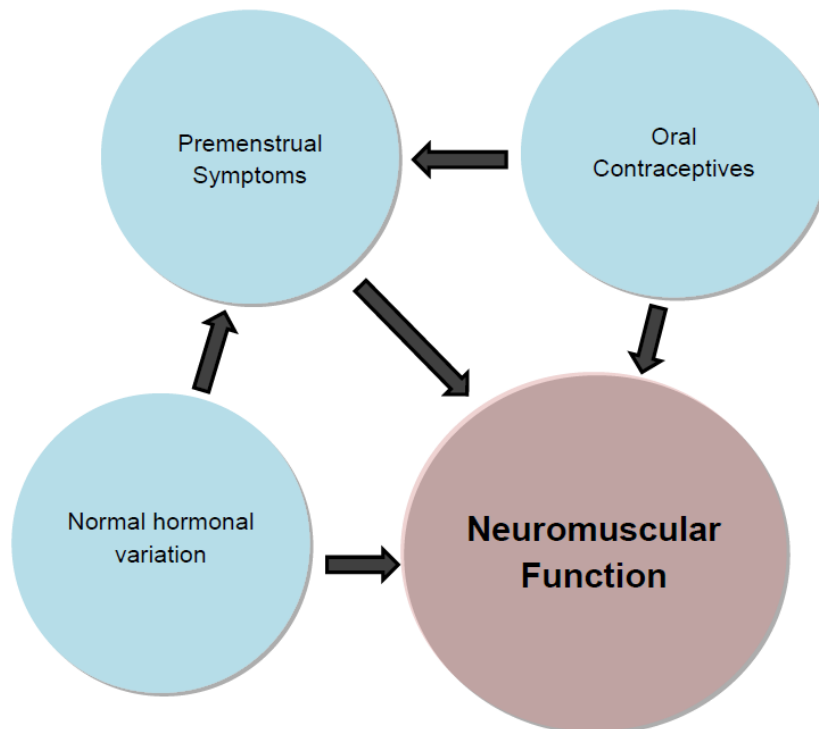


**Page 3, Fig 1:** The directions of the arrows from oral contraceptive to premenstrual symptoms and from normal hormonal variation to premenstrual symptoms are incorrect,

Should be:



**Page 24, 2.7:** Females are reported to have a three- to six-fold higher incidence of sustaining a traumatic knee injury (Boden et al., 2000; Huston et al., 2000 *review*; Myklebust et al., 1997; Åman et al., 2016).

Should be: Females are reported to have a three- to six-fold higher incidence of sustaining a traumatic knee injury (Boden et al., 2000; Huston et al., 2000 *review*; Myklebust et al., 1997).

**Page 33, 4.7.1:** The two latter occasions were then calculated together as one OC phase since the hormonal status is equal in the OC phase.

Should be: The last test session in the active OC treatment was analysed in the results.

**Page 33, 4.7.2:** A significant increase in at least one negative mood symptom and/or somatic symptom during the cycle during the premenstrual days, days 24–28 and days 1–2, compared with cycle days 4–10, indicates PMS (*referens*).

Should be: A significant increase in at least one negative mood symptom and/or somatic symptom during the cycle during the premenstrual days, days 24–28 and days 1–2, compared with cycle days 4–10, indicates PMS (Bäckström et al., 1992; Pearlstein et al., 2005).

**Page 52:** The formation of the corpus luteum fails, which results in a reduced plasma concentration of neurosteroids in the brain (*REF*). Still, a subset of women on OCs experience negative mood symptoms, hypothetically due to a similar effect of the progestagens in the brain (*REF*).

Should be: The formation of the corpus luteum fails, which results in a reduced plasma concentration of neurosteroids in the brain (Rapkin et al., 2006). Still, a subset of women on OCs experience negative mood symptoms, hypothetically due to a similar effect of the progestagens in the brain (Larsson et al., 1997).