Date:			11/13/2021		
Your Name:			Bettina Mittendorfer		
Ma	nuscript Title:		Beta-cell function and plasma insulin different glycemic status	clearance in people with obesity and	
Ma	nuscript Number (if k	(nown):	154068-JCI-CMED		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi		nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report me for disclosure is th			ithout time limit. For all other items, the time	
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			Time frame: Since the initial planning	of the work	
1	All support for the present		one		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. This st DK056 and O DK020 Resea (Wash and Truthe An ICTS-Pershi Washi		udy was supported by NIH grants P30 i341 (Washington University Nutrition besity Research Center), P30 i579 (Washington University Diabetes rch Center), and UL1 TR000448 ington University Institute of Clinical anslational Sciences), and grants from herican Diabetes Association (1-18-19), the Longer Life Foundation, the ng Square Foundation, and the ngton University-Centene ARCH halized Medicine Initiative (P19-00559).		
				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	⊠ No	ne		
	#1 above).				

		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	None Non	
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None American Diabetes Association European Association for the Study of Diabetes	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other services			
13	Other financial or non-financial		None	
	interests			
Plea	se place an "X" next	t to th	e following statement to indicate your agreeme	ent:
\boxtimes	I certify that I have	answe	ered every question and have not altered the wo	rding of any of the questions on this form.

Dat	e:		11/13/2021		
Υοι	ır Name:		Bruce Patterson		
Manuscript Title:			Beta-cell function and plasma insulin clearance in people with obesity and different glycemic status		
Ma	nuscript Number (if k	nown):	154068-JCI-CMED		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt." The author's relationships/activities.			ted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For each of the should declare all relationships with manuf	/interest, it is preferable that you do so.	
	tem #1 below, report a			ithout time limit. For all other items, the time	
			entities with whom you have this thip 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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1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	This st DK056 and Ob DK020 Resea (Washi and Trathe Am ICTS-1 Pershii Washii	udy was supported by NIH grants P30 (341 (Washington University Nutrition besity Research Center), P30 (579 (Washington University Diabetes rch Center), and UL1 TR000448 (ington University Institute of Clinical anslational Sciences), and grants from herican Diabetes Association (1-18-19), the Longer Life Foundation, the ng Square Foundation, and the ngton University-Centene ARCH	Click the tab key to add additional rows.	

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3	Royalties or licenses	None ■	
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■	
10	Leadership or fiduciary role in other board,	None ■	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Descipt of		Nana	
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	se place an "X" nex	t to the	e following statement to indicate your agreeme	ent:
\boxtimes	I certify that I have	answe	ered every question and have not altered the wo	ording of any of the questions on this form.

Date: Your Name:			11/13/2021		
			Gordon Smith		
Maı	nuscript Title:		Beta-cell function and plasma insulin clearance in people with obesity and different glycemic status		
Mai	nuscript Number (if k	(nown):	154068-JCI-CMED		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned		ript. "Rela of the man e in doubt os/activitien nsion, you entioned	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For easy a should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No			

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4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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7	Support for attending meetings and/or travel	None None	
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	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Descipt of		Nana	
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	se place an "X" nex	t to the	e following statement to indicate your agreeme	ent:
\boxtimes	I certify that I have	answe	ered every question and have not altered the wo	ording of any of the questions on this form.

Date: Your Name:			11/13/2021		
			Mihoko Yoshino		
Ma	nuscript Title:		Beta-cell function and plasma insulin clearance in people with obesity and different glycemic status		
Ma	nuscript Number (if k	nown):	154068-JCI-CMED		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.		ipt. "Rela of the mar e in doubt as/activitiension, you entioned	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For easy a should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
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13	Other financial or non-financial		None	
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Plea	se place an "X" next	t to th	e following statement to indicate your agreeme	ent:
\boxtimes	I certify that I have	answe	ered every question and have not altered the wo	rding of any of the questions on this form.

Date:			11/13/2021		
Your Name:			Samuel Klein		
Manuscript Title:			Beta-cell function and plasma insulin clearance in people with obesity and different glycemic status		
Manuscript Number (if known):			154068-JCI-CMED		
cor aff ind	ntent of your manuscr ected by the content of icate a bias. If you are e author's relationship	ipt. "Rela of the man e in doubt os/activition	ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For e	/interest, it is preferable that you do so. example, if your manuscript pertains to the	
			u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
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7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Altimmune Prosciento	
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	society, committee or advocacy group, paid or unpaid					
11	Stock or stock options	None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None				
13	Other financial or non-financial interests	None Non				
		Grant support from Janssen Pharmaceuticals Inc				
Please place an "X" next to the following statement to indicate your agreement:						
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.					