## ICMJE DISCLOSURE FORM

Date:	12/15/2022	
Your Name:	Neda Laiteerapong	
Manuscript Title:	2022 Clinical Practice Guideline Update for diabetes management of chronic kidney disease: an important first step, more work to do	
Manuscript Number (if known): M22-3635		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the		

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None  NIH NIDDK 2P30DK092949	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	American Diabetes Association NIH	Annual Planning Committee  Grant Review
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non-financial interests	None None
Please place an "X" next to the following statement to indicate your agreement:		

## **ICMJE DISCLOSURE FORM**

Date:	12/16/2022	
Your Name:	Milda Saunders, MD, MPH	
Manuscript Title:	2022 Clinical Practice Guideline Update for diabetes management of chronic kidney disease: an important first step, more work to do	
Manuscript Number (if known):	M22-3635	

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	ı	Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None  NIDDK: 1R01DK124597; 1R21DK121262	Institution
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	I created educational content for the Clinical Educational Alliance on "Anemia of CKD: Strategies to Erase Health Disparities in the Most Vulnerable Populations." This activity was funded through a non-restricted grant from GlaxoSmithKline.	Self
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Annual Meeting Co-Chair for the Society of General Internal Medicine (SGIM); Chair of SGIM Ethics Committee	None

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13	Other financial or non-financial interests	None	
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