

ICMJE DISCLOSURE FORM

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.

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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ICMJE DISCLOSURE FORM

Date: July 1, 2021

Your Name: Kelvin Li

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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ICMJE DISCLOSURE FORM

Date: 6/17/2021
Your Name: Adina Alazraki
Manuscript Title: Dietary sugar restriction reduces hepatic de novo lipogenesis in adolescents with nonalcoholic fatty liver disease (150996-JCI-CMED-1)
Manuscript number (if known): _____

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- 1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) ☒ None
No time limit for this item.

Time 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

- 5 Payment or honoraria for lectures, presentations, ☒ None

speakers bureaus,
manuscript writing or
educational events

6 Payment for expert ☒ None
testimony

7 Support for attending ☒ None
meetings and/or travel

8 Patents planned, issued or ☒ None
pending

9 Participation on a Data ☒ None
Safety Monitoring Board
or Advisory Board

10 Leadership or fiduciary ☒ None
role in other board,
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- ☒ None
financial interests

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ICMJE DISCLOSURE 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			
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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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ICMJE DISCLOSURE FORM

Date: 6/18/2021

Your Name: Carissa Carrier

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).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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ICMJE DISCLOSURE FORM

Date: 6/22/2021

Your Name: Rebecca Cleeton

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

Manuscript number (if known): 150996-JCI-CMED-1 with nonalcoholic fatty liver disease

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 6.14.2021

Your Name: Mohamad Dandan

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 06/11/2021

Your Name: Janet Figueroa

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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ICMJE DISCLOSURE FORM

Date: 16 June 2021
 Your Name: Jack Knight-Scott
 Manuscript Title: Dietary fibre restriction reduces hepatic de novo
 Manuscript number (if known): 150996-JCI-CMED-1

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4	Consulting fees	4 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	4 None	
6	Payment for expert testimony	4 None	
7	Support for attending meetings and/or travel	4 None	
8	Patents planned, issued or pending	4 None	
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~~X~~ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 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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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	
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11	Stock or stock options	X None	
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ICMJE DISCLOSURE FORM

Date: 7/2/2021

Your Name: Edna Nyangau

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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ICMJE DISCLOSURE FORM

Date: 06.18.2021
 Your Name: Patricia A. Ugalde Nicalo
 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

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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ICMJE DISCLOSURE FORM

Date: 6/20/2021

Your Name: Jean A. Welsh

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			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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6	Payment for expert testimony	<input type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: June 15, 2021

Your Name: Marc Hellerstein MD PhD

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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None

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

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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ICMJE DISCLOSURE 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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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u> None	Intercept. Funding to UC San Diego
			Genfit. Funding to UC San Diego
			Seraphina: Funding to UC San Diego
3	Royalties or licenses	<u> X </u> None	

4	Consulting fees	<u> X </u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> X </u> None	
6	Payment for expert testimony	<u> X </u> None	
7	Support for attending meetings and/or travel	<u> X </u> None	
8	Patents planned, issued or pending	<u> X </u> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> None	

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ICMJE DISCLOSURE FORM

Date: July 8, 2021
 Your Name: Miriam Vos, MD, MSPH
 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).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> 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	
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