

#### 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.

## Identifying information.

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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



Identifying Information

Section 1.

# **ICMJE Form for Disclosure of Potential Conflicts of Interest**

Given Name (First Name)     Mary Angelyn	2. Surname (Last Na Bethel	ame) 3. Date 27-July-2017
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Rury R. Holman
5. Manuscript Title Effects of Once-Weekly Exenatide on Ca	rdiovascular Outco	mes in Type 2 Diabetes
6. Manuscript Identifying Number (if you kn 16-12917	ow it)	
Section 2. The Work Under Co	onsideration for	Publication
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants? Yes rmation below. If y	es from a third party (government, commercial, private foundation, etc.) for ants, data monitoring board, study design, manuscript preparation,  No You have more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Persona	Non-Financial Support? Comments
AstraZeneca	<b>√</b>	Institutional research grant
Section 3. Belovent financial		
Relevant financial	activities outside	e the submitted work.
of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instruction ort relationships th	ate whether you have financial relationships (regardless of amount ons. Use one line for each entity; add as many lines as you need by nat were <b>present during the 36 months prior to publication</b> .
Are there any relevant conflicts of intere		No
Name of Entity	Grant? Persona	Other• Comments
Merck	<b>✓</b>	Advisory board; supply drug for research from Merck Serono
Boehringer Ingelheim		Advisory boards
Novo Nordisk		Advisory boards and DSMB



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Bayer			✓		Supply drug for research	
AstraZeneca		<b>✓</b>			DSMB	
anofi		<b>✓</b>			Invited speaker for academic meeting	
Section 4. Intellectual Dispose						
Intellectual Propert	y Pate	ents & Co <sub>l</sub>	pyrights			
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? ☐ Yes ✓ No	
Section 5. Relationships not o	overed	above				
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?						
Yes, the following relationships/cond	itions/cir	cumstance	es are present (exp	olain belo	w):	
✓ No other relationships/conditions/cir	cumstan	ces that pro	esent a potential o	conflict o	finterest	
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.						ients.
Section 6. Disclosure Stateme	nt					
Based on the above disclosures, this form below.		omatically (	generate a disclos	sure state	ment, which will appear in the box	
Dr. Bethel reports grants from AstraZeneca, during the conduct of the study; grants, personal fees and non-financial support from Merck, personal fees from Boehringer Ingelheim, personal fees from Novo Nordisk, non-financial support from Bayer, personal fees from AstraZeneca, personal fees from Sanofi, outside the submitted work; .						om



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earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

patent



Section 1. Identifying Inform	nation				
1. Given Name (First Name) John	2. Surnan Buse	ne (Last Nar	ne)		3. Date 22-June-2017
4. Are you the corresponding author?	Yes	<b>√</b> No	Correspond Rury R Hol	_	or's Name
5. Manuscript Title Effects of Once-Weekly Exenatide on C	ardiovascul	ar Outcom	nes in Type 2 Diab	etes	
6. Manuscript Identifying Number (if you k	now it)				
Section 2. The Work Under C	onsiderat	ion for P	ublication		
any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limest?	ited to grandes  'es elow. If you	nts, data monitoring	board, st	ent, commercial, private foundation, etc.) for udy design, manuscript preparation,  ty press the "ADD" button to add a row.
Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AstraZeneca	<b>✓</b>		<b>V</b>	<b>√</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC; Travels/ meals/lodging for contracted activities.
National Institutes of Health award JL1TR001111	<b>✓</b>				
Section 3. Relevant financia	activities	outside t	the submitted	work.	
Place a check in the appropriate boxes	in the table ribed in the eport relationers:	to indicat instruction nships tha 'es	e whether you hans. Use one line fo	ve financ or each er	cial relationships (regardless of amount ntity; add as many lines as you need by a <b>36 months prior to publication</b> .



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
Eli Lilly	<b>√</b>		<b>/</b>	<b>√</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC; Travels/ meals/lodging for contracted activities.
GI Dynamics	<b>√</b>		<b>√</b>	<b>✓</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC; Travels/meals/lodging for contracted activities.
Elcylex Therapeutics, Inc.			<b>√</b>	<b>✓</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC; Travels/meals/lodging for contracted activities.
Merck	<b>✓</b>		<b>/</b>	<b>✓</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC; Travels/meals/lodging for contracted activities.
Metavention			<b>V</b>	<b>✓</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC; Travels/meals/lodging for contracted activities.
vTv Therapeutics			<b>V</b>	<b>✓</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC; Travels/meals/lodging for contracted activities.
PhaseBio Pharmaceuticals, Inc				<b>✓</b>	Stock options; Fees for consultation paid to UNC.
AstraZeneca	<b>✓</b>		<b>V</b>	<b>✓</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC; Travels/meals/lodging for contracted activities.
Dance Biopharm			<b>V</b>	<b>✓</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC; Travels/meals/lodging for contracted activities.
Medtronic Minimed	<b>✓</b>				



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanofi	<b>✓</b>		<b>V</b>	<b>✓</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC; Travels/meals/lodging for contracted activities.
Johnson & Johnson	<b>✓</b>				
Boehringer-Ingelheim	✓				
GlaxoSmithKline	<b>✓</b>				
Intarcia Therapeutics	$\checkmark$			<b>✓</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC.
Lexicon	<b>✓</b>		<b>V</b>	<b>✓</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC; Travels/meals/lodging for contracted activities.
Scion NeuroStim	<b>✓</b>				
Orexigen	<b>✓</b>		<b>V</b>	<b>✓</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC; Travels/meals/lodging for contracted activities.
Takeda	<b>✓</b>		<b>V</b>	<b>✓</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC; Travels/meals/lodging for contracted activities.
Adocia			<b>/</b>	<b>✓</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC; Travels/meals/lodging for contracted activities.
Theracos	<b>✓</b>				
Novo Nordisk	<b>✓</b>		<b>V</b>	<b>✓</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC; Travels/meals/lodging for contracted activities.
Insulin Algorithms				<b>✓</b>	Stock options
Bayer	<b>✓</b>				
Dexcom				<b>✓</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC.



Fractyl				<b>✓</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC.
Shenzen HighTide				<b>✓</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC.
NovaTarg				<b>✓</b>	Conducted as part of my full-time employment at UNC. Fees for consultation paid to UNC.
AstraZeneca HealthCare Foundation				<b>✓</b>	I am a member of this non-profit board.
Do you have any patents, whether plans			ed, broadly releva	nt to the	ework? ☐ Yes 📝 No
Section 5. Relationships not o	overed a	above			
Are there other relationships or activities potentially influencing, what you wrote  Yes, the following relationships/cond	s that reac in the sub ditions/cir	ders could pomitted wo	rk? es are present (exp	olain bel	ow):
✓ No other relationships/conditions/ci	rcumstand	ces that pre	esent a potential (	conflict o	f interest
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					ssary, update their disclosure statements. relationships.



Section 6.

**Disclosure Statement** 

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Buse reports grants, non-financial support and other from AstraZeneca, grants from National Institutes of Health award UL1TR001111, during the conduct of the study; grants, non-financial support and other from Eli Lilly, grants, non-financial support and other from Gl Dynamics, non-financial support and other from Elcylex Therapeutics, Inc., grants, non-financial support and other from Merck, non-financial support and other from Metavention, non-financial support and other from VTv Therapeutics, other from PhaseBio Pharmaceuticals, Inc, grants, non-financial support and other from AstraZeneca, non-financial support and other from Dance Biopharm, grants from Medtronic Minimed, grants, non-financial support and other from Sanofi, grants from Johnson & Johnson, grants from Boehringer-Ingelheim, grants from GlaxoSmithKline, grants and other from Intarcia Therapeutics, grants, non-financial support and other from Scion NeuroStim, grants, non-financial support and other from Takeda, non-financial support and other from Adocia, grants from Theracos, grants, non-financial support and other from Novo Nordisk, other from Insulin Algorithms, grants from Bayer, other from Dexcom, other from Fractyl, other from Shenzen HighTide, other from NovaTarg, other from AstraZeneca HealthCare Foundation outside the submitted work.

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Chan 1



Continu 1			
Section 1. Identifying Inform	nation		
1. Given Name (First Name) Juliana CN	2. Surname (Last Name) Chan		3. Date 22-July-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Au	thor's Name
5. Manuscript Title Effects of Once-Weekly Exenatide on Ca	ardiovascular Outcomes i	n Type 2 Diabetes	
6. Manuscript Identifying Number (if you kr 16-12917	now it)		
Section 2. The Work Under Co	onsideration for Publ	ication	
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, d		nment, commercial, private foundation, etc.) for , study design, manuscript preparation,
, ,	ormation below. If you ha	ve more than one e	ntity press the "ADD" button to add a row.
Name of Institution/Company	Grant	on-Financial Other	Comments
Astra Zeneca	<b>V</b>		consultancy donated to CUHK for R/D
Section 3. Relevant financial	activities outside the	submitted work.	
	ibed in the instructions. Uport relationships that we est?	Ise one line for each	ancial relationships (regardless of amount entity; add as many lines as you need by the 36 months prior to publication.
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Chan 2



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
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GlaxoSmithKline	<b>✓</b>	$\checkmark$			consultancy donated to CUHK for R/D	
Merck Sharp & Dohme	<b>✓</b>	$\checkmark$			consultancy donated to CUHK for R/D	
Novo Nordisk	<b>✓</b>	$\checkmark$			consultancy donated to CUHK for R/D	
Pfizer	<b>✓</b>	<b>✓</b>			consultancy donated to CUHK for R/D	
Sanofi	<b>√</b>	$\checkmark$			consultancy donated to CUHK for R/D	
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Dr. CHAN reports grants and personal fe from Astra Zeneca, grants and personal personal fees from Eli Lilly, grants and pe	fees from	Bayer, gra	nts and personal	fees from	Boehringer Ingelheim, grants and	

Chan 3

Dohme, grants and personal fees from Novo Nordisk, grants and personal fees from Pfizer, grants and personal fees from

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Choi 1



Section 1.	Identifying Inform	ation	
1. Given Name (Firs Jasmine	t Name)	2. Surname (Last Name) Choi	3. Date 26-July-2017
4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Author's Name Rury R. Holman
5. Manuscript Title Effects of Once-W	eekly Exenatide on Ca	rdiovascular Outcomes in	Type 2 Diabetes
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Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the su statistical analysis, e	bmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation) clicking the "Add	with entities as descri	bed in the instructions. Use port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re <b>present during the 36 months prior to publication</b> .
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts
Do you have any բ	patents, whether plani	ned, pending or issued, br	roadly relevant to the work? Yes V No

Choi 2



Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Choi has nothing to disclose.

#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Choi 3



#### Instructions

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## 4. Intellectual Property.

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

## Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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

Gustavson 1



Section 1. Identifying Inform	nation							
Given Name (First Name)     Stephanie	2. Surname (Last Name) Gustavson	3. Date 13-July-2017						
4. Are you the corresponding author?	Yes Vo	Corresponding Author's Name Rury Holman						
5. Manuscript Title Effects of Once-Weekly Exenatide on C	Type 2 Diabetes							
6. Manuscript Identifying Number (if you k	now it)							
		_						
Section 2. The Work Under C	onsideration for Public	cation						
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,						
Section 3. Relevant financial	Section 3. Relevant financial activities outside the submitted work.							
of compensation) with entities as descr	ribed in the instructions. Us port relationships that wer est?	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.						
Name of Entity	Grant? Personal Noi	n-Financial Other? Comments						
AstraZeneca		I am an employee of AstraZeneca						
Section 4. Intellectual Prope	rty Patents & Copyric	yhts						
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No						

Gustavson 2



Section 5. Polationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Gustavson reports personal fees from AstraZeneca, outside the submitted work; .

### **Evaluation and Feedback**

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Gustavson 3



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earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

patent

Hernandez 1



Section 1. Identifying Inform	antion		
Identifying Inform	nation		
Given Name (First Name)  Adrian	2. Surname (Last Name) Hernandez		3. Date 27-July-2017
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Auth Rury R. Holman	nor's Name
5. Manuscript Title Effects of Once-Weekly Exenatide on Ca	ardiovascular Outcomes in	Type 2 Diabetes	
6. Manuscript Identifying Number (if you ki	now it)		
Section 2. The Work Under C	onsideration for Public	cation	
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter-	g but not limited to grants, da		nent, commercial, private foundation, etc.) for tudy design, manuscript preparation,
If yes, please fill out the appropriate infe Excess rows can be removed by pressin		ve more than one en	tity press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial Other	Comments
AstraZeneca	<b>✓ ✓</b>		Clinical Trial and Consulting
Section 3. Polovant financial			
Relevant financial	activities outside the	submitted work.	
	ibed in the instructions. Use port relationships that were st?  Yes  No	se one line for each e	icial relationships (regardless of amount entity; add as many lines as you need by ne 36 months prior to publication.
Name of Entity	Grant'	n-Financial Other	Comments
Bayer	✓		Steering Committee and Consulting
Boston Scientific			Steering Committee and Consulting
Amgen			Consulting

Hernandez 2



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments			
Luitpold	<b>✓</b>	<b>✓</b>			Steering Committee and Consulting			
GlaxoSmithKline	<b>✓</b>							
Merck	<b>✓</b>	$\checkmark$			Steering Committee and Consulting			
Novartis	<b>✓</b>	$\checkmark$			Steering Committee and Consulting			
Boehringer Ingelheim		$\checkmark$			Consulting			
Pfizer		$\checkmark$			Consulting			
Bristol Myers Squibb	<b>✓</b>	<b>✓</b>			Steering Committee and Consulting			
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?  Yes, the following relationships/conditions/circumstances are present (explain below):  No other relationships/conditions/circumstances that present a potential conflict of interest  At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.								
Disclosure Statement								
Based on the above disclosures, this for below.  Dr. Hernandez reports grants and person								
Bayer, personal fees from Boston Scient GlaxoSmithKline, grants and personal fees from Boehringer Ingelheim, personal fees from Boston Scient	tific, perso ees from N	nal fees fro Merck, gran	m Amgen, grants ts and personal fe	s and pers ees from I	sonal fees from Luitpold, grants from Novartis, personal fees from			

Hernandez 3

work;.



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Section 1.	Identifying Inforn	mation						
1. Given Name (Fi Rury	rst Name)	2. Surname (Last l	Name)		3. Date 27-July-2017			
4. Are you the cor	responding author?	✓ Yes No						
5. Manuscript Title Effects of Once-	e Weekly Exenatide on C	ardiovascular Outc	omes in Type 2 Dia	betes				
6. Manuscript Ide 16-12917	ntifying Number (if you k	now it)						
Section 2.	The Work Under C	Consideration fo	Publication					
, ,	submitted work (includin			_	ent, commercial, private foundation, etc.) for udy design, manuscript preparation,			
· · · · · · · · · · · · · · · · · · ·	Are there any relevant conflicts of interest?  Ves 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 Institut	tion/Company	Grant? Person		Other?	Comments			
AstraZeneca		<b>✓</b>						
Section 3.	Relevant financial	activities outsic	le the submitted	l work.				
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .								
Are there any relevant conflicts of interest?  Yes  No								
If yes, please fill out the appropriate information below.								
Name of Entity		Grant? Person		Other?	Comments			
Bayer		<b>✓</b>			ACE trial & lecture fees			
Novartis					CVM Council			
Boehringer Ingelheir	n	<b>✓</b>			Simulation study & lecture fee			



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Amgen		<b>√</b>			Advisory Board	
Elcelyx				✓	Advisory Board - fees to Institution	
GSK				<b>✓</b>	IDMC - fees to Institution	
Jannsen				✓	IDMC - fees to Institution	
Servier		$\checkmark$			Advisory Board	
Takeda				<b>✓</b>	IDMV - fees to Institution	
Merck	$\checkmark$	<b>✓</b>			TECOS trial, Advisory Board & lecture fees	
Section 4. Intellectual Propert	y Pate	ents & Cop	pyrights			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No						
Section 5. Relationships not c	overed	above				
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Dr. Holman reports grants from AstraZeneca, during the conduct of the study; grants and personal fees from Bayer, personal fees from Novartis, grants and personal fees from Boehringer Ingelheim, personal fees from Amgen, other from Elcelyx, other from GSK, other from Jannsen, personal fees from Servier, other from Takeda, grants and personal fees from Merck, outside the submitted work.						



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Igbal 1



Section 1. Identifying Inform	nation						
1. Given Name (First Name) Nayyar	2. Surname (Last Name) Iqbal	3. Date 20-July-2017					
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Rury R. Holman					
5. Manuscript Title Effects of Once-Weekly Exenatide on Cardiovascular Outcomes in Type 2 Diabetes							
6. Manuscript Identifying Number (if you k	now it)	_					
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Did you or your institution <b>at any time</b> 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.)?  Are there any relevant conflicts of interest? Yes Vo							
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Are there any relevant conflicts of interest?  Yes  No  If yes, please fill out the appropriate information below.							
Name of Entity	Grant? Personal Nor	n-Financial Other? Comments					
Astra Zeneca Pharma		Currently an Employee at AstraZeneca					
Bristol-Myers Squibb Pharma		Previous employer till April, 2015					
Section 4. Intellectual Property Patents & Copyrights							
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo							

Iqbal 2



Section 5. Relationships not sovered above
Relationships not covered above
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Dr. Iqbal reports personal fees from AstraZeneca Pharma, personal fees from Bristol-Myers Squibb Pharma outside the submitted work.

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Iqbal 3



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



Section 1. Identifying Information	ation				
1. Given Name (First Name) Yuliya	2. Surname (Last N Lokhnygina	lame)		3. Date 27-July-2017	
4. Are you the corresponding author?	Yes ✓ No	Correspond Rury R. Hol		r's Name	
5. Manuscript Title Effects of Once-Weekly Exenatide on Car	diovascular Outco	omes in Type 2 Diab	etes		
6. Manuscript Identifying Number (if you kno	ow it)				
Section 2. The Work Under Co	nsideration for	Publication			
Did you or your institution <b>at any time</b> received any aspect of the submitted work (including listatistical analysis, etc.)?  Are there any relevant conflicts of interest lf yes, please fill out the appropriate information in the excess rows can be removed by pressing	out not limited to gr st? Yes rmation below. If y	ants, data monitoring	board, stu	dy design, manuscript preparation,	
Name of Institution/Company	Grant? Persona	Non-Financial Support?	Other?	Comments	
Amylin Pharmaceuticals Inc. (a wholly owned subsidiary of AstraZeneca)	<b>V</b>			Amylin Pharmaceuticals Inc. funded the EXSCEL trial and supported this analysis through a grant to Duke University.	
Section 3. Relevant financial a	ctivities outsid	e the submitted \	work.		
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report to the second secon	ed in the instructi	ons. Use one line fo	r each en	tity; add as many lines as you need by	
Are there any relevant conflicts of interest?  Yes  No					
If yes, please fill out the appropriate information below.					
Name of Entity	Grant? Persona	Non-Financial Support?	Other?	Comments	
Merck	<b>✓</b>			Institutional grant	
Janssen Research & Development	<b>✓</b>			Institutional grant	



Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Comments	i	
GlaxoSmithKline	<b>✓</b>		Institutional gr	rant	
Bayer HealthCare AG	<b>✓</b>		Institutional gr	rant	
Section 4. Intellectual Propert	y Patents & Co	pyrights			
Do you have any patents, whether plann	ed, pending or issue	ed, broadly releva	nt to the work? Ye	es 🗸 No	
Section 5. Relationships not c	overed above				
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Section 6. Disclosure Statemen	nt				
		. 1. 1			
Based on the above disclosures, this form below.	i will automatically (	generate a disclos	sure statement, which v	will appear in the box	
Dr. Lokhnygina reports grants from Amy conduct of the study; grants from Merck grants from Bayer HealthCare AG outside	, grants from Jansse	n Research & Dev			



#### **Evaluation and Feedback**

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

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

Maggioni 1



Section 1.	Identifying Infor	mation						
1. Given Name (F Aldo Pietro	irst Name)	2. Surname (Last Name) Maggioni	)	3. Date 22-July-2017				
4. Are you the co	rresponding author?	☐ Yes ✓ No	Corresponding Aut Rury R. Holman	hor's Name				
•	5. Manuscript Title Effects of Once-Weekly Exenatide on Cardiovascular Outcomes in Type 2 Diabetes							
6. Manuscript Ide 16-12917	entifying Number (if you l	know it)						
Section 2								
Section 2.	The Work Under (	Consideration for Pub	lication					
Did you or your institution <b>at any time</b> 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.)?  Are there any relevant conflicts of interest?  Yes  No								
Section 3.	D. L	1						
Relevant financial activities outside the submitted work.								
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .								
•	levant conflicts of inte		)					
If yes, please fill out the appropriate information below.								
Name of Entity		Grant? Personal Fees?	Ion-Financial Other	? Comments				
Novartis				Member of study committees				
Bayer				Member of study committees				
Cardiorentis				Member of study committees				
resenius				Member of study committees				

Maggioni 2



Section 4. Intellectual Property Patents & Copyrights							
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo							
Section 5. Relationships not covered above							
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✓ No other relationships/conditions/circumstances that present a potential conflict of interest							
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Section 6. Disclosure Statement							
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.							
Dr. Maggioni reports personal fees from Novartis, personal fees from Bayer, personal fees from Cardiorentis, personal fees from Fresenius outside the submitted work.							

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

Marso 1



Section 1. Identifying Infor	mation				
1. Given Name (First Name) Steve	2. Surname (Last Name) Marso		3. Date 01-August-2017		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Rury R. Holman			
5. Manuscript Title Effects of Once-Weekly Exenatide on	Cardiovascular Outcomes in	Type 2 Diabetes			
6. Manuscript Identifying Number (if you 16-12917	know it)				
Section 2. The Work Under	Consideration for Public	cation			
any aspect of the submitted work (includi statistical analysis, etc.)?	ng but not limited to grants, da		nent, commercial, private foundation, etc.) for study design, manuscript preparation,		
Are there any relevant conflicts of inte		vo more than one on	tity press the "ADD" button to add a row.		
Excess rows can be removed by press	•	e more than one en			
Name of Institution/Company	Grant•	n-Financial other	Comments		
Astra-Zeneca		<b>✓</b>	Travel related to Steering committee participation for EXSCEL trial		
Section 3. Relevant financia	al activities outside the s	submitted work.			
	cribed in the instructions. Useport relationships that were erest?  Yes  No	se one line for each o	ncial relationships (regardless of amount entity; add as many lines as you need by ne 36 months prior to publication.		
Name of Entity	Grant•	n-Financial Other	Comments		
Novo Nordisk	<b>V</b>		Consulting, Steering Committee Member		
Abbott Vascular	<b>✓</b>		Physician Education		
Boston Scientific			Physician Education		

Marso 2



Section 4. Intellectual Property Patents & Copyrights							
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo							
Section 5. Relationships not covered above							
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?							
Yes, the following relationships/conditions/circumstances are present (explain below):							
No other relationships/conditions/circumstances that present a potential conflict of interest							
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Section 6. Disclosure Statement							
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Dr. Marso reports non-financial support from Astra-Zeneca, during the conduct of the study; grants and personal fees from Novo Nordisk, personal fees from Abbott Vascular, personal fees from Boston Scientific, outside the submitted work; .							

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

Mentz 1



Section 1. Identifying Inform	ation						
Given Name (First Name)  Robert	Surname (Last Name)     Mentz		3. Date 19-July-2017				
4. Are you the corresponding author?  Yes  Yes  Rury R. Holman							
5. Manuscript Title Effects of Once-Weekly Exenatide on Cardiovascular Outcomes in Type 2 Diabetes							
6. Manuscript Identifying Number (if you kn 16-12917	ow it)						
		_					
Section 2. The Work Under Co	onsideration for Public	ation					
Did you or your institution <b>at any time</b> recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressing	but not limited to grants, dansts: Yes No ormation below. If you have	ita monitoring board, stu	ıdy design, manuscript preparation,				
Name of Institution/Company	Grant	n-Financial other?	Comments				
AstraZeneca	<b>✓</b>		Research Support for the Trial				
Continu 2							
Section 3. Relevant financial	activities outside the s	ubmitted work.					
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest?    Yes    No							
If yes, please fill out the appropriate info	rmation below.						
Name of Entity	Grant•	n-Financial other?	Comments				
GlaxoSmithKline	<b>✓</b>		Research Support				
Boehringer-Ingelheim			Advisory Board				

Mentz 2



Section 4. Intellectual Property Patents & Copyrights							
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo							
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Dr. Mentz reports grants from AstraZeneca during the conduct of the study; grants from GlaxoSmithKline, personal fees from Boehringer-Ingelheim outside the submitted work.							

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Ohman 1



Section 1. Identifying Inform	nation						
1. Given Name (First Name) Peter	2. Surname (Last Name) Ohman	3. Date 24-July-2017					
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Rury R. Holman					
5. Manuscript Title Effects of Once-Weekly Exenatide on Cardiovascular Outcomes in Type 2 Diabetes							
6. Manuscript Identifying Number (if you k 16-12917	now it)						
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Name of Entity	Grant? Personal No	n-Financial other? Comments					
AstraZeneca		Employee and shareholder					
Section 4. Intellectual Prope	rty Patents & Copyri	ghts					
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo							

Ohman 2



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Relationships not covered above
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Disclosure Statement
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Dr. Ohman reports personal fees and other from AstraZeneca outside the submitted work.

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Other: Anything not covered under the previous three boxes

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**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

Pagidipati 1



Section 1. Identifying Inform	nation						
1. Given Name (First Name)	2. Surname (Last Name)		3. Date				
Neha	Pagidipati		20-July-2017				
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth Rury R. Holman	or's Name				
5. Manuscript Title Effects of Once-Weekly Exenatide on Cardiovascular Outcomes in Type 2 Diabetes							
6. Manuscript Identifying Number (if you kr 16-12917	now it)						
		_					
Section 2. The Work Under C	onsideration for Publi	cation					
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)?			ent, commercial, private foundation, etc.) for tudy design, manuscript preparation,				
Are there any relevant conflicts of interes	est? ✓ Yes No						
If yes, please fill out the appropriate info Excess rows can be removed by pressin		ve more than one ent	ity press the "ADD" button to add a row.				
Name of Institution/Company	Grant'	n-Financial Other?	Comments				
Astra Zeneca	<b>✓</b>		AZ funded the trial				
Section 3. Relevant financial	activities outside the	submitted work.					
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of interesting the second conflicts of the sec	ibed in the instructions. Upport relationships that we lest? Yes No	se one line for each e					
ii yes, piease iiii out the appropriate iiii	omation below.						
Name of Entity	Grant'	n-Financial Other	Comments				
Freedom Health, Inc			ownership				
Physician Partners, LLC			ownership				
RXAdvance, LLC			ownership				

Pagidipati 2



Name of Entity	Grant? Personal Fees?	Non-Financial Support	Other? C	omments			
Florida Medical Associates, LLC			<b>√</b> ow	nership			
Section 4. Intellectual Bronout							
Intellectual Propert	y Patents & Cop	oyrights					
Do you have any patents, whether plann	ed, pending or issue	d, broadly releva	nt to the woi	rk? Yes 🗸 No			
Section 5. Relationships not c	overed above						
Are there other relationships or activities potentially influencing, what you wrote i			nfluenced, o	r that give the appearance of			
Yes, the following relationships/cond	itions/circumstance	s are present (exp	olain below):				
No other relationships/conditions/cir	cumstances that pre	esent a potential c	conflict of int	terest			
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.							
Section 6. Disclosure Stateme	nt						
Based on the above disclosures, this form below.		generate a disclos	ure stateme	nt, which will appear in the bo	ЭХ		
Dr. Pagidipati reports grants from Astra 2 Physician Partners, LLC, other from RXAc	9		•				

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Pagidipati 3



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

## Relationships not covered above.

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

n-Financial Support: Examples include drugs/equipment



Section 1. Identifying Information	ation						
1. Given Name (First Name) Neil	2. Surname (Last Name) Poulter		3. Date 27-July-2017				
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth	or's Name				
5. Manuscript Title Effects of Once-Weekly Exenatide on Cardiovascular Outcomes in Type 2 Diabetes							
6. Manuscript Identifying Number (if you kno 16-12917	ow it)						
Section 2. The Work Under Co	nsideration for Publi	ication					
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interes	but not limited to grants, d st?  Yes  No rmation below. If you ha	ata monitoring board, s	ent, commercial, private foundation, etc.) for tudy design, manuscript preparation, etc.) sity press the "ADD" button to add a row.				
Name of Institution/Company	Grant'	on-Financial Support?	Comments				
Astra Zeneca			Speaker fees & advisory board activities				
Section 3. Relevant financial a	activities outside the	submitted work.					
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should rep	oed in the instructions. U ort relationships that we	lse one line for each e	ntity; add as many lines as you need by				
Are there any relevant conflicts of interest lf yes, please fill out the appropriate info							
Name of Entity	Grant	on-Financial Other?	Comments				
Servier			Speaker fees & advisory board activities				
Takeda			Speaker fees & advisory board activities				



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments		
Novo Nordisk		<b>✓</b>			Speaker fees & advisory board activities; honorarium for steering committee attendance.		
AstraZeneca		<b>✓</b>			Speaker fees & advisory board activities		
Diabetes UK	<b>✓</b>				Research grant		
NIHR EME	<b>✓</b>				Research grant		
Julius Clinical	<b>✓</b>				Research grant		
British Heart Foundation	<b>✓</b>				Research grant		
Section 4. Intellectual Propert	y Pate	ents & Cop	pyrights				
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? ☐ Yes   ✓ No		
Section 5. Relationships not c	overed	above					
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?							
Yes, the following relationships/cond	itions/cir	cumstance	es are present (exp	olain belo	w):		
No other relationships/conditions/cir	cumstan	ces that pre	esent a potential	conflict o	finterest		
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.							
Section 6. Disclosure Stateme	nt						
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.							
Dr. Poulter reports personal fees from Astra Zeneca, during the conduct of the study; personal fees from Servier, personal fees from Takeda, personal fees from Novo Nordisk, personal fees from AstraZeneca, grants from Diabetes UK, grants from NIHR EME, grants from Julius Clinical, grants from British Heart Foundation, outside the submitted work;.							



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## Relationships not covered above.

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

Ramachandran 1



Section 1. Identifying Informa	ation					
Given Name (First Name)     Ambady	2. Surname (Last Name) Ramachandran				3. Date 29-July-2017	
4. Are you the corresponding author?	Yes ✓ No Corresponding Author's Name Rury R. Holman			or's Name		
5. Manuscript Title Effects of Once-Weekly Exenatide on Cardiovascular Outcomes in Type 2 Diabetes						
6. Manuscript Identifying Number (if you know it) 16-12917						
Section 2. The Work Under Co	nsidera	tion for P	ublication			
Did you or your institution <b>at any time</b> 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.)?  Are there any relevant conflicts of interest?  Yes  No						
Section 3. Relevant financial a	ctivities	outside	the submitted	work.		
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interest lf yes, please fill out the appropriate information.	oed in the ort relationst?	instruction Inships tha	ns. Use one line fo	or each er	ntity; add as many lines as you need	d by
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
AstraZeneca		<b>√</b>			Advisory board meetings	
Bayer		<b>✓</b>			Honoraria for lectures	
NovoNordisk		<b>√</b>			Honoraria for lectures	
EliLilly		<b>✓</b>			Honoraria for lectures	
Sanofi		<b>✓</b>			Honoraria for lectures	
Novartis	<b>✓</b>				Study funding	
Sanofi	✓				Study funding	
AstraZeneca	<b>✓</b>				Study funding	

Ramachandran 2



Section 4.	Intellectual Property Patents & Copyrights			
Do you have any p	patents, whether planned, pending or issued, broadly relevant to the work? Yes V			
Section 5.	Relationships not covered above			
	lationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work?			
Yes, the following relationships/conditions/circumstances are present (explain below):				
No other relationships/conditions/circumstances that present a potential conflict of interest				
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.			
Section 6.	Disclosure Statement			
Based on the above below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
	n reports personal fees from AstraZeneca, personal fees from Bayer, personal fees from NovoNordisk, n EliLilly, personal fees from Sanofi, grants from Novartis, grants from Sanofi, and grants from AstraZeneca itted work.			

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Ramachandran 3



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Thompson 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fir Vivian	st Name)	2. Surname (Last Name) Thompson	3. Date 28-July-2017			
4. Are you the corr	esponding author?	Yes ✓ No	Corresponding Author's Name Rury R. Holman			
5. Manuscript Title Effects of Once-V		ardiovascular Outcomes in	Type 2 Diabetes			
6. Manuscript Iden 16-12917	tifying Number (if you kr	now it)				
Section 2.	Section 2. The Work Under Consideration for Publication					
any aspect of the su statistical analysis, o	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,			
Section 3.	Relevant financial	activities outside the s	ubmitted work.			
of compensation clicking the "Add	) with entities as descri	bed in the instructions. Use port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se <b>present during the 36 months prior to publication</b> .			
Section 4.	Intellectual Proper	ty Patents & Copyric	yhts			
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No			

Thompson 2



Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
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Dr. Thompson has nothing to disclose.

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Zinman 1



Section 1. Identifying Inform	ation					
1. Given Name (First Name) Bernard	2. Surname (Last Name) Zinman					
4. Are you the corresponding author?	Yes ✓ No	Corresponding Aut Rury R Holman	Corresponding Author's Name Rury R Holman			
5. Manuscript Title Effects of Once-Weekly Exenatide on Cardiovascular Outcomes in Type 2 Diabetes						
6. Manuscript Identifying Number (if you know it) 16-12917						
Section 2. The Work Under Co	onsideration for Pub	olication				
Did you or your institution <b>at any time</b> receirany aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of intere	but not limited to grants,	, data monitoring board,	ment, commercial, private foundation, etc.) for study design, manuscript preparation,			
Section 3. Relevant financial a	activities outside th	e submitted work.				
	bed in the instructions. port relationships that vest?  Yes  No	. Use one line for each were <b>present during t</b>	ncial relationships (regardless of amount entity; add as many lines as you need by the 36 months prior to publication.			
Name of Entity	Grant? Personal N	Non-Financial Support?	? Comments			
AstraZeneca	<b>V</b>		Research support; consultant			
Boehringer Ingelheim	<b>✓</b>		Research support; consultant			
Novo Nordisk	<b>✓</b>		Research support; consultant			
Janssen			Consultant			
Sanofi			Consutant			
Eli Lilly			Consultant			
Merck			Consultant			

Zinman 2



Section 4. Intellectual Property - Potents & Consuments
Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
Section 5. Relationships not covered above
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Zinman 3