

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yi	2. Surname (Last Name) Zhang	3. Date 02-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Exercise intolerance and rapid skeletal muscle energetic decline in human age-associated frailty	_____	
6. Manuscript Identifying Number (if you know it)	_____	

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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.)?

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Zhang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Angela

2. Surname (Last Name)
Steinberg

3. Date
01-September-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Robert G. Weiss, MD

5. Manuscript Title
Exercise intolerance and rapid skeletal muscle energetic decline in human age-associated frailty

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Mrs. Steinberg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Robert 2. Surname (Last Name) Weiss 3. Date 01-September-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Exercise intolerance and rapid skeletal muscle energetic decline in human age-associated frailty

6. Manuscript Identifying Number (if you know it)
JCI Insight Submission 141246-INS-CMED-1

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clarence Doodeman Endowment at Johns Hopkins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Professorship

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1. Given Name (First Name)
Sabra

2. Surname (Last Name)
Lewsey

3. Date
01-September-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Robert G. Weiss

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Ruth L. Kirschstein National Research Service Award	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research fellowship training grant supported my recent effort.
Northwestern Cardiovascular Young Investigator's Forum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small research grant to support activities of research/presentations.

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Robert G. Weiss

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NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Schär reports grants from NIH, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

T. Jake

2. Surname (Last Name)

Samuel

3. Date

01-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr. Robert G. Weiss

5. Manuscript Title

Exercise intolerance and rapid skeletal muscle energetic decline in human age-associated frailty

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Samuel has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Gary

2. Surname (Last Name)

Gerstenblith

3. Date

01-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Robert G. Weiss, M.D.

5. Manuscript Title

Exercise intolerance and rapid skeletal muscle energetic decline in human age-associated frailty

6. Manuscript Identifying Number (if you know it)

141246-INS-CMED-1

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
QIANLI

2. Surname (Last Name)
XUE

3. Date
01-September-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Robert G. Weiss

5. Manuscript Title
Exercise intolerance and rapid skeletal muscle energetic decline in human age-associated frailty

6. Manuscript Identifying Number (if you know it)

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Dr. XUE has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Paul

2. Surname (Last Name)
Bottomley

3. Date
01-September-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Robert G Weiss

5. Manuscript Title
Exercise intolerance and rapid skeletal muscle energetic decline in human age-associated frailty

6. Manuscript Identifying Number (if you know it)
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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	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not as PI

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Dr. Bottomley reports grants from NIH, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jeremy

2. Surname (Last Name)
Walston

3. Date
02-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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TREND Statement Checklist

Paper Section/ Topic	Item No	Descriptor	Reported?	
				Pg #
Title and Abstract				
Title and Abstract	1	• Information on how unit were allocated to interventions	N/A	2
		• Structured abstract recommended		2
		• Information on target population or study sample		2
Introduction				
Background	2	• Scientific background and explanation of rationale		3-5
		• Theories used in designing behavioral interventions		
Methods				
Participants	3	• Eligibility criteria for participants, including criteria at different levels in recruitment/sampling plan (e.g., cities, clinics, subjects)		18-19
		• Method of recruitment (e.g., referral, self-selection), including the sampling method if a systematic sampling plan was implemented		19
		• Recruitment setting		19
		• Settings and locations where the data were collected		19
Interventions	4	• Details of the interventions intended for each study condition and how and when they were actually administered, specifically including:		
		○ Content: what was given?		
		○ Delivery method: how was the content given?		
		○ Unit of delivery: how were the subjects grouped during delivery?		
		○ Deliverer: who delivered the intervention?		
		○ Setting: where was the intervention delivered?		
		○ Exposure quantity and duration: how many sessions or episodes or events were intended to be delivered? How long were they intended to last?		
○ Time span: how long was it intended to take to deliver the intervention to each unit?				
○ Activities to increase compliance or adherence (e.g., incentives)				
Objectives	5	• Specific objectives and hypotheses		5
Outcomes	6	• Clearly defined primary and secondary outcome measures		19-23
		• Methods used to collect data and any methods used to enhance the quality of measurements		19-23
		• Information on validated instruments such as psychometric and biometric properties		
Sample Size	7	• How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules		
Assignment Method	8	• Unit of assignment (the unit being assigned to study condition, e.g., individual, group, community)		19
		• Method used to assign units to study conditions, including details of any restriction (e.g., blocking, stratification, minimization)		19
		• Inclusion of aspects employed to help minimize potential bias induced due to non-randomization (e.g., matching)		19

TREND Statement Checklist

Blinding (masking)	9	<ul style="list-style-type: none"> Whether or not participants, those administering the interventions, and those assessing the outcomes were blinded to study condition assignment; if so, statement regarding how the blinding was accomplished and how it was assessed. 		
Unit of Analysis	10	<ul style="list-style-type: none"> Description of the smallest unit that is being analyzed to assess intervention effects (e.g., individual, group, or community) 		
		<ul style="list-style-type: none"> If the unit of analysis differs from the unit of assignment, the analytical method used to account for this (e.g., adjusting the standard error estimates by the design effect or using multilevel analysis) 		
Statistical Methods	11	<ul style="list-style-type: none"> Statistical methods used to compare study groups for primary methods outcome(s), including complex methods of correlated data 		
		<ul style="list-style-type: none"> Statistical methods used for additional analyses, such as a subgroup analyses and adjusted analysis 		
		<ul style="list-style-type: none"> Methods for imputing missing data, if used 		
		<ul style="list-style-type: none"> Statistical software or programs used 		
Results				
Participant flow	12	<ul style="list-style-type: none"> Flow of participants through each stage of the study: enrollment, assignment, allocation, and intervention exposure, follow-up, analysis (a diagram is strongly recommended) <ul style="list-style-type: none"> Enrollment: the numbers of participants screened for eligibility, found to be eligible or not eligible, declined to be enrolled, and enrolled in the study Assignment: the numbers of participants assigned to a study condition Allocation and intervention exposure: the number of participants assigned to each study condition and the number of participants who received each intervention Follow-up: the number of participants who completed the follow-up or did not complete the follow-up (i.e., lost to follow-up), by study condition Analysis: the number of participants included in or excluded from the main analysis, by study condition Description of protocol deviations from study as planned, along with reasons 		
Recruitment	13	<ul style="list-style-type: none"> Dates defining the periods of recruitment and follow-up 		
Baseline Data	14	<ul style="list-style-type: none"> Baseline demographic and clinical characteristics of participants in each study condition 		
		<ul style="list-style-type: none"> Baseline characteristics for each study condition relevant to specific disease prevention research 		
		<ul style="list-style-type: none"> Baseline comparisons of those lost to follow-up and those retained, overall and by study condition 		
		<ul style="list-style-type: none"> Comparison between study population at baseline and target population of interest 		
Baseline equivalence	15	<ul style="list-style-type: none"> Data on study group equivalence at baseline and statistical methods used to control for baseline differences 		

TREND Statement Checklist

Numbers analyzed	16	<ul style="list-style-type: none"> Number of participants (denominator) included in each analysis for each study condition, particularly when the denominators change for different outcomes; statement of the results in absolute numbers when feasible Indication of whether the analysis strategy was “intention to treat” or, if not, description of how non-compliers were treated in the analyses 		
Outcomes and estimation	17	<ul style="list-style-type: none"> For each primary and secondary outcome, a summary of results for each estimation study condition, and the estimated effect size and a confidence interval to indicate the precision Inclusion of null and negative findings Inclusion of results from testing pre-specified causal pathways through which the intervention was intended to operate, if any 		
Ancillary analyses	18	<ul style="list-style-type: none"> Summary of other analyses performed, including subgroup or restricted analyses, indicating which are pre-specified or exploratory 		
Adverse events	19	<ul style="list-style-type: none"> Summary of all important adverse events or unintended effects in each study condition (including summary measures, effect size estimates, and confidence intervals) 		
DISCUSSION				
Interpretation	20	<ul style="list-style-type: none"> Interpretation of the results, taking into account study hypotheses, sources of potential bias, imprecision of measures, multiplicative analyses, and other limitations or weaknesses of the study Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations Discussion of the success of and barriers to implementing the intervention, fidelity of implementation Discussion of research, programmatic, or policy implications 		
Generalizability	21	<ul style="list-style-type: none"> Generalizability (external validity) of the trial findings, taking into account the study population, the characteristics of the intervention, length of follow-up, incentives, compliance rates, specific sites/settings involved in the study, and other contextual issues 		
Overall Evidence	22	<ul style="list-style-type: none"> General interpretation of the results in the context of current evidence and current theory 		

From: Des Jarlais, D. C., Lyles, C., Crepaz, N., & the Trend Group (2004). Improving the reporting quality of nonrandomized evaluations of behavioral and public health interventions: The TREND statement. *American Journal of Public Health*, 94, 361-366. For more information, visit: <http://www.cdc.gov/trendstatement/>