

#### **Instructions**

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

Boyko 1



Section 1.	Identifying Inform	nation				
1. Given Name (First Name) 2. Surname (Last Name) Edward Boyko			3. Date 12-December-2018			
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Nam Kishore Gadde	ne		
5. Manuscript Title Long-term Weig		n or Lifestyle Intervention i	n the Diabetes Prevention Pr	rogram Outcomes Study		
6. Manuscript Ider M18-1605	ntifying Number (if you kr	now it)	_			
	ı		_			
Section 2.	The Work Under C	onsideration for Public	cation			
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 Vo						
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No		

Boyko 2



Section 5. Polationships not sovered above	
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Dr. Boyko has nothing to disclose.	

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Boyko 3



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Knowler 1



Section 1. Identifying Inform	nation					
1. Given Name (First Name) William	2. Surname (Last Name) Knowler	3. Date 13-December-2018				
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Kishore Gadde				
5. Manuscript Title Long-term Weight Loss with Metformir	n or Lifestyle Intervention ir	n the Diabetes Prevention Program Outcomes Study				
6. Manuscript Identifying Number (if you kr M18-1605	now it)					
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ✓ No						

Knowler 2



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Dr. Knowler has nothing to disclose.

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Kalyani 1



Section 1. Identifying Inform	nation					
1. Given Name (First Name) Rita	2. Surname (Last Name) Kalyani	3. Date 12-December-201	8			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dr. Research Group				
5. Manuscript Title Long-term Weight Loss with Metformir	n or Lifestyle Intervention i	n the Diabetes Prevention Program Outcomes	Study			
6. Manuscript Identifying Number (if you kr	now it)					
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Do you have any patents, whether plan			)			

Kalyani 2



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Franks 1



Section 1. Identifying Inform	nation					
1. Given Name (First Name) Paul	2. Surname (Last Name) Franks		3. Date 22-Dec	cember-2018		
4. Are you the corresponding author?	☐ Yes   ✓ No	Correspondi Kishore M C	ng Author's Name Gadde			
5. Manuscript Title Long-term Weight Loss with Metformi	n or Lifestyle Intervention	n in the Diabete	s Prevention Program	Outcomes Study		
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Name of Entity	Grant? Personal Fees?	on-Financial Support?	Other? Comments			
Boehringer Ingelheim	<b>✓</b>					
Eli Lilly	<b>✓</b>					
Janssen	<b>✓</b>					
Novo Nordisk	<b>✓</b>					
Sanofi Aventis	✓					
Servier	✓					
Zoe Global			Consultant and options	d holder of stock		

Franks 2



Soutien A							
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Dr. Franks reports research grants from Boehringer Ingelheim, Eli Lilly, Janssen, Novo Nordisk, Sanofi Aventis, and Servier; he is a consultant for and has stock options in Zoe Global, outside the submitted work.							

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Apolzan 1



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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

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**Issued:** The patent has been issued by the agency

**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



Section 1. Identifying Information	ation					
1. Given Name (First Name) Kishore	2. Surname (Last Na Gadde	me)		3. Date 12-December-2018		
4. Are you the corresponding author?	✓ Yes No					
5. Manuscript Title Long-term Weight Loss with Metformin	or Lifestyle Interven	tion in the Diabet	es Prever	ntion Program Outcomes Study		
6. Manuscript Identifying Number (if you known M18-1605	ow it)					
Section 2. The Work Under Co	nsideration for P	ublication				
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  If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.						
Name of Institution/Company	Dougonal Non Financial					
NIH	<b>✓</b>					
Section 3. Relevant financial a	ctivities outside	the submitted	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?						
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments		
AstraZeneca	✓			Grant to Pennington Biomedical Research Center		
AstraZeneca			<b>✓</b>	Advisor to AstraZeneca with payments made to Pennington Biomedical Research Center		



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
BioKier	<b>✓</b>				Sub-award of an NIH SBIR grant	
AstraZeneca				<b>✓</b>	Travel expenses for attending a research meeting	
American Diabetes Association				<b>√</b>	Honorarium for a CME lecture	
Section 4. Intellectual Propert	y Pate	ents & Co	pyrights			
Do you have any patents, whether plann	ed, pend	ing or issue		nt to the	work? ☐ Yes   ✓ No	
Relationships not c	overed	above				
Are there other relationships or activities potentially influencing, what you wrote i				nfluence	d, or that give the appearance of	
Yes, the following relationships/cond	itions/cir	cumstance	es are present (exp	olain belo	w):	
No other relationships/conditions/circumstances that present a potential conflict of interest						
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Section 6. Disclosure Statemen	nt					
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Dr. Gadde reports grants from the NIH, during the conduct of the study; grants from AstraZeneca, BioKier; travel expenses from AstraZeneca for attending investigator meetings; honorarium for a CME lecture from the American Diabetes Association; and, is an advisor AstraZeneca with payments made to his employer, Pennington Biomedical Research Center.						



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

Srikanthan 1



Section 1.	Identifying Inform	nation		
1. Given Name (First Name) Preethi		2. Surname (Last Name) Srikanthan		3. Date 13-December-2018
4. Are you the cor	4. Are you the corresponding author?		Corresponding Author's Nan Kishore Gadde	ne
5. Manuscript Title "Long-term Weig		n or Lifestyle Intervention	in the Diabetes Prevention I	Program Outcomes Study"
6. Manuscript Ider M18-1605	ntifying Number (if you kr	now it)		
	1		_	
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, con ta monitoring board, study des	mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation clicking the "Add Are there any rel	) with entities as descri	ibed in the instructions. Us port relationships that wer	se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by conths prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyric	jhts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Srikanthan 2



Section 5. Relationships not sovered above
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
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Section 6. Disclosure Statement
Disclosure Statement
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Dr. Srikanthan has nothing to disclose.

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Srikanthan 3



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

Edelstein 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Sharon	2. Surname (Last Name) Edelstein	3. Date 12-December-2018		
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Gadde		
5. Manuscript Title Long-term Weight Loss with Metformi	n or Lifestyle Intervention i	n the Diabetes Prevention Program Outcomes Study		
6. Manuscript Identifying Number (if you k M18-1605	now it)			
Section 2. The Work Under C	Consideration for Public	cation		
any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da est? Yes No ormation below. If you hav	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation, we more than one entity press the "ADD" button to add a row.		
Name of Institution/Company	Grant	n-Financial Other? Comments		
NIDDK	<b>✓</b>			
Section 3. Relevant financial	activities outside the s	ubmitted work.		
of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of inter	ribed in the instructions. Use port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.		
Section 4. Intellectual Prope	rty Patents & Copyrig	hts		
Do you have any patents, whether plar	nned, pending or issued, br	oadly relevant to the work? Yes V No		

Edelstein 2



Section 5. Relationships not sovered above
Relationships not covered above
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Dr. Edelstein reports grants from NIDDK, during the conduct of the study; .

## **Evaluation and Feedback**

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Pi-Sunyer 1



Section 1. Ident	tifying Information						
1. Given Name (First Name Xavier	, ,	me (Last Name) er			3. Date 11-March-2	019	
4. Are you the correspond	ing author? Yes	<b>√</b> No	Corresponding Author's Name Kishore M Gadde				
5. Manuscript Title Long-term Weight Loss with Metformin or Lifestyle Intervention in the Diabetes			es Prevention	n Program Outo	comes Study		
6. Manuscript Identifying I M18-1605	Number (if you know it)						
Section 2. The V	Vork Under Considera	tion for Publi	ication				
	<b>at any time</b> receive paymer d work (including but not lir						c.) for
Are there any relevant conflicts of interest? Yes Vo							
Section 3. Relev							
Relev	ant financial activitie	s outside the	submitted <sup>•</sup>	work.			
of compensation) with e	ropriate boxes in the tabl entities as described in the . You should report relati	e instructions. U	lse one line fo	or each entity;	; add as many l	lines as you need	d by
Are there any relevant co		Yes No					
If yes, please fill out the	appropriate information l	below.					
Name of Entity	Grant?	Personal No	n-Financial Support	Other? Co	omments		
Novo Nordisk		<b>✓</b>		Adv	isory Board		
Zafgen		<b>✓</b>		Adv	risory Board		
Section 4							
Section 4. Intell	ectual Property Pat	ents & Copyri	ghts				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo							

Pi-Sunyer 2



Section 5.	
Section 5.	Relationships not covered above
	lationships or activities that readers could perceive to have influenced, or that give the appearance of actions, what you wrote in the submitted work?
Yes, the follow	ring relationships/conditions/circumstances are present (explain below):
✓ No other relati	ionships/conditions/circumstances that present a potential conflict of interest
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Section 6.	
Section 6.	Disclosure Statement
Based on the above below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Pi-Sunyer repo	orts personal fees from Novo Nordisk and Zafgen, outside the submitted work.

## **Evaluation and Feedback**

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Venditti 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Elizabeth	2. Surname (Last Name) Venditti	3. Date 12-December-2018		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Kishore Gadde MD		
5. Manuscript Title Long-term Weight Loss with Metformin	or Lifestyle Intervention ir	n the Diabetes Prevention Program Outcomes Study		
6. Manuscript Identifying Number (if you kr M18-1605	now it)			
Section 2. The Work Under Co	onsideration for Public	cation		
	but not limited to grants, dat	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.		
of compensation) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.		
Section 4. Intellectual Proper	rty Patents & Copyrig	ghts		
Do you have any patents, whether plan				

Venditti 2



Section 5.					
Section 5.	Relationships not covered above				
	ationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work?				
Yes, the followi	ng relationships/conditions/circumstances are present (explain below):				
✓ No other relation	✓ No other relationships/conditions/circumstances that present a potential conflict of interest				
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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

## 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

## Relationships not covered above.

Use this section to report 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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**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

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Section 1.	Identifying Inform	ation		
1. Given Name (First Name) Dana		2. Surname (Last Name) Dabelea		3. Date 14-December-2018
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Nar Kishore Gadde	me
5. Manuscript Title Long-term Weigl		or Lifestyle Intervention	in the Diabetes Prevention P	Program Outcomes Study
6. Manuscript Ider M18-1605	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Publi	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, d	n a third party (government, cor ata monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work	
of compensation clicking the "Add	the appropriate boxes i ) with entities as descri	n the table to indicate wh bed in the instructions. U port relationships that we	nether you have financial rela se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyri	ahts	
Do you have any			roadly relevant to the work?	Yes 🗸 No

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Section 5. Relationships not severed above
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. Dabelea has nothing to disclose.

## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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