

#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

Maciejewski 1



Section 1. Identifying Inform	ation		
Given Name (First Name)     Matthew	2. Surname (Last Name) Maciejewski		3. Date 08-November-2016
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth	or's Name
5. Manuscript Title Maintenance of Weight Loss after Nutrit	ion TrAlNing (MAINTAIN):	A randomized trial	
6. Manuscript Identifying Number (if you known M16-2160	ow it)		
Section 2. The Work Under Co	nsideration for Public	ation	
Did you or your institution <b>at any time</b> received any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da		
Are there any relevant conflicts of intere			its and a second a second as second
If yes, please fill out the appropriate info Excess rows can be removed by pressing		e more than one ent	nty press the ADD button to add a row.
Name of Institution/Company	Grant	n-Financial other?	Comments
/A HSR&D	<b>✓</b>		
Section 3. Relevant financial a	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in of compensation) with entities as descril clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info	oed in the instructions. Us ort relationships that wer st?	e one line for each e	ntity; add as many lines as you need by
Name of Entity	Grant	n-Financial other?	Comments
Amgen		<b>✓</b>	Stock ownership due to spouse's employment
AHRQ			
NCQA	<b>V</b>		Contract for work with Centers for Medicare and Medicaid Services

Maciejewski 2



### **Evaluation and Feedback**

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$ 

Maciejewski 3



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Bolton 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fii Jamiyla	rst Name)	2. Surname (Last Nam Bolton	e)		3. Date 09-November-2016	5
4. Are you the cor	responding author?	✓ Yes No				
5. Manuscript Title Maintenance of	e Weight Loss after Nutrit	ion TrAlNing (MAINTA	AIN): A randomiz	zed trial.		
6. Manuscript Ider M16-2160	ntifying Number (if you kno	ow it)				
Section 2.						
Section 2.	The Work Under Co	nsideration for Pu	blication			
any aspect of the s statistical analysis, Are there any rel If yes, please fill c	etitution <b>at any time</b> receive ubmitted work (including etc.)? evant conflicts of interes out the appropriate info be removed by pressing	but not limited to grant st? Yes N rmation below. If you	s, data monitoring	g board, study o	design, manuscript prepa	aration,
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Co	omments	
Durham VA HSR&D		<b>V</b>				
Continu 2						
Section 3.	Relevant financial a	activities outside t	ne submitted	work.		
of compensation clicking the "Add Are there any rel	the appropriate boxes in the appropriate boxes in the second of the seco	oed in the instruction ort relationships that	s. Use one line fo were <b>present</b> d	or each entity;	add as many lines as	you need by
Section 4.	Intellectual Propert	ty Patents & Cop	yrights			
Do you have any	patents, whether plann	ned, pending or issued	d, broadly releva	ant to the wor	k? ☐ Yes ✓ No	

Bolton 2



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Strawbridge 1



Section 1. Iden	tifying Informati	ion				
1. Given Name (First Name Elizabeth	·	. Surname (Last Na trawbridge	me)		3. Date 09-Novembe	er-2016
4. Are you the correspond	ling author?	Yes No				
5. Manuscript Title Maintenance of Weight	Loss after Nutrition	n TrAlNing (MAIN	ΓΑΙΝ): A randomiz	zed trial		
6. Manuscript Identifying M16-2160	Number (if you know	it)				
Continuo						
Section 2. The V	<b>Work Under Cons</b>	sideration for P	ublication			
Did you or your institution any aspect of the submitte statistical analysis, etc.)? Are there any relevant c If yes, please fill out the Excess rows can be remo	ed work (including but conflicts of interest? appropriate informate	t not limited to grade of the following the follows ation below. If you	nts, data monitorin No	g board, study d	esign, manuscri	pt preparation,
Name of Institution/Co	mpany G	rant? Personal	Non-Financial Support?	Other? Co	mments	
/A HSR&D						
Section 2						
Section 3. Relev	ant financial act	ivities outside	the submitted	work.		
Place a check in the app of compensation) with e clicking the "Add +" box Are there any relevant c	entities as described c. You should report	d in the instructio t relationships tha	ns. Use one line f	or each entity;	add as many li	ines as you need by
Section 4. Intell	ectual Property -	Patents & Co	pyrights			
Do you have any patent	s, whether planned	l, pending or issu	ed, broadly releva	ant to the work	? Yes [	<b>√</b> No

Strawbridge 2



Section 5. Polationships not severed above
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Ms. Strawbridge reports grants from VA HSR&D, during the conduct of the study; .

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Gaillard 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fire	st Name)	2. Surname (Last Name) Gaillard		3. Date 26-January-2017
4. Are you the corr	esponding author?	✓ Yes No		
5. Manuscript Title "MAINTAIN weigh	ht loss program: A ranc	lomized trial		
6. Manuscript Iden M16-2160	itifying Number (if you kn	ow it)	_	
Section 2.	The Work Under Co	onsideration for Publi	cation	
any aspect of the su statistical analysis, e	ubmitted work (including	but not limited to grants, da	a third party (government, co ata monitoring board, study de	mmercial, private foundation, etc.) for esign, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation) clicking the "Add	) with entities as descri	bed in the instructions. Uport relationships that we	se one line for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4.	Intellestual Duamen	tur Datanta & Canani	whee	
	intellectual Proper	ty Patents & Copyri	gnts	
Do you have any	patents, whether plani	ned, pending or issued, b	roadly relevant to the work?	?

Gaillard 2



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Leslie Gaillard has nothing to disclose.

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Grubber 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Janet	2. Surname (Last Name) Grubber	3. Date 15-November-2016
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Corrine Voils
5. Manuscript Title Maintenance After Initiation of Nutritic maintenance intervention	on TrAINing (MAINTAIN): A r	randomized trial to evaluate the efficacy of a weight loss
6. Manuscript Identifying Number (if you k M16-2160	now it)	-
Section 2. The Work Under C	onsideration for Public	ation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate who ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
Section 4. Intellectual Prope	rty Patents & Copyrig	hts
Do you have any patents, whether plar	nned, pending or issued, bro	oadly relevant to the work? Yes V No

Grubber 2



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Ms. Grubber has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent

McVay 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Megan	2. Surname (Last Name) McVay	3. Date 08-November-2016
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name
5. Manuscript Title Maintenance After Initiation of Nutritio maintenance intervention	n TrAlNing (MAINTAIN): A rai	ndomized trial to evaluate the efficacy of a weight loss
6. Manuscript Identifying Number (if you kr M16-2160	now it)	
Section 2. The Work Under Co	onsideration for Publica	tion
	g but not limited to grants, data	third party (government, commercial, private foundation, etc.) for monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the su	omitted work
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate whetl ibed in the instructions. Use port relationships that were p	ner you have financial relationships (regardless of amount one line for each entity; add as many lines as you need by present during the 36 months prior to publication.
Section 4. Intellectual Proper	rty Patents & Copyrigh	ts
Do you have any patents, whether plan		

McVay 2



Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. McVay has nothing to disclose.

### **Evaluation and Feedback**

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McVay 3



#### **Instructions**

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**Royalties:** Funds are coming in to you or your institution due to your patent

Gierisch 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Jennifer		2. Surname (Last Name) Gierisch	3. Date 08-November-2016		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Corrine I Voils		
<ul> <li>5. Manuscript Title</li> <li>Maintenance After Initiation of Nutrition TrAINing (MAINTAIN): A randomized trial to evaluate the efficacy of a weight loss maintenance intervention</li> <li>6. Manuscript Identifying Number (if you know it)</li> <li>M16-2160</li> </ul>					
			_		
Section 2.	The Work Under C	onsideration for Public	ation		
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?  Yes  No					
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo					
Section 4.	Intellectual Proper	rty Patents & Copyrig	yhts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No		

Gierisch 2



Section 5.					
Section 5.	Relationships not covered above				
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?				
Yes, the following relationships/conditions/circumstances are present (explain below):					
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest				
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.					
Section 6.	Disclosure Statement				
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
Dr. Gierisch has	nothing to disclose.				

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Yancy 1



Section 1.						
Section 1.	Identifying Inform	ation				
1. Given Name (Fii William	2. Surnan Yancy	ne (Last Nam	ne)		3. Date 08-November-2016	
4. Are you the corresponding author?		Yes	✓ No	Correspond	_	or's Name
5. Manuscript Title Maintenance Aft maintenance int	er Initiation of Nutrition	n TrAlNing	(MAINTAIN	I): A randomized	trial to ev	valuate the efficacy of a weight loss
6. Manuscript Ider M16-2160	ntifying Number (if you kn	ow it)				
	ı					
Section 2.	The Work Under Co	onsiderat	ion for Pu	ublication		
	ubmitted work (including					ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
, ,	evant conflicts of intere	st? ✓ Y	'es 🔲 l	No		
				ı have more thar	one enti	ty press the "ADD" button to add a row.
Excess rows can I	be removed by pressing	g the "X" b	utton.			
Name of Institut	ion/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Department of Vetera	ans Affairs	<b>√</b>				
Section 3.	Relevant financial	activities	outside t	he submitted	work.	
of compensation clicking the "Add	) with entities as descri	bed in the ort relatio	instruction nships that	is. Use one line fo	or each en	ial relationships (regardless of amount atity; add as many lines as you need by a 36 months prior to publication.
If yes, please fill o	out the appropriate info	rmation b	elow.			,
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Jniversity of Pennsyl <sup>,</sup> nternational	vania/Weight Watchers		<b>√</b>			Consulting
NIH		<b>✓</b>				

Yancy 2



Section 4. Intellectual Property Patents & Copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No				
Section 5. Relationships not covered above				
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Dr. Yancy reports grants from Department of Veterans Affairs, during the conduct of the study; personal fees from University of Pennsylvania/Weight Watchers International, grants from NIH, outside the submitted work; .				

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Yancy 3



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Voils 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi Corrine	rst Name)	2. Surname (Last Nam Voils	e)		3. Date 08-November-2016
4. Are you the cor	responding author?	✓ Yes No			
5. Manuscript Title Maintenance of	e Weight Loss after Nutrit	ion TrAlNing (MAINT <i>i</i>	IN): A randomiz	ed trial	
6. Manuscript Ider M16-2160	ntifying Number (if you kno	ow it)			
Section 2.					
Section 2.	The Work Under Co	nsideration for Pu	blication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grant st? Yes N rmation below. If you	s, data monitoring	g board, study c	ommercial, private foundation, etc.) for design, manuscript preparation, ress the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Co	omments
/A HSR&D					
Section 3.					
Section 5.	Relevant financial a	ictivities outside t	ne submitted	work.	
of compensation clicking the "Add Are there any rel	) with entities as describ	oed in the instructions ort relationships that	s. Use one line fo were <b>present d</b>	or each entity;	elationships (regardless of amount add as many lines as you need by <b>months prior to publication</b> .
Section 4.	Intellectual Propert	ty Patents & Cop	yrights		
Do you have any	patents, whether plann	ned, pending or issued	l, broadly releva	nt to the work	k? Yes V No

Voils 2



Section 5. Polationships not severed above
Relationships not covered above
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Dr. Voils reports grants from VA HSR&D, during the conduct of the study; .

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Voils 3



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Olsen 1



Section 1. Identify	ying Information				
1. Given Name (First Name) Maren	2. Surname (Last Name) Olsen	3. Date 05-December-2016			
4. Are you the corresponding	author? Yes V	Corresponding Author's Name Corrine Voils			
5. Manuscript Title MAINTAIN weight loss pro	gram: A randomized trial				
6. Manuscript Identifying Nur	mber (if you know it)				
Section 2. The Wo	rk Under Consideration for Publ	ication			
	ork (including but not limited to grants, c	m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,			
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Section 4. Intellect	tual Property Patents & Copyr	ights			
Do you have any patents, v	whether planned, pending or issued, b	proadly relevant to the work? Yes V No			

Olsen 2



Section 5.				
Section 5.	Relationships not covered above			
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