**Date:** 7/1/2021

Your Name: Catherine C. Cohen, PhD, RD

Manuscript Title: Dietary sugar restriction reduces hepatic de novo lipogenesis in adolescents with non-alcoholic fatty

liver disease

Manuscript number (if known): 150996-JCI-CMED-1

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.

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		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,	X None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	X None	
	in item #1 above).		
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
_			
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10		V. None	
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other services		
12	Other financial or non-	V None	
13	financial interests	X None	

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

Date:July 1, 2021						
Your Name:Kelvin Li	Your Name:Kelvin Li					
		uces hepatic de novo lipogenesis in adolescents wi	th			
nonalcoholic fatty liver dise						
Manuscript number (if known):	150996-JCI-CMED-	1				
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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u> .						
The author's relationships/activities/interests should be <u>defined broadly</u> . 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	Specifications/Comments				
	whom you have this	(e.g., if payments were made to you or to your				
	relationship or indicate none (add rows as	institution)				

		whom you have this relationship or indicate none (add rows as needed)	(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.	X_ None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_ None	
3	Royalties or licenses	X_ None	

4	Consulting fees	_X None	
4	Consulting fees	_^_ None	
5	Payment or honoraria for lectures, presentations,	X_ None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X_ None	
-		V N	
7	Support for attending meetings and/or travel	_X None	
8	Patents planned, issued or pending	X_ None	
9	Participation on a Data Safety Monitoring Board or	X_ None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X_ None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_ None	
12	Receipt of equipment, materials, drugs, medical	X_ None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

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

Date: 6/17/202	.1
Your Name: Adina Alazra	
Manuscript Title:	Dietary sugar restriction reduces hepatic de novo
Manuscript number (if known):_	lipogenesis in adolescents with nonalcoholic fatty
	iipogenesis in adolescents with nonalconolic fatty
	liver disease (150996-JCI-CMED-1)

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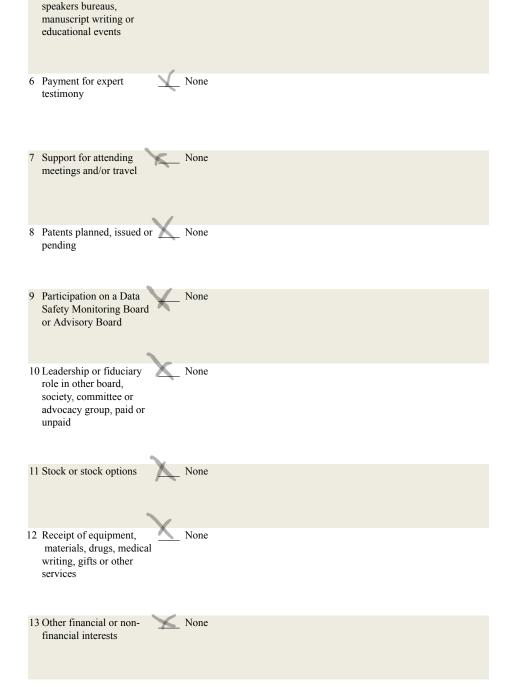
Name all entities with whom you have this relationship or indicate none (add rows as needed)

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.

		Tim	ne frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None		
4	Consulting fees	None None		
5	Payment or honoraria for	None		

lectures, presentations,



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

Date: 6 June 2021

Your Name: Carine Beysen

Manuscript Title: Dietary sugar restriction reduces hepatic de novo lipogenesis in adolescents with nonalcoholic fatty liver

disease

Manuscript number (if known): (150996-JCI-CMED-1)

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	X None	

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

Date:_	6/18/2021
Your N	Jame: Carissa Carrier
Manus	script Title: Dietary sugar restriction reduces hepatic de novo lipogenesis in adolescents with nonalcoholic fatty liver disease
Manus	script number (if known): 150996-JCI-CMED-1

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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.	X None	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past  X None	36 months
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	_X_ None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	_X_ None	
9	Participation on a Data Safety Monitoring Board or	X_ None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X_ None	

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

Date: 6/22/2021	
Your Name: Relocco Cleeton	
Manuscript Title: Dietary Sugar reduction restriction reduces hepatic de novo lipe	openesis in adolescent
Manuscript number (if known): 150996 - JCI-CMED-1 WITH NONAL (NOIC FAH)	Piver dispose
	1 00 . 10

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		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 initia	al 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.	None NMS	grant funding to institution for project
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	_√_ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	✓_ None
6	Payment for expert testimony	<u>√</u> None
7	Support for attending meetings and/or travel	✓ None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>√</u> None
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

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

Date	:6.14.2021		
	· Name:Mohamad Dan		
			es hepatic de novo lipogenesis in adolescents with
non	alcoholic fatty liver dise	ase	- <del></del>
Man	uscript number (if known):	150996-JCI-CMED	-1
relat parti to tra	ed to the content of your nies whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment if you are in doubt about whether to list a so.
	following questions apply t uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to th	• •	nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive me manuscript.
	em #1 below, report all sup ime frame for disclosure is	·	in this manuscript without time limit. For all other items,
		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 initia	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.	X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	X None	
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
13	services Other financial or non-	X None	
15	financial interests		

X_ I certify that	t I have answered every question and have not altered the wording of any of the questions on th
form.	
Mulreule Red St	

Date:	06/11/2021			
Your Name:	Jar	net Figueroa		
Manuscript Title:	Dietary sugar restr	riction reduces he	patic de novo	lipogenesis in adolescents with
nonalcoholic fa	tty liver disease			
Manuscript numb	oer (if known <u>):</u>	150996	-JCI-CMED-1	)

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_ None	
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
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7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10		V. None	
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other services		
12	Other financial or non-	V None	
13	financial interests	X None	

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

Date: 16 June 202				
Your Name: Jack Knight-Scott				
Manuscript Title: Buetary bugai restriction reduces he pale de nove	v-	<b>-</b>	«r	_
Manuscript number (if known): 150996-3CI-CMED-1				

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.

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	medical writing, article processing charges, etc.) No time limit for this item.		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Time frame: past	36 months
3	Royalties or licenses	None	

4	Consulting fees	None		
_	Daniel de la companya	3/ 1/		
5	Payment or honoraria for lectures, presentations,	_X None		
	speakers bureaus, manuscript writing or		· · · · · · · · · · · · · · · · · · ·	•
	educational events			
6	Payment for expert testimony	<b>K</b> None		00.000
7	Support for attending	None		**************************************
	meetings and/or travel			
8	Patents planned, issued or pending	None		
9	Participation on a Data Safety Monitoring Board or	X None		
	Advisory Board			
10	Leadership or fiduciary role in other board, society,	X None		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical	X None		
	writing, gifts or other			
13	services Other financial or non-	None		<del> </del>
73	financial interests	Wolle		

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

**Date:** June 10, 2021

Your Name: Cynthia Knott

Manuscript Title: Dietary sugar restriction reduces hepatic de novo lipogenesis in adolescents with

nonalcoholic fatty liver disease

Manuscript number (if known): 150996-JCI-CMED-1

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	X None	

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Date:	<u> 7/2/2021</u>	
Your Name:	Edna Nyangau	
<b>Manuscript Title:</b>	Dietary	sugar restriction reduces hepatic de novo lipogenesis in adolescents with
nonalcoholic fatt	y liver disease	<u>_</u>
Manuscript num	ber (if known):	150996-JCI-CMED-1

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3	Royalties or licenses	X None	

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5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
_			
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10			
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

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Date:06.1	8.2021
Your Name:	Patricia A. Ugalde Nicalo
<b>Manuscript Tit</b>	le: Dietary sugar restriction reduces hepatic de novo lipogenesis in adolescents with nonalcoholi
fatty liver dise	ase
Manuscript nu	mber (if known): 150996-JCI-CMED-1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	_X None	
3	Royalties or licenses	X None	

4	Consulting fees	_X None	
5	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	_X None	
7	Support for attending meetings and/or travel	_X None	
	-		
8	Patents planned, issued or pending	_X None	
9	Participation on a Data Safety Monitoring Board or	_X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_X None	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	_X None	

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

Date	e:6/2	20/2021	
You	r Name:Jean A. V	Velsh	
<b>Mar</b> dise	, ,	restriction reduces hepati	c de novo lipogenesis in adolescents with nonalcoholic fatty liv
Mar	nuscript number (if known):	(150996-JCI-CMED	0-1)
rela part to ti	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the manuscript of the manuscript. If you are in doubt about whether to list a so.
	following questions apply t	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to ti med In it	ne epidemiology of hyperte lication, even if that medica	nsion, you should declare ition is not mentioned in t port for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  d in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initi	al 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.	x None	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x None	

Royalties or licenses

\_\_x\_\_ None

4	Consulting fees	x None	
5	Payment or honoraria for lectures, presentations,	x None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
_			
9	Participation on a Data Safety Monitoring Board or	x None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	x None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	_x None	

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

Pate:June 15,2021				
Your Name:Marc Hellerstein MD PhD				
Manuscript Title: Dietary sugar restriction reduces hepatic de novo lipogenesis in adolescents with nonalcoholic fatt liver disease				
Manuscript number (if known): 150996-JCI-CMED-1				

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.

None

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	X_ None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_ None	
3	Royalties or licenses	X None	

4 (	Consulting fees	X_ None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Compart for attackling	V. Nene	
/	Support for attending meetings and/or travel	X_ None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data	X_ None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_ None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X_ None	

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

**Date:** June 30, 2021

Your Name: Jeffrey Schwimmer

Manuscript Title: Dietary sugar restriction reduces hepatic de novo lipogenesis in adolescents with nonalcoholic

fatty liver disease

Manuscript number (if known): 150996-JCI-CMED-1

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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 init	ial planning of the work	
1	All support for the present	None	Nutrition Science Initiative. Funding to UC San Diego	
	manuscript (e.g., funding,			
	provision of study			
	materials, medical writing,			
	article processing charges,			
	etc.) No time limit for this			
	item.			
	Time frame: past 36 months			
2	Grants or contracts from	None	Intercept. Funding to UC San Diego	
	any entity (if not indicated		Genfit. Funding to UC San Diego	
	in item #1 above).		Seraphina: Funding to UC San Diego	
3	Royalties or licenses	X None		

4	Consulting fees	_X_ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X_ None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	<u>X</u> None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_ None	
11	Stock or stock options	_X None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_ None	
13	Other financial or non- financial interests	_X_ None	

<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this orm.

Date:	July 8, 2021	
	Miriam Vos, MD, MSPH	
Manuscript T liver disease_	tle:_ Dietary sugar restriction reduces hepatic de novo lipogenesis in adolescents with nonalcoholic	c fatty
Manuscript n	imber (if known)150996-JCI-CMED-1	
related to the parties whose to transparen	of transparency, we ask you to disclose all relationships/activities/interests listed below that are content of your manuscript. "Related" means any relation with for-profit or not-for-profit third interests may be affected by the content of the manuscript. Disclosure represents a commitment cy and does not necessarily indicate a bias. If you are in doubt about whether to list a ctivity/interest, it is preferable that you do so.	
The following manuscript o	questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>lly</u> .	
The author's	elationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertai	ns

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.

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.

		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,	None	
	provision of study materials,	Nutrition Science Initiative	Payments to my institution
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
_		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	x None	
	in item #1 above).		
3	Royalties or licenses	x None	

4	Consulting fees	None Boehringer Ingelheim	
		Intercept Target RealWorld Solutions	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_x None	
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x_ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x None	
11	Stock or stock options	_x None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_x None	
13	Other financial or non- financial interests	x None	

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