\ time}$$

The incidence rate takes into consideration the patient-specific follow-up time and it assumes a constant hazard rate. For each of n subjects the time $t_k (k = 1, \dots, K)$ to: (1) the end of the risk period, if recurrent events are allowed or (2) to the first occurrence of a certain event is observed. If the event was not experienced, the (censored) time to the end of the risk period is observed.

In the present study, women-years are conducted as a unit of person-time. Incidence rates are shown per 10^4 women-years (WY) unless otherwise specified.

The *incidence rate ratio* (IRR) is the proportion of two incidence rate estimates.

$$IRR = \frac{Incidence\ rate\ of\ treatment\ group}{Incidence\ rate\ of\ control\ group}$$

The incidence rate ratio gives a measure of how much more likely an event occurs in subjects under exposure (treatment group) than in subjects who were not exposed (control group).

The *incidence proportion* (IP) measures the occurrence of new cases in relation to the size of the population at risk within a given period of time (cumulative incidence).

$$IP = \frac{Number\ of\ new\ cases}{Size\ of\ population\ at\ risk}$$

Exact 95% confidence intervals for prevalence, incidence proportion, incidence rate, and incidence rate ratio will be calculated in accordance with Clopper and Pearson[9].

5.4.2 Regression models

Regression analysis will be performed if a sufficient number of confirmed events are available for estimation, i.e. n≥5 confirmed events in each of the comparison groups.

Potential confounders such as

- age, personal and family history of depression, history of anemia, history of bleeding disorders and severity of pain will be included as time-invariant cofactors.
- EMT user type at follow up, use of Antidepressants/SSRI and current or worsening depression (primary outcome) will be included as time-dependent cofactors.

For each primary outcome, a summary table with predefined potential prognostic factors and the corresponding relative risk estimators is provided.

The final decision on the confounding variables will be made by the Safety Monitoring and Advisory Council:

Primary outcome variable	**Predefined Prognostic Factors[10]**
Anemia	Age, history of anemia, history of bleeding disorders
Depression	Age, family and personal history of depression, use of Antidepressants/SSRI
Treatment Failure	Age, family and personal history of depression, severity of pain

5.4.2.1 Cox Proportional Hazard Model

Time-to-event (survival) analyses will be undertaken using Cox proportional hazard models (Cox model) to describe how the hazard increases for each unit increase of the regressor variables. Crude and adjusted hazard ratios (HR) comparing subpopulations under study will be calculated for all primary outcomes and 95% HR confidence limits (Wald) are provided. The crude model refers to a univariable model which includes exposure as the only explanatory factor. Potential predefined event-specific prognostic factors (section 5.4.2) are included in multiple models. In the Cox model, recurrent events are included.

10 See Appendix III for all potential prognostic factors for each primary and secondary outcome.

5.4.3 Definition of primary outcomes

Anemia

Confirmed cases of anemia (clinically relevant) is defined as:

1. Confirmed by a repeated reliable laboratory test (e.g. hemoglobin, packed cell volume), plus pertinent therapy (blood or iron transfusion, iron tablets) or
2. No reliable laboratory data available, but clinical diagnosis stated by a physician, followed by pertinent therapy (see above) and
3. No obvious explanation (such as gastrointestinal bleeding, trauma, major surgery) or no explanation other than endometriosis-related bleeding.

Depression

Confirmed cases of clinically relevant depression or worsening of existing depression is defined as:

1. Diagnosis is confirmed by a physician specialized in psychiatry using validated instruments (e.g. HAM-D, BECK depression inventory)[11]
2. Confirmed suicide or attempted suicide in a participant with a past history of depression
3. Clinical diagnosis confirmed by a physician specialized in psychiatry without the use of validated instruments (see above)[11]
4. Confirmed (attempted) suicide without a previous psychiatric diagnosis

Treatment Failure

Treatment failure is defined as:

1. Medication ineffective given as a reason for stopping or switching treatment
2. Side effects of medication given as a reason for stopping or switching treatment

5.4.4 Definition of secondary outcomes

Treatment pattern

Treatment pattern is defined as:

1. Treatment discontinuation not related to treatment failure (treatment duration over, trying to become pregnant, other reasons)
2. Cohort status/switch of women during follow-up, considering the first treatment switch after baseline

Selected Baseline characteristics

1. Age, BMI, education, co-morbidity, risk markers, co-medication

Risk in adolescence

1. Selected baseline characteristics in adolescence
2. Anemia (primary outcome) in adolescence
3. Depression (primary outcome) in adolescence

11 Bipolar disorders and schizoaffective disorders are excluded. This specification was added on request of the Safety Monitoring and Advisory Council.

Risk of long-term use

1. Selected baseline characteristics in long-term user
2. Anemia (primary outcome) in long-term user
3. Depression (primary outcome) in long-term user
4. SAEs in long-term user

5.4.5 Definition of other safety outcomes

SAEs

SAEs are defined as any adverse event that results in death, a life-threatening experience, inpatient hospitalization, persistent or significant disability/incapacity, or requires medical/surgical intervention to prevent one of the said outcomes. The following items were shown in detail:

1. VTE/ATE
2. Death
3. SAEs by organ system
4. Malignant neoplasms
5. Malformation of the newborn child

5.4.6 Definition of other outcomes of interest

Surgery because of endometriosis symptoms

Is defined as:

1. Diagnostic surgical intervention
2. Any therapeutic surgery related to endometriosis

5.5 Missing data

The investigators were instructed to obtain complete information on primary and secondary outcome variables and primary risk factors. In case of missing data, numbers will be presented in the respective table categories in the descriptive analysis. However, for certain variables (e.g. Mood Score), the last value is carried forward to replace missing items and calculate the related score (as defined in Appendix IV).

Women with multiple exposure or unspecific treatment will be specified as “Allocation unknown”.

6. Data Handling

Two different databases are used for data collection: the administrative database (ADB) for physician and study participant details and the study database (SDB) for all questionnaire data (baseline and all subsequent follow-ups as well as data gathered during validation of self-reported events).

For each interim analysis and for the final analysis the database is frozen at a predefined time point. The database will be ‘cleaned’ within 4 weeks of the database freeze. After the final freeze approximately 4 months after the last follow-up questionnaires have been sent to the study participants), no additional incoming data is entered in the database – this database will represent

the final data source for all analyses. Safety copies are made of each database so that all calculations can be repeated if necessary.

6.1 Data coding

Disease diagnoses are coded using the ICD10[12] (International Classification of Diseases). Additional codes are used for the coding of events that are of specific interest.

Concomitant medication is coded using WHO ATC-Codes[13]. Surgical procedures are coded using the modified operation and procedure coding list (OPS[14]) provided by DIMDI (German Institute for Medical Documentation and Information). All other relevant information will be coded by a ZEG specific, highly standardized coding system (ZEG Coding Dictionary). All outcomes of interest are additionally described in a case narrative, the "case summary".

6.2 Variable definitions

All time-related variables (age, first diagnosis, first symptoms) are calculated in relation to the study entry date.

6.2.1 Definition of derived variables

The definition of derived or calculated variables from observed items for display in the analysis tables will be described in Appendix IV.

6.2.2 Definition of subgroups

Variable label	Definition
Country	Germany vs. Poland vs. Hungary vs. Switzerland vs. Russia vs. Ukraine
Long-term user	15 months or more of continuous EMT intake
EMT user type	Starter vs. restarter vs. switcher
Diagnosis classification	Diagnosis of endometriosis confirmed via surgery / laparoscopy vs. diagnosis based on clinical symptoms
Age categories	< 20 vs. 20 to < 30 vs. 30 to < 40 vs. >= 40
Age-standardization	Referenced population: NAED cohort

12 ICD10-Codes Version 2009

13 ATC-Codes Version 2010

14 OPS-Codes Version 2009

7. Interim Analyses and Data Monitoring

7.1 Data Monitoring

This study will maintain scientific independence and will be governed by an independent Safety Monitoring and Advisory Council (SMAC). Bayer Schering Pharma AG Berlin will provide an unconditional grant. The Berlin Center for Epidemiology and Health Research (ZEG), Germany and its research team will be accountable to SMAC in all scientific matters.

The SMAC members will be international experts in relevant scientific fields (e.g., epidemiology, gynecology, psychiatry and internal medicine). The council is responsible for regular review and evaluation of safety data during study conduct as well as for review and approval of the study protocol, statistical analysis plan, interim results, and final study report.

7.2 Interim Analysis

Biannual interim reports will be provided to the funder following the release of the interim analyses results by the independent Safety Monitoring and Advisory Council.

8. Structure of the Analysis Tables

The analysis will be divided in to four sections: Section A – Population Distribution, Section B – Population Characteristics, Section C – Clinical Outcome, and Section D - Comparisons and Inferential statistics.

Baseline characteristics and follow up-characteristics will be displayed for the AT and ITT population. Clinical outcome will be displayed for the AT population, if not otherwise specified.

<u>Section A – Population Distribution</u>

Section A overviews the validity and distribution of women. The analysis is stratified by country, EMT user type, and diagnosis classification whenever reasonable.

Section A-1 Eligibility status (enrollment, exclusions)
Study status of women at follow-up, AT and ITT population

Section A-2 Distribution of women, ITT population
Regional distribution
EMT user type at study entry (starter/switcher/restarter)
Diagnosis classification (endometriosis diagnosis based on surgical procedures or clinical symptoms)

<u>Section B – Population Characteristics</u>

Section B summarizes population characteristics of the participating women derived from baseline and follow-up data. The analysis is stratified by country, EMT user type and diagnosis classification.

Section B-1 Age, height, weight and BMI

Section B-2 Socio-economic characteristics and lifestyle factors
Smoking, education level

Section B-3 Gynecological history
Age at menarche, pregnancies, live births, miscarriages, abortions and/or stillbirths

Section B-4 Endometriosis characteristics
History of EMT use, time since first diagnosis/ first symptoms, surgical procedures, endometriosis symptoms

Section B-5 Medical History.
Family history of Anemia, Depression,
History of VTE/ATE
Self-reported history of selected cardiovascular risk factors, treated depression and diseases, presence of mood symptoms

Section B-6 Medication
Regular use of medication, previous medication

Section B-7 Characteristics of Visanne long-term user, Baseline, and Follow-up
Regional distribution, diagnosis classification, age, BMI, endometriosis symptoms

Section B-8 Follow-up characteristics

Mood symptoms and change to baseline, frequencies and timespan of the first switch after baseline prescription.

Section B-9 Summary tables of selected baseline characteristics

Frequencies of selected baseline characteristics, additionally shown by age categories and age-standardized and for women with treatment failure and women who stopped/switched their treatment

<u>Section C – Clinical Outcome</u>

Section C provides incidence rates of primary (Section C1), secondary (Section C2) and safety outcomes (Section C3) and other outcomes of interest (Section C4).

Section C-1 Primary outcomes

The analysis of the primary outcomes (Section C1) is stratified by country, EMT user type and diagnosis classification.

<u>Anemia</u>
Incidence rate of Anemia

<u>Depression</u>
Incidence rate of Depression

<u>Treatment failure</u>
Incidence proportion of treatment failure

Section C-2 Secondary Outcomes

The analysis of the secondary outcomes (Section C2) is stratified by country, EMT user type and diagnosis classification.

Treatment discontinuation

Incidence proportion if treatment discontinuation reasons unrelated to treatment failure

Depression, Anemia and treatment discontinuation in adolescence

Incidence rates of anemia, depression and incidence proportion of treatment discontinuation in adolescence

Depression, Anemia and treatment discontinuation for long-term user

Incidence rates of anemia, depression and incidence proportion of treatment discontinuation in long-term user.

Section C-3 Other Safety Outcomes

The analysis of other safety outcomes (Section C3) is stratified by country, EMT user type and diagnosis classification.

TE (VTE+ATE)
Incidence rate of confirmed TE (VTE+ATE), TIAs

Fatal cases
Incidence rate of all death cases

Serious adverse events
Incidence rate of SAEs by organ system (complete cohort and long-term user)

Malignant neoplasms
Incidence rate of malignant neoplasms by organ system

Malformations of the newborn child
Incidence proportion of all reported deliveries and malformations

Section C-4 Other Outcomes of Interest

The analysis of other outcomes of interest (Section C4) is stratified by country, EMT user type and diagnosis classification.

Surgery / laparoscopy because of endometriosis
Incidence rate of all reported surgeries / laparoscopies

Self-reported anemia
Incidence rate of self-reported anemia

Self-reported depression
Incidence rate of self-reported depression

Section D – Comparisons and Inferential Statistics of Primary Outcomes

Section D consists of tables regarding comparisons between main EMT user groups and inferential statistics, i.e. incidence rate ratios (IRR) and multiple regression analysis of primary outcomes (section D1, D2, D3).

Section D-1 Anemia

- Incidence Rate Ratio of Anemia between EMT user cohorts (IRR)
- Risk of Anemia measured as HR (Cox model)
  Crude and adjusted HR

Section D-2 Depression

- Incidence Rate Ratio of Depression between EMT user cohorts (IRR)
- Risk of Depression measured as HR (Cox model)
  Crude and adjusted HR

Section D-3 Treatment Failure

- Incidence Rate Ratio of Treatment Failure between EMT user cohorts (IRR)
- Risk of Treatment Failure measured as HR (Cox model)
  Crude and adjusted HR

9. References

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10. Appendix

I Baseline questionnaire

LOGO
FIELD ORGANIZATION

INAS-VIPOS

International Active Surveillance Study of Medication Used for the Treatment of Endometriosis:
Visanne Post-approval Observational Study

– Baseline Questionnaire –

Country | Physician no. | Patient no. | ID

If you have any questions, please call our toll-free number: [telephone number].

To be filled in by the physician!

1. **What is the name of the medication for endometriosis that you prescribed to your patient today?** [1]

   _____

1a. **If you prescribed an oral contraceptive today, have you prescribed an extended regimen?** [2]

☐ No ☐ Yes

2. **Please tick the appropriate box to describe today's prescription:** [3]

☐ First-time hormonal prescription/no previous hormonal treatment
☐ Repeat of the same hormonal treatment after a medication break of at least 4 weeks
☐ Switching from another hormonal treatment without a relevant break (< 4 weeks)
☐ Switching from another hormonal treatment after a break of at least 4 weeks

3. **How would you classify your patient's endometriosis?** [4]

☐ Diagnosis based only on clinical symptoms
☐ Endometriosis confirmed via surgery / laparoscopy

4. **In the last 2 years, how many surgical procedures (diagnostic and/or therapeutical) has your patient received for the management of her endometriosis?**

Number of surgical procedures: [5]

To be filled in by the study participant!

Personal Data

5. **Please give your date of birth:** D D [6] M M [7] Y Y Y Y [8] (day / month / year)

6. **What is your height?** [9] **cm**

7. **What is your weight?** [10] **kg**

Gynecological History

8. **How old were you when you had your first menstrual bleeding?** [11] **years**

9. **Have you ever been pregnant?** [12]

☐ No → go to question 10 ☐ Yes

9a. **If *yes*, when did you last give birth?** D D [13] M M [14] Y Y Y Y [15] (day / month / year)

9b. **How many live births have you had?** [16]

9c. **How many abortions/miscarriages/still births have you had?** [17]

Endometriosis

10a. **When did you first experience endometriosis symptoms?** M M [18] Y Y Y Y [19] (month / year)

10b. **When were you first diagnosed with endometriosis by a physician?** M M [20] Y Y Y Y [21] (month / year)

1 B1

11. What symptoms do you have associated with your endometriosis? *(please tick all that apply)*

- ☐ Pelvic pain unrelated to period pain 22
- ☐ Experienced pain during or after sexual intercourse 23
- ☐ Difficulty conceiving/infertility 24
- ☐ Painful periods 25
- ☐ Heavy or irregular bleeding 26
- ☐ Pain when passing urine 27
- ☐ Pain during bowel movement 28
- ☐ Constipation or diarrhoea 29
- ☐ Tiredness / Weakness 30
- ☐ Other; which: 31 _____ 32

12. Have you had disabling pain associated with your endometriosis preventing you from working or attending social events on least two days in the last 4 weeks? 33

☐ No ☐ Yes

13. Please rate the pain associated with your endometriosis by marking the box that best describes your pain over the last 4 weeks, with 0 being no pain and 10 being unbearable pain. 34

no pain [0] [1] [2] [3] [4] [5] [6] [7] [8] [9] [10] unbearable pain

14. Have you had an operation to diagnose and/or treat your endometriosis? 35

☐ No → go on to question 15 ☐ Yes

If ***yes***, please list the operation (if known) and the date of the operation in the table below (i.e. excision of lesions, removal of ovarian cyst, hysterectomy, colonoscopy, keyhole surgery, diagnostic laparoscopy)
For additional space, use comment section on page 4.

Operation 36	Date
	M M month 37 Y Y Y Y year 38
	M M month Y Y Y Y year
	M M month Y Y Y Y year
	M M month Y Y Y Y year

15. Before today's prescription, have you been prescribed any other medication for the treatment of endometriosis? 39

☐ No → go on to question 16 ☐ Yes

If ***yes***, please list ***all the prescribed medications*** you have used in the ***last 2 years***. (i.e. prescribed pain killers, oral contraceptive, IUD, progestine, GnRH). Also give the duration of use (start and stop date). For additional space, use comment section on page 4.

Name (type) of medication 40	from	to
	M M month 41 Y Y Y Y year 42	M M month 43 Y Y Y Y year 44 ☐ ongoing 45
	M M month Y Y Y Y year	M M month Y Y Y Y year ☐ ongoing
	M M month Y Y Y Y year	M M month Y Y Y Y year ☐ ongoing
	M M month Y Y Y Y year	M M month Y Y Y Y year ☐ ongoing

Medication

16. Are you taking any other medication on a regular basis? (EXCLUDING today's prescription) 46

☐ No ☐ Yes, which one(s)? (please use Trade Name if known)

_____

_____ 47

17. Beyond today's prescribed medication, what are you currently doing to alleviate your endometriosis symptoms?

- ☐ Non-prescription pain killers 48
- ☐ Natural/herbal products 49
- ☐ Acupuncture 50
- ☐ Dietary modification 51
- ☐ Massage/manual therapy 52
- ☐ Home remedies (eg. hot water bottle) 53
- ☐ Nothing else 54
- ☐ Other; please specify 55 _____ 56

Medical History

18. Have you ever been told by a physician that you had or have any of the following diseases or conditions? Please also indicate whether this disease or condition was treated by a physician.

Deep venous thrombosis 57 (blood clot in the deep veins e.g. legs/arms)	☐ No	☐ Yes, in M M month 58 Y Y Y Y year 59 I was treated by a physician 60 ☐ Yes ☐ No I was treated with blood-thinning drugs 61 ☐ Yes ☐ No
Pulmonary embolism 62 (blood clot in the lung)	☐ No	☐ Yes, in M M month 63 Y Y Y Y year 64 I was treated by a physician 65 ☐ Yes ☐ No I was treated with blood-thinning drugs 66 ☐ Yes ☐ No
Myocardial infarction 67 (heart attack)	☐ No	☐ Yes, in M M month 68 Y Y Y Y year 69 I was treated by a physician 70 ☐ Yes ☐ No If yes, was an ECG performed? 71 ☐ Yes ☐ No Was the infarction confirmed by an ECG? 72 ☐ Yes ☐ No
Stroke 73	☐ No	☐ Yes, in M M month 74 Y Y Y Y year 75 I was treated by a physician 76 ☐ Yes ☐ No
Anemia 77	☐ No	☐ Yes, diagnosed in M M month 78 Y Y Y Y year 79 I was treated by a physician 80 ☐ Yes ☐ No I received a blood or iron trans-/infusion 81 ☐ Yes ☐ No I took iron tablets 82 ☐ Yes ☐ No
Depression requiring treatment 83	☐ No	☐ Yes, diagnosed in M M month 84 Y Y Y Y year 85 I was treated by a general practitioner 86 ☐ Yes ☐ No I was treated by a psychiatrist 87 ☐ Yes ☐ No I was admitted to hospital 88 ☐ Yes ☐ No There was a suicide attempt 89 ☐ Yes ☐ No
Cancer 90 (e.g. Breast cancer)	☐ No	☐ Yes, diagnosed in M M month 91 Y Y Y Y year 92 What kind of cancer? _____ 93 I was treated by a physician 94 ☐ Yes ☐ No
Other serious diseases 95 (e.g. hypertension, diabetes, benign tumor)	☐ No	☐ Yes, which? 1. _____ 96 When? M M month 97 Y Y Y Y year 98 I was treated by a physician 99 ☐ Yes ☐ No 2. _____ When? M M month Y Y Y Y year I was treated by a physician ☐ Yes ☐ No If you have had more than 2 serious diseases, please use the space in the comment section on page 4.
Operations 100 (excluding those listed in Q14)	☐ No	☐ Yes, I had operation(s), which? 1. _____ 101 When? M M month 102 Y Y Y Y year 103 2. _____ When? M M month Y Y Y Y year If you have had more than 2 operations, please use the space in the comment section on page 4.

Relatives

19. Has your mother or sister(s) been diagnosed with endometriosis?

☐ None 104 ☐ Mother 105 ☐ Sister(s) 106

20. Have any of your parent(s) or sibling(s) been diagnosed with depression?

☐ None 107 ☐ Mother 108 ☐ Father 109 ☐ Sibling(s) 110

21. Have any of your parent(s) or sibling(s) ever had a deep venous thrombosis (blood clot) or pulmonary embolism (blood clot in the lung)?

☐ None 111 ☐ Mother 112 ☐ Father 113 ☐ Sibling(s) 114

Mood

22. We are interested in finding out about the impact of endometriosis and endometriosis treatment on your mood and whether this changes over the course of the study. Please answer these questions based on how you've felt over the last 4 weeks.

22a. Have you been feeling down, depressed or hopeless? 115

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

22b. Have you been feeling like you are a failure and have let down your friends and/or family? 116

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

22c. Have you felt happy or optimistic about the future? 117

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

Lifestyle

23. Do you regularly smoke cigarettes (at least one cigarette a day)? 118

☐ Yes — On average, how many cigarettes per day? ⌊ ⌋ 119 Cigarettes

☐ No, stopped smoking — On average, how many cigarettes a day did you smoke in the past? ⌊ ⌋ 119 Cigarettes

☐ No, never smoked regularly

Education

24. What is your most advanced school or college degree? 120

☐ No school-leaving certificate
☐ High school diploma
☐ Community college
☐ University / technical college

Please fill in today's date: ⌊D D⌋ day 121 ⌊M M⌋ month 122 ⌊2 0 Y Y⌋ year 123

Comment

Please tell us anything else you'd like us to know: 124

Thanks a lot for your help!

II Follow-up questionnaire

LOGO
FIELD ORGANIZATION

INAS-VIPOS

– Follow-up Questionnaire No. [N] –

Country | **Physician no.** | **Patient no.** | **ID**

If you have any questions, please call our free phone number: [telephone number]

Endometriosis Treatment

1. Have you used any hormonal treatment for your endometriosis since we last heard from you in [month/year]?,1

☐ Yes → *Please fill in all medications with dates and reasons for stopping / switching you have used since [month/year] in the table below*

Brand name of medication 2	From	To	Reasons for switching or stopping (Please tick appropriate box) 8
	MM 3 YYYY 4 (month, year)	MM 5 YYYY 6 (month, year) ☐ ongoing7	☐ Trying to become pregnant ☐ Treatment duration finished ☐ Medication ineffective ☐ Side-effects of medication Which: ______ 9 ☐ Other (e.g. symptom free) ______ 10
	MM YYYY (month, year)	MM YYYY (month, year) ☐ ongoing	☐ Trying to become pregnant ☐ Treatment duration finished ☐ Medication ineffective ☐ Side-effects of medication Which: ______ ☐ Other (e.g. symptom free) ______
	MM YYYY (month, year)	MM YYYY (month, year) ☐ ongoing	☐ Trying to become pregnant ☐ Treatment duration finished ☐ Medication ineffective ☐ Side-effects of medication Which: ______ ☐ Other (e.g. symptom free) ______
	MM YYYY (month, year)	MM YYYY (month, year) ☐ ongoing	☐ Trying to become pregnant ☐ Treatment duration finished ☐ Medication ineffective ☐ Side-effects of medication Which: ______ ☐ Other (e.g. symptom free) ______
☐ No, I have not used any hormonal treatment for endometriosis since [month/year] until today. → *Please provide the reason for not using the prescribed medication(s) by checking the appropriate box.*			☐ Trying to become pregnant ☐ Treatment duration finished ☐ Medication ineffective ☐ Side-effects of medication Which: ______ ☐ Other (e.g. symptom free) ______

2. Since we last heard from you in [month/year], have you had surgery/laparoscopy because of your endometriosis?11

☐ No → Go to question 3 ☐ Yes

If ***yes***, please specify the type and date of surgery (if known) in the table below (i.e. excision of lesions, removal of ovarian cyst, hysterectomy, colonoscopy, keyhole surgery, diagnostic laparoscopy) For additional space, use comment section.

Operation 12	Date
	MM 13 YYYY 14 (month, year)
	MM YYYY (month, year)

Medical History

3. We last heard from you in [month/year]. Since then, have you had any of the following diseases?

Anemia15	☐ No	☐ Yes, diagnosed in MM 16 YYYY 17 (month, year)		
		I was treated by a physician 66	☐ Yes	☐ No
		I was treated with iron tablets 18	☐ Yes	☐ No
		I was treated with an iron infusion 19	☐ Yes	☐ No
		I was treated with a blood transfusion 20	☐ Yes	☐ No
		Other treatment?. 21	☐ Yes	☐ No
		If yes, which? ______ 22		
Deep venous thrombosis OR Pulmonary embolism 23 (blood clot in the deep veins e.g. legs/arms or blood clots in the lung)	☐ No	☐ Yes, in MM 24 YYYY 25 (month, year)		
		I was treated by a physician 26	☐ Yes	☐ No
		I was treated with blood-thinning drugs 27	☐ Yes	☐ No
		If yes which drugs? ______ 28		

1 F4

Depression requiring treatment 29	☐ No	☐ Yes, diagnosed in M M month 30 Y Y Y Y year 31 I was treated by a general practitioner 32 ☐ Yes ☐ No I was treated by a psychiatrist 33 ☐ Yes ☐ No I was admitted to hospital 34 ☐ Yes ☐ No Attempted Suicide 35 ☐ Yes ☐ No
Other serious diseases / operations 36 (incl. gynecological diseases, hypertension, diabetes and cancer)	☐ No	☐ Yes, which? 1. _____ 37 When? M M month 38 Y Y Y Y year 39 I was treated by a physician 40 ☐ Yes ☐ No 2. _____ When? M M month Y Y Y Y year I was treated by a physician ☐ Yes ☐ No *If you have had more than 2 serious diseases/operations, please use the comment field.*

Medications

4. Are you taking any other medication on a regular basis? (NOT including the medication(s) listed in question 1.) 41

☐ No ☐ Yes, which one(s)? (please use brand name if known)

_____

_____ 42

Hospitalization

5a. With the exception of child delivery, have you been admitted to a hospital (for at least one night) since [month/year]? 43

☐ No → Go to question 6 ☐ Yes When was it? M M month 44 Y Y Y Y year 45

If yes, was the hospital stay planned? 46
☐ No ☐ Yes

5b. What was the reason for this hospital stay? (Please be as specific as possible)

_____ 47

5c. Was an operation performed? 48

☐ No ☐ Yes When was it? M M month 49 Y Y Y Y year 50

If yes, please specify the type of operation: _____ 51

Weight

6. What is your weight? ___ kg 52

Pregnancy

7a. Have you had a baby since [month/year]? 53

☐ No → Go to question 8a ☐ Yes When was the delivery? D D day 54 M M month 55 Y Y Y Y year 56

7b. Have there been any serious health issues or problems with the newborn? 57

☐ No ☐ Yes

If yes, please specify the types of problems: _____ 58

Mood

We are interested in the impact of endometriosis and endometriosis treatment on your mood and whether this changes over the course of the study. Please answer these questions based on how you've felt over the last 4 weeks.

8a. Have you been feeling down, depressed or hopeless? 59

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

8b. Have you been feeling like you are a failure and have let down your friends and/or family? 60

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

8c. Have you felt happy or optimistic about the future? 61

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

Please fill in today's date: D D day 62 M M month 63 2 0 Y Y year 64

Comment

Please tell us anything else you'd like us to know: 65

Thank you for your help with this study!

III List of potential prognostic factors for primary outcomes

Primary Outcome	**Predefined Potential Prognostic Factors**
Anemia	EMT user type at follow-up, age, history of anemia, history of bleeding disorders
Depression	EMT user type at follow-up, age, family and personal history of depression, use of Antidepressants/SSRI, severity of pain
Treatment Failure	EMT user type at follow-up, age, family and personal history of depression, current/worsening depression, severity of pain

IV List of derived variables

Variable Label	Definition
BMI	Weight (kg) / (Height(cm) / 100)^2
BMI categories	< 20, 20 to <25, 25 to < 30, 30 to < 35, >=35
Age categories	< 20 years, 20 to < 30 years, 30 to < 40 years, >= 40 years
Feeling like a failure	Never = 4, Rarely = 3, Sometimes = 2, Often = 1, Always = 0
Felling down, depressed or hopeless	Never = 4, Rarely = 3, Sometimes = 2, Often = 1, Always = 0
Feeling happy or optimistic about the future	Never = 0, Rarely = 1, Sometimes = 2, Often = 3, Always = 4
Mood Score	The response to the three mood-related questions (“Feeling like a failure”, “Felling down, depressed or hopeless” and “Feeling happy or optimistic about the future”) is scored from 0 to 4, with 4 representing the most positive mental state. The scores of the responses to the three mood questions are then summarized into a single comprehensive Mood Score and transformed to a 0 to 100-point scale. A higher score indicates a better mood. Missing scores for a single mood question are replaced by last observation carried forward (LOCF).
Time since first endometriosis symptoms	< 6 months, 6 months to < 1 year, 1 to < 2 years, 2 to < 5 years, 5 to < 10 years, >= 10 years
Time since first diagnosis of endometriosis	< 6 months, 6 months to < 1 year, 1 to < 2 years, 2 to < 5 years, 5 to < 10 years, >= 10 years
Time span between first endometriosis symptoms and diagnosis	< 6 months, 6 months to < 1 year, 1 to < 2 years, 2 to < 5 years, 5 to < 10 years, >= 10 years
Pain severity score	0 to 3 (mild), 4 to 7 (moderate), 8 to 10 (severe)

Mock Tables

Volume of Tables:

Section A Population Distribution

Section A-1 Eligibility status

Section A-1.1 Eligibility Status (all recruited women)

Table A-1.1.1 Eligibility Status (all recruited women)

	Total
Number (%) of recruited women	xx (100%)
Thereof	
Enrolled women	xx (xx.x%)
Not enrolled women	xx (xx.x%)
Number (%) of women not enrolled	xx (100%)
Reason	
Duplicate	xx (xx.x%)
No complete informed consent available	xx (xx.x%)
Language problems	xx (xx.x%)
<<CATEGORY >>	xx (xx.x%)

Date of analysis:

Section A-1.2 Study status of women at follow-up

Table A-1.2.1 Study status of women at follow-up, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
At study entry	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Thereof									
Drop out	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Loss to follow-up	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
At < 6 months	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Thereof									
Drop out									
Loss to follow-up									
…									
At 72 months or later	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
…									

Note: *Presented at the end of follow-up only.
Date of analysis:

Table A-1.2.2 Study status of women at follow-up, AT population, Complete cohort

Section A-2 Distribution of women

Section A-2.1 Regional distribution

Table A-2.1.1 Study status of women at follow-up, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (100%)
Germany	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (100%)
Poland	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (100%)
Russia	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (100%)
Hungary	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (100%)
Switzerland	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (100%)
Ukraine	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (100%)

Date of analysis:

Section A-2.2 EMT user type at study entry

Table A-2.2.1 EMT user type at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Starters	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Switchers	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Restarters	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Date of analysis:

Table A-2.2.2 EMT user type at study entry, ITT population, Germany

Table A-2.2.3 EMT user type at study entry, ITT population, Poland

Table A-2.2.4 EMT user type at study entry, ITT population, Hungary

Table A-2.2.5 EMT user type at study entry, ITT population, Switzerland

Table A-2.2.6 EMT user type at study entry, ITT population, Russia

Table A-2.2.7 EMT user type at study entry, ITT population, Ukraine

Section A-2.3 Classification of endometriosis diagnosis at study entry

Table A-2.3.1 Classification of endometriosis diagnosis at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Surgically confirmed diagnosis	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Clinically confirmed diagnosis	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Date of analysis:

Table A-2.3.2 Classification of endometriosis diagnosis at study entry, ITT population, Starter

Table A-2.3.3 Classification of endometriosis diagnosis at study entry, ITT population, ITT, Switcher

Table A-2.3.4 Classification of endometriosis diagnosis at study entry, ITT population, Restarter

Table A-2.3.5 Classification of endometriosis diagnosis at study entry, ITT population, Germany

Table A-2.3.6 Classification of endometriosis diagnosis at study entry, ITT population, Poland

Table A-2.3.7 Classification of endometriosis diagnosis at study entry, ITT population, Hungary

Table A-2.3.8 Classification of endometriosis diagnosis at study entry, ITT population, Switzerland

Table A-2.3.9 Classification of endometriosis diagnosis at study entry, ITT population, Russia

Table A-2.3.10 Classification of endometriosis diagnosis at study entry, ITT population, Ukraine

Section B Population Characteristics

Section B-1 Age and body measurements

Section B-1.1 Age at study entry

Table B-1.1.1 Age (years) at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Age (years)									
n	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
Mean	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
SD	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
Min	xx	xx	xx	xx	xx	xx	xx	xx	xx
Q1	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Q3	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Max	xx	xx	xx	xx	xx	xx	xx	xx	xx
Adolescents <18 years	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Age category									
<20 years	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
20 to <30 years	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
30 to <40 years	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
≥40 years	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)

Date of analysis:

Section B-1.2 Height (cm) and Weight (kg) at study entry

Table B-1.2.1 Height (cm) and Weight (kg) at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Height (cm)									
n	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Mean	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
SD	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
Min	xx	xx	xx	xx	xx	xx	xx	xx	xx
Q1	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Q3	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Max	xx	xx	xx	xx	xx	xx	xx	xx	xx
Weight (kg)									
n	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Mean	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
SD	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
Min	xx	xx	xx	xx	xx	xx	xx	xx	xx
Q1	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Q3	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Max	xx	xx	xx	xx	xx	xx	xx	xx	xx

Date of analysis:

Section B-1.3 Body Mass Index (BMI) at study entry

Table B-1.3.1 Body Mass Index (BMI) at study entry, ITT population, Complete Cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
BMI (kg/m²)									
n	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Mean	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
SD	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
Min	xx	xx	xx	xx	xx	xx	xx	xx	xx
Q1	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Q3	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Max	xx	xx	xx	xx	xx	xx	xx	xx	xx
BMI category									
<20	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
20 to <25	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
25 to <30	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
30 to <35	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
≥35	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Date of analysis:

Section B-2 Socio-economic characteristics and lifestyle factors

Section B-2.1 Status of cigarette smoking at study entry

Table B-2.1.1 Status of cigarette smoking at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Status of smoking	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Never	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Current	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Thereof									
Heavy smoker (>15 cigarettes/day)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Ex-Smoker	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Date of analysis:

Section B-2.2 Educational level at study entry

Table B-2.2.1 Educational level at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Education level									
Less than university entrance level	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
University entrance level	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Higher than university entrance level	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Date of analysis:

Section B-3 Gynecological history

Section B-3.1 Age (years) at menarche at study entry

Table B-3.1.1 Age (years) at menarche at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Age at menarche (years)									
n	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
Mean	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
SD	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
Min	xx	xx	xx	xx	xx	xx	xx	xx	xx
Q1	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Q3	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Max	xx	xx	xx	xx	xx	xx	xx	xx	xx

Date of analysis:

Section B-3.2 Pregnancy status at study entry

Table B-3.2.1 Pregnancy status at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Ever been pregnant									
Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)

Date of analysis:

Section B-3.3 Number of live births, abortions, miscarriages and/or still births at study entry

Table B-3.3.1 Number of live births, abortions, miscarriages and/or still births at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women ever been pregnant	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Number of live births									
n	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
Mean	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
SD	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
Min	xx	xx	xx	xx	xx	xx	xx	xx	xx
Q1	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Q3	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Max	xx	xx	xx	xx	xx	xx	xx	xx	xx
Number of abortions/ miscariages/still births									
n	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Mean	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
SD	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
Min	xx	xx	xx	xx	xx	xx	xx	xx	xx
Q1	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Q3	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Max	xx	xx	xx	xx	xx	xx	xx	xx	xx

Date of analysis:

Section B-4 Endometriosis characteristics

Section B-4.1 Time since first endometriosis symptoms at study entry

Table B-4.1.1 Time since first endometriosis symptoms at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Time since first endometriosis symptoms									
< 6 months	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
6 months to <1 year	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
1 to <2 years	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
2 to <5 years	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
5 to <10 years	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
>=10 years	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Date of analysis:

Section B-4.2 Time since first diagnosis of endometriosis at study entry

Table B-4.2.1 Time since first diagnosis of endometriosis at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Time since first diagnosis of endometriosis									
< 6 months	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
6 months to <1 year	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
1 to <2 years	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
2 to <5 years	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
5 to <10 years	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
>=10 years	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Date of analysis:

Section B-4.3 Time span between occurrence of endometriosis symptoms and diagnosis

Table B-4.3.1 Time span between occurrence of endometriosis symptoms and diagnosis, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Time span between first endometriosis symptoms and diagnosis									
< 6 months	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
6 months to <1 year	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
1 to <2 years	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
2 to <5 years	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
5 to <10 years	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
>=10 years	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Date of analysis:

Section B-4.4 Surgical procedures for the management of endometriosis during the past two years

Table B-4.4.1 Surgical procedures for the management of endometriosis during the past two years, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Number of surgical procedures									
None	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
1	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
2	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
3-4	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
>= 5	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Date of analysis:

Section B-4.5 **Self-reported surgical procedures related to endometriosis at study entry,**

Table B-4.5.1 Self-reported surgical procedures related to endometriosis at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Diagnostic surgical intervention	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Therapeutic surgery (laparoscopic)*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Thereof									
Excisions of lesions / adhesions	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Removal of ovarian cysts	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Removal of ovary / fallopian tubes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Hysterectomy	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Other	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Therapeutic surgery (open abdominal)*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Thereof									
Excisions of lesions / adhesions	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Removal of ovarian cysts	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Removal of ovary / fallopian tubes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Hysterectomy	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Other	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Therapeutic surgery (other, incl. type unknown) *	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Thereof									
Excisions of lesions / adhesions	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Removal of ovarian cysts	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Removal of ovary / fallopian tubes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Hysterectomy	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Other	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Note: * Multiple answers possible.
Date of analysis:

Section B-4.6 Endometriosis associated symptoms at study entry

Table B-4.6.1 Endometriosis associated symptoms at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Endometriosis associated symptoms*									
Pelvic pain	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Pain during or after sexual intercourse	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Difficulty conceiving / infertility	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Painful periods	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Heavy or irregular bleeding	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Pain when passing urine	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Pain during bowel movement	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Constipation or diarrhea	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Tiredness / weakness	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Other	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Three selected pain symptoms*									
At least one	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
All three	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Note: * Multiple answers possible.

Note: ** Apply to pelvic pain, pain during or after sexual intercourse and painful periods

Date of analysis:

Section B-4.7 Disabling endometriosis associated pain preventing the woman from working or attending social events at study entry

Table B-4.7.1 Disabling endometriosis associated pain preventing the woman from working or attending social events at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Disabling endometriosis associated pain*									
Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Note:* On at least two days in the last four weeks before study entry
Date of analysis:

Section B-4.8 Severity of endometriosis associated pain at study entry

Table B-4.8.1 Severity of endometriosis associated pain at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Pain severity score*									
Mild (0-3)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Moderate (4-7)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Severe (8-10)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Note: * Pain severity score is defined from 0 (no pain) up to 10 (unbearable pain).
Date of analysis:

Section B-5 Medical history

Section B-5.1 Self-reported history of selected risk factors at study entry

Table B-5.1.1 Self-reported history of selected risk factors at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Endometriosis of relatives*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Depression of relatives*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Thrombosis or pulmonary embolism of relatives*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
BMI >= 25.0 to <30.0	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
BMI >=30.0 to <35.0	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
BMI >= 35.0	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Smoker	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Heavy smoker (>15 cigarettes / day)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Note: * First-degree relatives only.
Date of analysis:

Section B-5.2 Self-reported history of selected diseases at study entry

Table B-5.2.1 Self-reported history of selected diseases at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Depression*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Anemia*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Myocardial infarction*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Stroke*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Clotting lung (pulmonary embolism) *	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Deep venous thrombosis*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Cancer*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Other serious diseases*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Any none endometriosis related surgery	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Note: * Treated by HCP only
Date of analysis:

Section B-6 Medication and other procedures for endometriosis treatment

Section B-6.1 Medication prescribed for the treatment of endometriosis during the past two years before study entry

Table B-6.1.1 Medication prescribed for the treatment of endometriosis during the past two years before study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Endometriosis medication									
Thereof[*]									
Category 1	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Category 2	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Category 3	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
…									
Categories <1%	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Note: [*] Multiple answers possible
Date of analysis:

Section B-6.2 Medication and other procedures for endometriosis treatment at study entry

Table B-6.2.1 Medication and other procedures for endometriosis treatment at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Other measures taken for treatment of endometriosis *Thereof*[*]	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Non-prescription pain killers	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Natural/herbal products	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Acupuncture	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Dietary modification	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Massage/manual therapy	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Home remedies	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Other	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Nothing else	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Note: [*] Multiple answers possible
Date of analysis:

Section B-6.3 Regular use of other than endometriosis treatment medication at study entry

Table B-6.3.1 Regular use of other than endometriosis treatment medication at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Regular use of medication									
Any	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
*Thereof**									
Category 1	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Category 2	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Category 3	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
…									
Categories <1%	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Note: *ATC (version: 2010), 1st level. Women may appear in more than one category.
Date of analysis:

Section B-6.4 Psychotropic medication at study entry

Table B-6.4.1 Psychotropic medication at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Psychotropic medication									
Category 1	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Category 2	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Category 3	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
…									
Categories <1%	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Note: *ATC (version: 2010), 3rd level. Women may appear in more than one category.
Date of analysis:

Section B-7 Distribution and selected baseline characteristics of Visanne long-term user

Section B-7.1 Duration of Visanne use

Table B-7.1.1 Duration of Visanne use

	DNG long-term user*
Number (%) of women	xx (100%)
Duration of DNG use	
15 months to < 24 months	xx (xx.x%)
24 months to < 30 months	xx (xx.x%)
30 months to < 36 months	xx (xx.x%)
36 months to < 42 months	xx (xx.x%)
42 months to < 48 months	xx (xx.x%)
48 months to < 54 months	xx (xx.x%)
54 months to < 60 months	xx (xx.x%)
60 months to < 66 months	xx (xx.x%)
66 months to < 72 months	xx (xx.x%)
72 months to < 78 months	xx (xx.x%)
78 months to < 84 months	xx (xx.x%)
84 months and more	xx (xx.x%)

Note: * Long-term: defined as continuous use for >= 15 months. They may have started with other than DNG treatment.
Date of analysis:

Section B-7.2 Regional distribution

Table B-7.2.1 Regional distribution

	DNG long-term user*
Number (%) of women	xx (100 %)
Germany	xx (xx.x%)
Poland	xx (xx.x%)
Russia	xx (xx.x%)
Hungary	xx (xx.x%)
Switzerland	xx (xx.x%)
Ukraine	xx (xx.x%)

Note: * Long-term: defined as continuous use for >= 15 months. They may have started with other than DNG treatment

Date of Analysis:

Section B-7.3 Diagnosis classification at study entry

Table B-7.3.1 Diagnosis classification at study entry

	DNG long-term user*
Number (%) of women	xx (100%)
Surgically confirmed diagnosis	xx (xx.x%)
Clinically confirmed diagnosis	xx (xx.x%)

Note: * Long-term: defined as continuous use for >= 15 months. They may have started with other than DNG treatment
Date of analysis:

Section B-7.4 Age (years) at study entry

Table B-7.4.1 Age (years) at study entry

	DNG long-term user*
Number (%) of Visanne long-term user	xx (100%)
Age (years)	
n	xx (xx.x%)
Missing	0 (0.00%)
Mean	xx.x
SD	xx.xx
Min	xx
Q1	xx.x
Median	xx.x
Q3	xx.x
Max	xx
Adolescents <18 years	xx (xx.x%)
Age category	
<20 years	xx (xx.x%)
20 to <30 years	xx (xx.x%)
30 to <40 years	xx (xx.x%)
≥40 years	xx (xx.x%)
Missing	0 (0.00%)

Note: * Long-term user: defined as continuous use for >= 15 months. They may have started with other than DNG treatment
Date of analysis:

Section B-7.5 Body Mass Index (BMI) at study entry

Table B-7.5.1 Body Mass Index (BMI) at study entry

	DNG long-term user*
Number (%) of Visanne long-term user	xx (100%)
BMI (kg/m²)	
n	xx (xx.x%)
Missing	xx (xx.x%)
Mean	xx.x
SD	xx.xx
Min	xx
Q1	xx.x
Median	xx.x
Q3	xx.x
Max	xx
BMI category	
<20	xx (xx.x%)
20 to <25	xx (xx.x%)
25 to <30	xx (xx.x%)
30 to <35	xx (xx.x%)
≥35	xx (xx.x%)
Missing	xx (xx.x%)

Note: * Long-term user: defined as continuous use for >= 15 months. They may have started with other than DNG treatment
Date of analysis:

Section B-7.6 Endometriosis associated symptoms at study entry

Table B-7.6.1 Endometriosis associated symptoms at study entry

	DNG long-term user*
Number (%) of women	xx (100%)
Endometriosis associated symptoms **	
Pelvic pain	xx (xx.x%)
Pain during or after sexual intercourse	xx (xx.x%)
Difficulty conceiving / infertility	xx (xx.x%)
Painful periods	xx (xx.x%)
Heavy or irregular bleeding	xx (xx.x%)
Pain when passing urine	xx (xx.x%)
Pain during bowel movement	xx (xx.x%)
Constipation or diarrhea	xx (xx.x%)
Tiredness / weakness	xx (xx.x%)
Other	xx (xx.x%)
Missing	xx (xx.x%)
At least one pain symptom***	xx (xx.x%)
All three pain symptoms***	xx (xx.x%)

Note: * Long-term user: defined as continuous use for >= 15 months. They may have started with other than DNG treatment
Note: ** Multiple answers possible
Note: *** Apply to pelvic pain, pain during or after sexual intercourse and painful periods
Date of analysis:

Section B-7.7 Endometriosis associated pain severity score at study entry

Table B-7.7.1 Endometriosis associated pain severity score at study entry

	DNG long-term user*
Number (%) of women	xx (100%)
Pain severity score**	
Mild (0-3)	xx (xx.x%)
Moderate (4-7)	xx (xx.x%)
Severe (8-10)	xx (xx.x%)
Missing	xx (xx.x%)

Note: * Long-term user: defined as continuous use for >= 15 months. They may have started with other than DNG treatment
Note: ** Pain severity score is defined from 0 (no pain) up to 10 (unbearable pain)
Date of analysis:

Section B-8 Follow-up characteristics

Section B-8.1 Mood symptoms at study entry

Table B-8.1.1 Mood symptoms at study entry, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women*	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Feeling down, depressed or hopeless									
Never	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Rarely	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Sometimes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Often	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Always	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Feeling like being a failure and have let down friends and/or family									
…	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Feeling happy or optimistic about the future									
…	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Mood Score**									
Mean (± SD)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)

Note: * Allocation to user cohorts is defined according to current EMT use.

Note: ** Mood score is calculated as described in the SAP Appendix IV
Date of analysis:

Table B-8.1.2 Mood symptoms at study entry, AT population, Complete cohort
Table B-8.1.3 Mood symptoms at study entry, AT population, Starter
Table B-8.1.4 Mood symptoms at study entry, AT population, Switcher
Table B-8.1.5 Mood symptoms at study entry, AT population, Restarter
Table B-8.1.6 Mood symptoms at study entry, AT population, Diagnosis confirmed by surgery
Table B-8.1.7 Mood symptoms at study entry, AT population, Diagnosis based on clinical symptoms
Table B-8.1.8 Mood symptoms at study entry, AT population, Germany
Table B-8.1.9 Mood symptoms at study entry, AT population, Poland
Table B-8.1.10 Mood symptoms at study entry, AT population, Hungary
Table B-8.1.11 Mood symptoms at study entry, AT population, Switzerland
Table B-8.1.12 Mood symptoms at study entry, AT population, Russia
Table B-8.1.13 Mood symptoms at study entry, AT population, Ukraine

Section B-8.2 Mood symptoms at 6 months after study entry

Table B-8.2.1 Mood symptoms at 6 months after study entry, ITT population, Complete cohort

Table B-8.2.2 Mood symptoms at 6 months after study entry, AT population, Complete cohort

	DNG	OAED			NAED			Ex-use	Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED			
Number (%) of women*	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Feeling down, depressed or hopeless										
Never	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Rarely	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Sometimes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Often	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Always	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Feeling like being a failure and have let down friends and/or family										
…	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Feeling happy or optimistic about the future										
…	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Mood Score**										
Mean (± SD)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)

Note: * Allocation to user cohorts is defined according to current EMT use.

Note: ** Mood score is calculated as described in the SAP Appendix IV.

Date of analysis:

Section B-8.3 Mood symptoms at 12 months after study entry

Section B-8.4 Mood symptoms at 24 months after study entry

Section B-8.10 Change of Mood Score after study entry, constant user only

Table B-8.10.1 Change of Mood Score after study entry, constant user only*, AT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Change of Mood Score**									
N									
Mean (± SD)									
Change from Baseline to 6	xx	xx	xx	xx	xx	xx	xx	xx	xx
months follow up	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)
Change from Baseline to 12	xx	xx	xx	xx	xx	xx	xx	xx	xx
months follow up	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)
Change from Baseline to 24	xx	xx	xx	xx	xx	xx	xx	xx	xx
months follow up	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)
Change from Baseline to 36	xx	xx	xx	xx	xx	xx	xx	xx	xx
months follow up	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)
Change from Baseline to 48	xx	xx	xx	xx	xx	xx	xx	xx	xx
months follow up	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)
Change from Baseline to 60	xx	xx	xx	xx	xx	xx	xx	xx	xx
months follow up	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)
Change from Baseline to 72	xx	xx	xx	xx	xx	xx	xx	xx	xx
months follow up	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)
Change from Baseline to 84	xx	xx	xx	xx	xx	xx	xx	xx	xx
months follow up	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)

Note:* Only women who continuously used their baseline prescription are considered

Note: ** Mood score is calculated as described in the SAP Appendix IV.
Date of analysis:

Table B-8.10.2 Change of Mood Score after study entry, constant user only*, AT population, Starter
Table B-8.10.3 Change of Mood Score after study entry, constant user only *, AT population, Switcher
Table B-8.10.4 Change of Mood Score after study entry, constant user only *, AT population, Restarter
Table B-8.10.5 Change of Mood Score after study entry, constant user only *, AT population, Diagnosis confirmed by surgery
Table B-8.10.6 Change of Mood Score after study entry, constant user only *, AT population, Diagnosis based on clinical symptoms
Table B-8.10.7 Change of Mood Score after study entry, constant user only *, AT population, Germany
Table B-8.10.8 Change of Mood Score after study entry, constant user only *, AT population, Poland
Table B-8.10.9 Change of Mood Score after study entry, constant user only *, AT population, Hungary
Table B-8.10.10 Change of Mood Score after study entry, constant user only *, AT population, Switzerland
Table B-8.10.11 Change of Mood Score after study entry, constant user only *, AT population, Russia
Table B-8.10.12 Change of Mood Score after study entry, constant user only *, AT population, Ukraine

Section B-8.11 Change of Mood Score after study entry, switcher only

Table B-8.11.1 Change of Mood Score after study entry, switcher only *, AT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Change of Mood Score**									
N									
Mean (± SD)									
Change from Baseline to 6	xx	xx	xx	xx	xx	xx	xx	xx	xx
months follow up	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)
Change from Baseline to 12	xx	xx	xx	xx	xx	xx	xx	xx	xx
months follow up	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)
Change from Baseline to 24	xx	xx	xx	xx	xx	xx	xx	xx	xx
months follow up	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)
Change from Baseline to 36	xx	xx	xx	xx	xx	xx	xx	xx	xx
months follow up	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)
Change from Baseline to 48	xx	xx	xx	xx	xx	xx	xx	xx	xx
months follow up	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)
Change from Baseline to 60	xx	xx	xx	xx	xx	xx	xx	xx	xx
months follow up	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)
Change from Baseline to 72	xx	xx	xx	xx	xx	xx	xx	xx	xx
months follow up	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)
Change from Baseline to 84	xx	xx	xx	xx	xx	xx	xx	xx	xx
months follow up	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)	xx.x (± xx.xx)

Note:* Only women who switched or stopped baseline prescription are considered with their first treatment episode.

Note: ** Mood score is calculated as described in the SAP Appendix IV.

Date of analysis:

Section B-8.12 Cohort status/switch of women during follow-up

Table B-8.12.1 Cohort status/switch of women during follow-up, AT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CHC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Switched or stopped EMT*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Thereof									
Switch to DNG	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
of which									
Within 6 months	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Within 7 and 12 months	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
After 12 months	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Switch to GnRH-a	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
of which									
Within 6 months	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Within 7 and 12 months	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
After 12 months	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Switch to Danazol	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
of which									
…									
Switch to CHC	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
of which									
…									
Switch to Other progestins	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
of which									
…									

Switch to other EMT*'	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
of which									
…									

Note: *Only the first switch or stop of the EMT prescribed at study entry is considered.
Note: **Women switched to other NAED, unspecific treatment (Multi-use, allocation unknown) or stopped EMT use (Ex-use).
Date of analysis:

Table B-8.12.2 Cohort status/switch of women during follow-up, AT population, Starter

Table B-8.12.3 Cohort status/switch of women during follow-up, AT population, Switcher

Table B-8.12.4 Cohort status/switch of women during follow-up, AT population, Restarter

Table B-8.12.5 Cohort status/switch of women during follow-up, AT population, Diagnosis confirmed by surgery

Table B-8.12.6 Cohort status/switch of women during follow-up, AT population, Diagnosis based on clinical symptoms

Table B-8.12.7 Cohort status/switch of women during follow-up, AT population, Germany

Table B-8.12.8 Cohort status/switch of women during follow-up, AT population, Poland

Table B-8.12.9 Cohort status/switch of women during follow-up, AT population, Hungary

Table B-8.12.10 Cohort status/switch of women during follow-up, AT population, Switzerland

Table B-8.12.11 Cohort status/switch of women during follow-up, AT population, Russia

Table B-8.12.12 Cohort status/switch of women during follow-up, AT population, Ukraine

Section B-9 Summary tables of selected baseline characteristics

Section B-9.1 Selected baseline characteristics

Table B-9.1.1 Selected baseline characteristics, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Age (years)									
Mean	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
SD	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
BMI									
<20	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
20 to <25	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
25 to <30	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
30 to <35	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
≥35	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Education									
Lower than university entrance level	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
University entrance level	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Higher than university entrance level	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Diagnosis classification									
Surgically confirmed diagnosis	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Clinically confirmed diagnosis	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Parity	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Gravidity	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Pain severity score									
Mild (0-3)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Moderate (4-7)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Severe (8-10)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Pain symptoms									
Pelvic pain	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Pain during or after sexual intercourse	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Painful periods	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Personal history of Depression	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Personal history of Anemia	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Use of Antidepressants/SSRI	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Date of analysis:

Section B-9.2 Selected baseline characteristics by age categories

Section B-9.3 Selected baseline characteristics for women with treatment failure

Table B-9.3.1 Selected baseline characteristics for women with treatment failure, AT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Medication ineffective as a reason for stopping or switching treatment*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Age (years)									
Mean	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
SD	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
Diagnosis classification									
Surgically confirmed diagnosis	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Clinically confirmed diagnosis	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Pain severity score									
Mild (0-3)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Moderate (4-7)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Severe (8-10)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Side effects of medication as a reason for stopping or switching treatment	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Age (years)									
Mean	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
SD	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
Diagnosis classification									
Surgically confirmed diagnosis	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Clinically confirmed diagnosis	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Pain severity score									
Mild (0-3)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Moderate (4-7)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Severe (8-10)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Note: * Only the first stop or switch from baseline prescription is considered
Date of analysis:

Table B-9.3.2 Selected baseline characteristics for women with treatment failure, AT population, Starter

Table B-9.3.3 Selected baseline characteristics for women with treatment failure, AT population, Switcher

Table B-9.3.4 Selected baseline characteristics for women with treatment failure, AT population, Restarter

Section B-9.4 Selected baseline characteristics for women who switched

Table B-9.4.1 Selected baseline characteristics for women who switched, AT population

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CHC	Other progestin	All NAED		
Number (%) of women	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)	xx (100%)
Switched to DNG*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Age (years)									
Mean	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
SD	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
Diagnosis classification									
Surgically confirmed diagnosis	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Clinically confirmed diagnosis	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Pain severity score									
Mild (0-3)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Moderate (4-7)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Severe (8-10)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Switched to GnRH-a*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Age (years)									
Mean	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
SD	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
Diagnosis classification									
Surgically confirmed diagnosis	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Clinically confirmed diagnosis	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Pain severity score									
Mild (0-3)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Moderate (4-7)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Severe (8-10)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Switched to Danazol*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Age (years)									
Mean	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
SD	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
Diagnosis classification									
Surgically confirmed diagnosis	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Clinically confirmed diagnosis	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Pain severity score									
Mild (0-3)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Moderate (4-7)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Severe (8-10)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Switched to CHC*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
…									
Switched to Other progestins*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
…									
Switched to other EMT*	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
…									

Note: * Only the first stop or switch from baseline prescription is considered
Date of analysis:

Table B-9.4.2 Selected baseline characteristics for women who switched, Starter

Table B-9.4.3 Selected baseline characteristics for women who switched, Switcher

Table B-9.4.4 Selected baseline characteristics for women who switched, Restarter

Section C Clinical Outcome

Section C-1 Primary outcomes

Section C-1.1 Incidence rate of clinically relevant anemia

Table C-1.1.1 Incidence rate of clinically relevant anemia, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CHC	Other progestin	All NAED		
Number of women years	xx	xx	xx	xx	xx	xx	xx	xx	xx
Confirmed anemia	xx	xx	xx	xx	xx	xx	xx	xx	xx
IR* (95% CI)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Thereof									
Treated with iron tablets	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Treated with iron infusions/injections	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Treated with blood transfusions	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)

Note: * Incidence rate is shown per 10^4 women years.

Date of analysis:

Section C-1.2 Incidence rate of new depression or worsening of existing depression

Table C-1.2.1 Incidence rate of new depression or worsening of existing depression, ITT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number of women years	xx	xx	xx	xx	xx	xx	xx	xx	xx
Confirmed depression	xx	xx	xx	xx	xx	xx	xx	xx	xx
IR [*] ***(95% CI)***	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Thereof									
Treated by psychiatrist	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
	xx	xx	xx	xx	xx	xx	xx	xx	xx
Hospital admission	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
	xx	xx	xx	xx	xx	xx	xx	xx	xx
Suicide attempt	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
	xx	xx	xx	xx	xx	xx	xx	xx	xx
Committed suicide	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Personal history of	xx	xx	xx	xx	xx	xx	xx	xx	xx
depression	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Family history of	xx	xx	xx	xx	xx	xx	xx	xx	xx
depression	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)

Note: [*] Incidence rate is shown per 10^4 women years.

Date of analysis:

Section C-1.3 Incidence proportions of treatment discontinuation due to treatment failure

Table C-1.3.1 Incidence proportions of treatment discontinuation due to treatment failure, AT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CHC	Other progestin	All NAED		
Number of treatment starts	xx	xx	xx	xx	xx	xx	xx	xx	xx
Treatment failure	xx	xx	xx	xx	xx	xx	xx	xx	xx
IP* ***(95% CI)***	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
*Thereof***									
Medication ineffective	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Side effects	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
*Thereof****									
Depression /	xx	xx	xx	xx	xx	xx	xx	xx	xx
Depressive mood	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
<Category>>	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)

Note: * Incidence proportion is shown per 10^2 treatment starts, including incident exposure at study entry, switches between exposure groups and/or restarts within exposure groups.
Note: ** Multiple answers possible.
Note: ***Multiple answers possible. Only side effect categories with a proportion > 1% were displayed
Date of analysis:

Section C-2 Secondary outcomes

Section C-2.1 Incidence proportions of treatment discontinuation unrelated to treatment failure

Table C-2.1.1 Incidence proportions of treatment discontinuation unrelated to treatment failure, AT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CHC	Other progestin	All NAED		
Number of treatment starts	xx	xx	xx	xx	xx	xx	xx	xx	xx
Treatment discontinuation	xx	xx	xx	xx	xx	xx	xx	xx	xx
IP* (95% CI)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
*Thereof***									
Trying to become pregnant	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Treatment duration finished	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Other	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
*Thereof***									
Physician's advice	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
<<Category>>	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)

Note: *Incidence proportion is shown per 10^2 treatment starts, including incident exposure at study entry, switches between exposure groups and/or restarts within exposure groups.
Note: **Multiple answers possible.
Date of analysis

Section C-2.2 Incidence rate of clinically relevant anemia for adolescence

Table C-2.2.1 Incidence rate of clinically relevant anemia for adolescence*, AT population, Complete cohort

	DNG	OAED			NAED			Ex-use	Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CHC	Other progestin	All NAED			
Number of women years	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
Confirmed anemia	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
IR ** ***(95% CI)***	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Thereof										
Treated with iron tablets	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Treated with iron infusions/injections	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Treated with blood transfusions	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)

Note: * Adolescent at study entry.
Note: ** Incidence rate is shown per 10^4 women years.
Date of analysis:

Section C-2.3 Incidence rate of new depression or worsening of existing depression for adolescence

Table C-2.3.1 Incidence rate of new depression or worsening of existing depression for adolescence*, AT population, Complete cohort

	DNG	OAED			NAED			Ex-use	Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CHC	Other progestin	All NAED			
Number of women years	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
Confirmed depression	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
IR ** ***(95% CI)***	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Thereof										
Treated by psychiatrist	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Hospital admission	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Suicide attempt	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Committed suicide	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Personal history of depression	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Family history of depression	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)

Note: * Adolescent at study entry.

Note: ** Incidence rate is shown per 10^4 women years.

Date of analysis:

Section C-2.4 Incidence proportions of treatment discontinuation for adolescence

Table C-2.4.1 Incidence proportions of treatment discontinuation for adolescence*, AT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CHC	Other progestin	All NAED		
Number of treatment starts	xx	xx	xx	xx	xx	xx	xx	xx	xx
Treatment failure	xx	xx	xx	xx	xx	xx	xx	xx	xx
IP (95% CI)***	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
*Thereof****									
Medication ineffective	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Side effects	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)

Note: * Adolescent at study entry
Note: ** Incidence proportion is shown per 10^2 treatment starts, including incident exposure at study entry, switches between exposure groups and/or restarts within exposure groups.
Note: *** Multiple answers possible.
Date of analysis:

Section C-2.5 Incidence rate of clinically relevant anemia for long-term use, AT population, Complete cohort

Section C-2.6 Incidence rate of new depression or worsening of existing depression for long-term use

Section C-2.7 Incidence proportions of treatment discontinuation for long-term use

Section C-3 Other safety outcomes

Section C-3.1 Incidence rate of confirmed thromboembolic events

Table C-3.1.1 Incidence rate of confirmed thromboembolic events, AT population, Complete cohort

	DNG	OAED			NAED			Ex-use	Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CHC	Other progestin	All NAED			
Number of women years	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
ALL VTE & ATE	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
IR* (95% CI)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Thereof										
All VTE	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Thereof										
PE	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
ALL ATE (TIAs included)	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Thereof										
AMI	…									
Ischemic stroke	…									
TIA	…									
ALL ATE (TIAs excluded)	…									

Note: * Incidence rate is shown per 10^4 women years.
Date of analysis:

Section C-3.2 Incidence rate of fatal cases (all deaths)

Table C-3.2.1 Incidence rate of fatal cases (all deaths), AT population, Complete cohort

	DNG	OAED			NAED			Ex-use	Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CHC	Other progestin	All NAED			
Number of women years	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
All deaths	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
IR* (95% CI)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Reason										
<< Category >>	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)

Note: * Incidence rate is shown per 10^4 women years.
Date of analysis:

Section C-3.3 Incidence rate of serious adverse events by organ system

Table C-3.3.1 Incidence rate of serious adverse events by organ system, AT population, Complete cohort

	DNG	OAED			NAED			Ex-use	Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CHC	Other progestin	All NAED			
Number of women years	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
Serious adverse events*	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
IR (95% CI)**	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
*Thereof****										
Infectious diseases	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Neoplasms, malignant	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Neoplasms, benign	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Blood and blood-forming organs	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Endocrine diseases	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Mental and behavioral disorders	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Disease of the nervous system	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Eye	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Ear	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)

Cardiovascular system	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Respiratory system	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Digestive system	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Skin	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Musculoskeletal system and connective tissue	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Genitourinary system	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Pregnancy, delivery and puerperium*	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Malformations, deformations and chromosomal abnormalities	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Injury, poisoning, accidents etc.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)

Note: * SAEs, which occurred within 3 months after stop of EMT, were attributed to the last EMT used by the women. Therefore, pregnancy-related SAEs in XXX cohorts does not necessarily reflect unwanted pregnancies during EMT use.

Note: ** Incidence rate is shown per 104 women years.

Note: *** Women may appear in more than one category. ICD10 Codes Version 2009.

Date of analysis:

Section C-3.4 Incidence rate of serious adverse events by organ system for long-term use

Table C-3.4.1 Incidence rate of serious adverse events by organ system for long-term use, AT population, Complete cohort

	DNG	OAED			NAED			Ex-use	Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CHC	Other progestin	All NAED			
Number of women years*	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
Serious adverse events**	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
IR (95% CI)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
*Thereof****										
Infectious diseases	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Neoplasms, malignant	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Neoplasms, benign	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Diseases of the blood	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
and blood-forming organs	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Endocrine diseases	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Psychiatric and	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
neurological disorders	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Eye	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Ear	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Cardiovascular system	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Respiratory system	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)

Digestive system	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Skin	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Musculoskeletal system	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
and connective tissue	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Genitourinary system	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Pregnancy, delivery and	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
Puerperium	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Injury, poisoning,	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
accidents etc.	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)

Note: * Only women with 15 months or more of continuous EMT intake were considered. Incidence rates are calculated based on an observation time of 15 months or more

Note: ** Incidence rate is shown per 104 women years.

SAEs, which occurred within 3 months after stop of EMT, were attributed to the last EMT used by the women. Therefore, pregnancy-related SAEs in XXX cohorts does not necessarily reflect unwanted pregnancies during EMT use.

Note: *** Women may appear in more than one category. ICD10 Codes Version 2009.

Date of analysis:

Table C-3.4.2 Incidence rate of serious adverse events by organ system for long-term use, AT population, Starter

Table C-3.4.3 Incidence rate of serious adverse events by organ system for long-term use, AT population, Switcher

Table C-3.4.4 Incidence rate of serious adverse events by organ system for long-term use, AT population, Restarter

Table C-3.4.5 Incidence rate of serious adverse events by organ system for long-term use, AT population, Diagnosis confirmed by surgery

Table C-3.4.6 Incidence rate of serious adverse events by organ system for long-term use, AT population, Diagnosis based on clinical symptoms

Table C-3.4.7 Incidence rate of serious adverse events by organ system for long-term use, AT population, Germany

Table C-3.4.8 Incidence rate of serious adverse events by organ system for long-term use, AT population, Poland

Table C-3.4.9 Incidence rate of serious adverse events by organ system for long-term use, AT population, Hungary

Section C-3.5 Incidence rate of malignant neoplasms by organ system

Table C-3.5.1 Incidence rate of malignant neoplasms by organ system, AT population, Complete cohort

	DNG	OAED			NAED			Ex-use	Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CHC	Other progestin	All NAED			
Number of women years	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
Malignant neoplasms	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
IR** *(95% CI)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Breast	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Cervix uteri	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Corpus uteri and uterus unspecified	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Ovary	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Fallopian tube	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Vagina	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Vulva	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Unspecified genital	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Placenta	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Subtotal of gyn. cancer	**xx**	**xx**	**xx**	**xx**	**xx**	**xx**	**xx**	**xx**	**xx**	**xx**

	xx.x (xx.x–x.x)	**xx.x (xx.x–x.x)**	**xx.x (xx.x–x.x)**	**xx.x (xx.x–x.x)**	**xx.x (xx.x–x.x)**	**xx.x (xx.x–x.x)**	**xx.x (xx.x–x.x)**	**xx.x (xx.x–x.x)**	**xx.x (xx.x–x.x)**	**xx.x (xx.x–x.x)**
Lip, oral cavity and pharynx	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Digestive organs	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Respiratory and intrathoracic organs	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Bone and articular cartilage organs	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Skin	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Mesothelial and soft tissue	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Urinary tract	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Eye, brain and other parts of central nervous system	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Thyroid and other endocrine glands	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
III-defined, secondary and unspecified sites	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Lymphoid, hematopoietic and related tissue	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Subtotal of none gyn. cancer	**xx** **xx.x (xx.x–x.x)**	**xx** **xx.x (xx.x–x.x)**	**xx** **xx.x (xx.x–x.x)**	**xx** **xx.x (xx.x–x.x)**	**xx** **xx.x (xx.x–x.x)**	**xx** **xx.x (xx.x–x.x)**	**xx** **xx.x (xx.x–x.x)**	**xx** **xx.x (xx.x–x.x)**	**xx** **xx.x (xx.x–x.x)**	**xx** **xx.x (xx.x–x.x)**

Note: * Incidence rate is shown per 10^4 women years.

Date of analysis:

Section C-3.6 Incidence proportion of malformations

Table C-3.6.1 Incidence proportion of malformations, AT population, Complete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CHC	Other progestin	All NAED		
Number of deliveries	xx	xx	xx	xx	xx	xx	xx	xx	xx
Malformations	xx	xx	xx	xx	xx	xx	xx	xx	xx
IP** (95% CI)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Thereof last endometriosis treatment exposure									
At conception	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
One cycle before conception	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
More than one cycle before conception	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)

Note: * Cohort allocation is based on the intake of the last endometriosis treatment before delivery.
Note: **Incidence proportion is shown per 10^2 deliveries.
Date of analysis:

Section C-3.7 Other outcomes of interest

Section C-3.8 Incidence rate of surgery / laparoscopy because of endometriosis

Section C-3.1 Incidence rate of surgery / laparoscopy because of endometriosis, ITT population, Complete cohort

	DNG	OAED			NAED			Ex-use	Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CHC	Other progestin	All NAED			
Number of women years	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
Diagnostic surgical intervention	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
IR* (95% CI)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Therapeutic surgery (laparoscopic)	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Thereof										
Excisions of lesions / adhesions	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Removal of ovarian cysts	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Removal of ovary / fallopian tubes	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Hysterectomy	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Other	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Therapeutic surgery (open abdominal)	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Thereof										

Excisions of lesions / adhesions	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Removal of ovarian cysts	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Removal of ovary / fallopian tubes	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Hysterectomy	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Other	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Therapeutic surgery (other, incl type unknown)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Thereof										
Excisions of lesions / adhesions	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Removal of ovarian cysts	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Removal of ovary / fallopian tubes	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Hysterectomy	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)
Other	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)	xx xx.x (xx.x–x.x)

Note: * Incidence rate is shown per 10^4 women years.

Date of analysis:

Section C-3.9 Incidence rate of self-reported anemia

Table C-3.9.1 Incidence rate of self-reported anemia, AT population, Complete cohort

	DNG	OAED			NAED			Ex-use	Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED			
Number of women years	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
Self-reported anemia	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
IR* ***(95% CI)***	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Thereof										
Confirmed	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Not confirmed	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Thereof										
Recurrent anemia	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Potential anemia, no further clarification possible	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Anemia caused by other reason**	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Anemia not confirmed by diagnostic measures	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Anemia not treated by HCP	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
"No event" - before study, repetition	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)

Note: * Incidence rate is shown per 10^4 women years.

Note: ** Includes e.g. other primary disease, surgery

Date of analysis:

Section C-3.10 Incidence rate of self-reported depression

Table C-3.10.1 Incidence rate of self-reported depression, AT population, Compete cohort

	DNG	OAED			NAED			Allocation unknown	Total
		GnRH-a	Danazol	All OAED	CC	Other progestin	All NAED		
Number of women years	xx	xx	xx	xx	xx	xx	xx	xx	xx
Self-reported depression	xx	xx	xx	xx	xx	xx	xx	xx	xx
IR* (95% CI)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Thereof									
Confirmed	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Not confirmed	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Thereof									
Recurrent depression	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Potential depression, no further clarification possible	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Depression treated by GP	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Depressive disorders treated by psychologist	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Other psychiatric disorders**	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
Other psychic problems***	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)
"No event" - before study, repetition	xx	xx	xx	xx	xx	xx	xx	xx	xx
	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)	xx.x (xx.x–x.x)

Note: * Incidence rate is shown per 10^4 women years.
Note: ** Includes e.g. schizophrenia, bipolar, anxiety, eating disorders.
Note: *** Includes e.g. mood changes, psychosomatic disorders, no HCP visited.
Date of analysis:

Section D Comparisons and Inferential Statistics of Primary Outcomes

Section D-1 New anemia and reoccurrence of anemia

Table D-1.1.1 Incidence rate ratio of new anemia and reoccurrence of anemia between EMT user cohorts, AT population

Comparison Group	Cohort	No. of events	WY	Incidence rate*	Incidence Rate Ratio (95% CI)
1	**DNG**	xx	xxxxx	x.xxxx	x.xxxx
	OAED	xx	xxxxx	x.xxxx	(x.xxxx - x.xxxx)
2	DNG	xx	xxxxx	x.xxxx	x.xxxx
	NAED	xx	xxxxx	x.xxxx	(x.xxxx - x.xxxx)
3	DNG	xx	xxxxx	x.xxxx	x.xxxx
	Ex-use	xx	xxxxx	x.xxxx	(x.xxxx - x.xxxx)

Note: *Incidence rate per 10^4 women years
Date of analysis:

Table D-1.1.2 Risk of new anemia and reoccurrence of anemia obtained from Cox model (HR), AT population

Comparison Group	Cohort	No. of events	WYs	Incidence	Hazard Ratio (95% CI)	
					Crude HR	Adjusted HR
1	**DNG**	xx	xxxxx	x.xxxx	x.xxxx	x.xxxx
	OAED	xx	xxxxx	x.xxxx	(x.xxxx - x.xxxx)	(x.xxxx - x.xxxx)
2	DNG	xx	xxxxx	x.xxxx	x.xxxx	x.xxxx
	NAED	xx	xxxxx	x.xxxx	(x.xxxx - x.xxxx)	(x.xxxx - x.xxxx)
3	DNG	xx	xxxxx	x.xxxx	x.xxxx	x.xxxx
	Ex-use	xx	xxxxx	x.xxxx	(x.xxxx - x.xxxx)	(x.xxxx - x.xxxx)

Note: *Adjusted for age, history of bleeding and history of anemia.
Date of analysis: