

ICMJE DISCLOSURE FORM

Date: 7/24/2024

Your Name: Rafael Ferraz-Bannitz

Manuscript Title: Postprandial Metabolomics Analysis Reveals Disordered Serotonin Metabolism as a Novel Therapeutic Target for Post-Bariatric Hypoglycemia

Manuscript Number (if known): 180157-JCI-CMED-RV-2

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.

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Time frame: past 36 months								
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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.

ICMJE DISCLOSURE FORM

Date: 8/18/2024

Your Name: Berkcan Ozturk

Manuscript Title: Postprandial Metabolomics Analysis Reveals Disordered Serotonin Metabolism as a Novel Therapeutic Target for Post-Bariatric Hypoglycemia

Manuscript Number (if known): 180157-JCI-CMED-RV-2

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

ICMJE DISCLOSURE FORM

Date: 23 July 2024

Your Name: Cameron Cummings

Manuscript Title: Postprandial Metabolomics Analysis Reveals Disordered Serotonin Metabolism as a Novel Therapeutic Target for Post-Bariatric Hypoglycemia

Manuscript Number (if known): 180157-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 7/19/2024

Your Name: Vissarion Efthymiou

Manuscript Title: Postprandial Metabolomics Analysis Reveals Disordered Serotonin Metabolism as a Novel Therapeutic Target for Post-Bariatric Hypoglycemia

Manuscript Number (if known): 180157-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 22th July 2024

Your Name: PILAR CASANOVA QUEROL

Manuscript Title: **Postprandial Metabolomics Analysis Reveals Disordered Serotonin Metabolism as a Novel Therapeutic Target for Post-Bariatric Hypoglycemia**

Manuscript Number (if known): 180157-JCI-CMED-RV-2

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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.

ICMJE DISCLOSURE FORM

Date: 7/19/2024

Your Name: Lindsay Poulos

Manuscript Title: Postprandial Metabolomics Analysis Reveals Disordered Serotonin Metabolism as a Novel Therapeutic Target for Post-Bariatric Hypoglycemia

Manuscript Number (if known): 180157-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 7/19/2024

Your Name: Hanna Wang

Manuscript Title: Postprandial Metabolomics Analysis Reveals Disordered Serotonin Metabolism as a Novel Therapeutic Target for Post-Bariatric Hypoglycemia

Manuscript Number (if known): 180157-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 7/23/2024

Your Name: Valerie Navarrete

Manuscript Title: Postprandial Metabolomics Analysis Reveals Disordered Serotonin Metabolism as a Novel Therapeutic Target for Post-Bariatric Hypoglycemia

Manuscript Number (if known): 180157-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 7/23/2024

Your Name: Hamayle Saeed

Manuscript Title: Postprandial Metabolomics Analysis Reveals Disordered Serotonin Metabolism as a Novel Therapeutic Target for Post-Bariatric Hypoglycemia

Manuscript Number (if known): 180157-JCI-CMED-RV-2

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

ICMJE DISCLOSURE FORM

Date: 7/20/2024

Your Name: Christopher M. Mulla

Manuscript Title: Postprandial Metabolomics Analysis Reveals Disordered Serotonin Metabolism as a Novel Therapeutic Target for Post-Bariatric Hypoglycemia

Manuscript Number (if known): 180157-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 7/24/2024

Your Name: Hui Pan

Manuscript Title: Postprandial Metabolomics Analysis Reveals Disordered Serotonin Metabolism as a Novel Therapeutic Target for Post-Bariatric Hypoglycemia

Manuscript Number (if known): 180157-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 7/22/2021

Your Name: Jonathan Dreyfuss

Manuscript Title: Postprandial Metabolomics Analysis Reveals Disordered Serotonin Metabolism as a Novel Therapeutic Target for Post-Bariatric Hypoglycemia

Manuscript Number (if known): 180157-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 7/23/2024

Your Name: Donald C. Simonson

Manuscript Title: Postprandial Metabolomics Analysis Reveals Disordered Serotonin Metabolism as a Novel Therapeutic Target for Post-Bariatric Hypoglycemia

Manuscript Number (if known): 180157-JCI-CMED-RV-2

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></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)
11	Stock or stock options	<input type="checkbox"/> None	
		GI Windows	Stockholder/shareholder, not related to current study
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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.

ICMJE DISCLOSURE FORM

Date: 7/19/2024

Your Name: Darleen Sandoval

Manuscript Title: **Postprandial Metabolomics Analysis Reveals Disordered Serotonin Metabolism as a Novel Therapeutic Target for Post-Bariatric Hypoglycemia**

Manuscript Number (if known): 180157-JCI-CMED-RV-2

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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">DK138368</td><td>institution</td></tr> <tr><td>DK 121995</td><td>institution</td></tr> <tr><td>DK117821</td><td>institution</td></tr> </table>	DK138368	institution	DK 121995	institution	DK117821	institution
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DK 121995	institution							
DK117821	institution							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </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)
4	Consulting fees	<input type="checkbox"/> None	
		Metis Therapeutics	self
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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

ICMJE DISCLOSURE FORM

Date: 7/18/2024

Your Name: Mary Elizabeth Patti

Manuscript Title: Postprandial Metabolomics Analysis Reveals Disordered Serotonin Metabolism as a Novel Therapeutic Target for Post-Bariatric Hypoglycemia

Manuscript Number (if known): 180157-JCI-CMED-RV-2

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.

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Time frame: past 36 months								
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4	Consulting fees	<input type="checkbox"/> None	
		MBX Biosciences	To me
		Spruce Biosciences	To me
		Recordati	To my institution regarding development of clinical trial
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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	
		Fractyl	DSMB member
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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)
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