Appendix 1. Characteristics of the Ovarian Cancer in Women of African Ancestry (OCWAA) Studies With Endometriosis and Uterine Leiomyoma Data

				Endometri	iosis		Uterine leiomyoma					
Study	Diagnosis years	Cases, n (%)		Contro	ls, n (%)	Exposure assessment	Cases	Cases, n (%)		ls, n (%)	Exposure assessment	
	years	Black participants	White participants	Black participants	White participants	assessment	Black participants	White participants	Black participants	White participants	assessment	
AACES	2010- 2015	59 (10.3%)	N/A	35 (4.7%)	N/A	Have you ever been diagnosed with endometriosis? How old were you when you were first diagnosed? What reasons did the doctor give to explain trouble getting pregnant?	272 (47.1%)	N/A	297 (39.5%)	N/A	Have you ever been told that you have fibroids in the uterus? How old were you when you were first diagnosed? What reasons did the doctor give to explain trouble getting pregnant?	
BWHS	1996- 2016	9 (9.8%)	N/A	45 (7.4%)	N/A	Has a doctor ever told you that you had any of the following conditions/since X date has a doctor ever told you that you had any of the following conditions [endometriosis]? (1995, 1997,1999, 2001, 2007, 2009, 2011, 2013 questionnaires) If you had surgery (which permanently stopped your menstrual periods) what was the reason? (1997)	63 (68.5%)	N/A	339 (55.9%)	N/A	Has a doctor every told you that you had any of the following conditions/since X date has a doctor ever told you that you had any of the following conditions [fibroids]? (1995, 1997 2001, 2003, 2005, 2007, 2009, 2011, 2013, 2015 questionnaires) If you had surgery (which permanently stopped your menstrual periods) what was the reason? (1997)	

The authors provided this information as a supplement to their article.

©2023 American College of Obstetricians and Gynecologists.

CCCCS	1994- 1998	2 (4.7%)	11 (4.7%)	5 (6.3%)	25 (5.9%)	Before two years ago did a doctor every tell you had any of the following conditions [endometriosis]? The reason(s) you ha What was the reason for previous ovarian operation? Which of these was the reason(s) you had a problem becoming pregnant? What reasons did the doctor give to explain trouble getting pregnant?		-			
LACOCS	1998- 2002	7 (5.6%)	88 (7.6%)	4 (2.8%)	82 (4.5%)	Before (month/year) did a doctor ever tell you that you had endometriosis?	53 (42.4%)	295 (25.7%)	53 (36.8%)	368 (20.5%)	Before (month/year) did a doctor ever tell you that you had fibroid tumor(s) of the uterus?
NCOCS	1999- 2003	4 (3.5%)	99 (12.2%)	3 (1.6%)	66 (7.7%)	Cases: Before you were diagnosed with ovarian cancer, had a doctor ever told you that you had endometriosis? Controls: Has a doctor ever told you that you had endometriosis? What reasons did the doctor give to explain why you	42 (36.5%)	187 (23.2%)	68 (36.0%)	153 (17.8%)	Cases: Before you were diagnosed with ovarian cancer, had a doctor ever told you that you had fibroids? Controls: Has a doctor ever told you that you had fibroids? What reasons did the doctor give to explain why you

The authors provided this information as a supplement to their article.

©2023 American College of Obstetricians and Gynecologists.

				had trouble					had trouble getting
				getting pregnant?					pregnant?
SCCS	2002- 2018	 	 		14 (26.4%)	6 (16.2%)	94 (27.5%)	38 (16.7%)	Has a doctor ever told you that you
	2018				(20.470)		(27.370)	(10.770)	have had any of
									the following
									conditions, or have
									you ever been
									treated for any of
									the following
									conditions?
									Fibroids in the
									uterus (womb)

Appendix 2. Odds Ratios* and 95% Confidence Intervals for the Association Between Endometriosis and Ovarian Cancer, Overall and by Race, and Percent of the Association Mediated by Oral Contraceptive Use

Subset	Mediator	Direct Effect [†] OR (95% CI)	DE p-value	Indirect Effect [‡] OR (95% CI)	IE p-value	Total Effect§ OR (95% CI)	TE p-value	Percentage Mediated		
		3145/4855 (Cases/Controls)								
All participants	OC Use	1.71 (1.42-2.06)	<0.001	0.98 (0.96-1.00)	0.015	1.68 (1.39-2.02)	<0.001	-3.92		
5 1 1		951/1772 (Cases/Controls)								
Black participants	OC Use	2.10 (1.48-2.98)	<0.001	1.00 (0.97-1.03)	0.91	2.10 (1.48-2.98)	<0.001	-0.27		
White participants		2194/3083 (Cases/Controls)								
	OC Use	1.55 (1.24-1.93)	<0.001	0.97 (0.95-0.99)	0.008	1.50 (1.20-1.87)	<0.001	-7.53		

Odd ratios were adjusted for site, age (to assist in convergence, age was split into quartiles: 20-48, 48-56, 56-65, 65+), education, parity, BMI, smoking status, tubal ligation, family history of breast or ovarian cancer, menopause, PMH duration, premenopausal hysterectomy, and age at menarche. Overall analysis additionally controls for race.

The authors provided this information as a supplement to their article.

[†]The direct effect OR measures the change in odds of being diagnosed with ovarian cancer that comes directly from a diagnosis of endometriosis.

[‡]The indirect effect OR measures the change in odds of being diagnosed with ovarian cancer that comes indirectly from a diagnosis of endometriosis through the use of oral contraceptives.

The total effect OR measures the change in odds of being diagnosed with ovarian cancer that comes overall from a diagnosis of endometriosis. This is similar to the general OR in a typical logistical model without mediation.

IIThe percentage mediated measures the proportion of the change in odds of being diagnosed with ovarian cancer that comes with a diagnosis of endometriosis that can be explained by the indirect effect of oral contraceptive use.

Appendix 3. Odds Ratios* and 95% Confidence Intervals for the Association Between Endometriosis and Ovarian Cancer, overall and by Race, and Percent of the Association Mediated by Hysterectomy and Postmenopausal Hormone Use

Subset	Mediator	Direct Effect [†]	DE	Indirect Effect [‡]	IE	Total Effect§	TE	Percentage				
		OR (95% CI)	p-value	OR (95% CI)	p-value	OR (95% CI)	p-value	Mediated				
		3126/4845 (Cases/Controls)										
	Hysterectomy	1.74 (1.44-2.10)	<0.001	1.03 (1.00-1.06)	0.08	1.79 (1.48-2.15)	<0.001	4.59				
All participants			3144/4845 (Cases/Controls)									
	Hormone Use	1.73(1.43-2.08)	<0.001	1.008 (1.00-1.02)	0.13	1.74 (1.44-2.10)	<0.001	1.44				
		941/1769 (Cases/Controls)										
Black	Hysterectomy	2.13 (1.50-3.02)	<0.001	1.01 (0.97-1.06)	0.55	2.16 (1.52-3.06)	<0.001	1.68				
participants		948/1770 (Cases/Controls)										
	Hormone Use	2.10 (1.48-2.98)	<0.001	1.00 (0.91-1.10)	0.95	2.10 (1.46-3.02)	0.40					
		2185/3076 (Cases/Controls)										
White	Hysterectomy	1.58 (1.26-1.97)	<0.001	1.04 (0.96-1.14)	0.360	1.64 (1.30-2.08)	<0.001	8.13				
participants		2196/3075 (Cases/Controls)										
	Hormone Use	1.57 (1.26-1.97)	<0.001	1.01 (0.99-1.03)	0.373	1.58 (1.27-1.98)	<0.001	1.95				

^{*}Odd ratios were adjusted for site, age (to assist in convergence, age was split into quartiles: 20-48, 48-56, 56-65, 65+), education, parity, OC duration, BMI, smoking status, tubal ligation, family history of breast or ovarian cancer, menopause, (PMH duration or premenopausal hysterectomy), and age at menarche. Overall analysis additionally controls for race.

The authors provided this information as a supplement to their article.

©2023 American College of Obstetricians and Gynecologists.

[†]The direct effect OR measures the change in odds of being diagnosed with ovarian cancer that comes directly from a diagnosis of endometriosis.

[†]The indirect effect OR measures the change in odds of being diagnosed with ovarian cancer that comes indirectly from a diagnosis of endometriosis through a hysterectomy or hormone use.

[§]The total effect OR measures the change in odds of being diagnosed with ovarian cancer that comes overall from a diagnosis of endometriosis. This is similar to the general OR in a typical logistical model without mediation.

IIThe percentage mediated measures the proportion of the change in odds of being diagnosed with ovarian cancer that comes with a diagnosis of endometriosis that can be explained by the indirect effect of having a hysterectomy or reporting postmenopausal hormone use.