

ICMJJE DISCLOSURE FORM

Date:	October 3 2022
Your Name:	Sue D. Pedersen
Manuscript Title:	Pharmacotherapy for obesity management (2022 CPG update)
Manuscript Number (if known):	N/A

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.	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> <div style="font-size: small; color: #ccc; text-align: right;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>						

		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)								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="370 315 1503 483"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
4	Consulting fees	<input type="checkbox"/> None <table border="1" data-bbox="370 659 1503 911"> <tr> <td>Abbott, Lilly, Bayer</td> <td>consultation</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Abbott, Lilly, Bayer	consultation						
Abbott, Lilly, Bayer	consultation										
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="370 1087 1503 1350"> <tr> <td>CPD network, LiV agency, CCRN, obesity Canada, AstraZeneca, Bausch, Lilly, Novo Nordisk, Janssen, Boehringer, Sanofi, Merck, Abbott, Dexcom, HLS, Bayer</td> <td>Honoraria for lectures</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		CPD network, LiV agency, CCRN, obesity Canada, AstraZeneca, Bausch, Lilly, Novo Nordisk, Janssen, Boehringer, Sanofi, Merck, Abbott, Dexcom, HLS, Bayer	Honoraria for lectures						
CPD network, LiV agency, CCRN, obesity Canada, AstraZeneca, Bausch, Lilly, Novo Nordisk, Janssen, Boehringer, Sanofi, Merck, Abbott, Dexcom, HLS, Bayer	Honoraria for lectures										
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="370 1528 1503 1692"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" data-bbox="370 1871 1503 1957"> <tr> <td>Bausch, Lilly, Novo Nordisk, Janssen, Boehringer, Abbott</td> <td>Travel to meetings</td> </tr> </table>		Bausch, Lilly, Novo Nordisk, Janssen, Boehringer, Abbott	Travel to meetings						
Bausch, Lilly, Novo Nordisk, Janssen, Boehringer, Abbott	Travel to meetings										

		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)
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Lilly, AstraZeneca, Janssen, Novo Nordisk, Merck, Sanofi, Boehringer, Bausch, Abbott, HLS, Bayer	Advisory boards
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing,	<input checked="" type="checkbox"/> 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)
	gifts or other services		
13	Other financial or non-financial interests	<div>X None</div> <div></div> <div></div> <div></div>	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p>X I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: October 3 2022

Your Name: Sean Wharton

Manuscript Title: Pharmacotherapy for obesity management (2022 CPG update)

Manuscript Number (if known): N/A

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.	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> </div> <div style="margin-top: 5px; font-size: 0.8em; color: #ccc;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> </div>						
3	Royalties or licenses	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> </div>						

		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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 296 1516 432"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="383 556 1516 657"> <tr> <td>Novo Nordisk, Eli Lilly, Bausch Health Canada</td> <td>Academic talk to colleagues</td> </tr> <tr> <td>Boehringer Ingelheim</td> <td>Payments to my Medical Corporation</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Novo Nordisk, Eli Lilly, Bausch Health Canada	Academic talk to colleagues	Boehringer Ingelheim	Payments to my Medical Corporation				
Novo Nordisk, Eli Lilly, Bausch Health Canada	Academic talk to colleagues										
Boehringer Ingelheim	Payments to my Medical Corporation										
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 898 1516 999"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" data-bbox="383 1125 1516 1226"> <tr> <td>Novo Nordisk</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Novo Nordisk							
Novo Nordisk											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1352 1516 1453"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" data-bbox="383 1579 1516 1680"> <tr> <td>Novo Nordisk, Eli Lilly, Bausch Health Canada</td> <td>Advisory Boards, payments to Medical</td> </tr> <tr> <td>Boehringer Engelheim</td> <td>Corporation</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Novo Nordisk, Eli Lilly, Bausch Health Canada	Advisory Boards, payments to Medical	Boehringer Engelheim	Corporation				
Novo Nordisk, Eli Lilly, Bausch Health Canada	Advisory Boards, payments to Medical										
Boehringer Engelheim	Corporation										
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" data-bbox="383 1806 1516 1906"> <tr> <td>Obesity Canada</td> <td></td> </tr> <tr> <td>The Obesity Society</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Obesity Canada		The Obesity Society					
Obesity Canada											
The Obesity Society											

		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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 296 1516 399"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1" data-bbox="386 522 1516 625"> <tr> <td>Novo Nordisk, Bausch Health Canada</td> <td>Medical Writing</td> </tr> <tr> <td>Eli Lilly</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Novo Nordisk, Bausch Health Canada	Medical Writing	Eli Lilly			
Novo Nordisk, Bausch Health Canada	Medical Writing								
Eli Lilly									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 749 1516 852"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJJE DISCLOSURE FORM

Date:	October 3 2022
Your Name:	Priya Manjoo
Manuscript Title:	Pharmacotherapy for obesity management (2022 CPG update)
Manuscript Number (if known):	N/A

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.	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> <div style="font-size: small; color: #ccc; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>						

		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)								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="370 315 1503 483"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
4	Consulting fees	<input type="checkbox"/> None <table border="1" data-bbox="370 659 1503 877"> <tr><td>Bausch Health</td><td></td></tr> <tr><td>Lilly</td><td>Viatis</td></tr> <tr><td>Novo Nordisk</td><td></td></tr> <tr><td>Amgen</td><td></td></tr> </table>		Bausch Health		Lilly	Viatis	Novo Nordisk		Amgen	
Bausch Health											
Lilly	Viatis										
Novo Nordisk											
Amgen											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="370 1056 1503 1220"> <tr><td>Novonordisk</td><td>HLS therapeutics</td></tr> <tr><td>Lilly</td><td>Bausch Health</td></tr> <tr><td>Pfizer</td><td>Sanofi</td></tr> </table>		Novonordisk	HLS therapeutics	Lilly	Bausch Health	Pfizer	Sanofi		
Novonordisk	HLS therapeutics										
Lilly	Bausch Health										
Pfizer	Sanofi										
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="370 1400 1503 1564"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="370 1743 1503 1906"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		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)						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="370 315 1507 483"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" data-bbox="370 661 1507 829"> <tr> <td>Novonordisk (Advisory Board)</td> <td>Viatis (Advisory Board)</td> </tr> <tr> <td>Bausch Health (Advisory Board)</td> <td>Bayer (Advisory Board)</td> </tr> <tr> <td>Lilly (Advisory Board);</td> <td>Amgen (Advisory Board)</td> </tr> </table>		Novonordisk (Advisory Board)	Viatis (Advisory Board)	Bausch Health (Advisory Board)	Bayer (Advisory Board)	Lilly (Advisory Board);	Amgen (Advisory Board)
Novonordisk (Advisory Board)	Viatis (Advisory Board)								
Bausch Health (Advisory Board)	Bayer (Advisory Board)								
Lilly (Advisory Board);	Amgen (Advisory Board)								
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="370 1003 1507 1171"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="370 1346 1507 1514"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="370 1688 1507 1856"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

		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)
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.