ICMJE DISCLOSURE FORM

Date:	October 3 2022
Your Name:	Sue D. Pedersen
Manuscript Title:	Pharmacotherapy for obesity management (2022 CPG update)
Manuscript Number (if known):	N/A

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 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.

			ne all entities with whom you have this tionship 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	Х	None	
	of study materials,			
	medical writing, article processing			
	charges, etc.) No time limit for			Click the tab key to add additional rows.
	this item.			
			Time frame: past 36 month	is
2	Grants or contracts from any entity (if not indicated in item	Х	None	
	#1 above).			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	X None	
4	Consulting fees	□ None	
		Abbott, Lilly, Bayer	consultation
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	CPD network, LiV agency, CCRN, obesity Canada, AstraZeneca, Bausch, Lilly, Novo Nordisk, Janssen, Boehringer, Sanofi, Merck, Abbott, Dexcom, HLS, Bayer	Honoraria for lectures
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	□ None Bausch, Lilly, Novo Nordisk, Janssen, Boehringer, Abbott	Travel to meetings

		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)
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Lilly, AstraZeneca, Janssen, Novo Nordisk, Merck, Sanofi, Boehringer, Bausch, Abbott, HLS, Bayer	Advisory boards
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,	X None	

		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)	
	gifts or other services			
13	Other financial or non-financial interests	X None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
χ	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

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Data	Ostobou 2 2022
Date:	October 3 2022
Your Name:	Sean Wharton
Manuscript Title:	Pharmacotherapy for obesity management (2022 CPG update)
Manuscript Number (if known):	N/A
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		Name all entities with whom you have this relationship or indicate none (add rows as need	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial plar	ning 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	Click the tab key to add additional rows.
		Time frame: past 36 n	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None	
3	Royalties or licenses	☑ None	

		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)
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Novo Nordisk, Eli Lilly, Bausch Health Canada Boehringer Ingelheim	Academic talk to colleagues Payments to my Medical Corporation
6	Payment for expert testimony	☑ None	
7	Support for attending meetings and/or travel	□ None Novo Nordisk	
8	Patents planned, issued or pending	☑ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Novo Nordisk, Eli Lilly, Bausch Health Canada Boehringer Engelheim	Advisory Boards, payments to Medical Corporation
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None Obesity Canada The Obesity Society	

ľ		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)
11	Stock or stock options	✓ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None Novo Nordisk, Bausch Health Canada Eli Lilly	Medical Writing
13	Other financial or non-financial interests	□ None	
Plea	Please place an "X" next to the following statement to indicate your agreement: \[\] I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

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Date:	October 3 2022
Your Name:	Priya Manjoo
Manuscript Title:	Pharmacotherapy for obesity management (2022 CPG update)
Manuscript Number (if known):	N/A

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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	present manuscript (e.g., funding, provision of study materials,	х	None	
	medical writing, article processing			
	charges, etc.) No time limit for			Click the tab key to add additional rows.
	this item.			
			Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	X .	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	X None	
4	Consulting fees	□ None	
		Bausch Health	
		Lilly	Viatris
		Novo Nordisk	
		Amgen	
5	Payment or honoraria for lectures, presentations,	□ None	
	speakers bureaus,	Novonordisk	HLS therapeutics
	manuscript writing or	Lilly	Bausch Health
	educational events	Pfizer	Sanofi
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	

		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)
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Novonordisk (Advisory Board) Bausch Health (Advisory Board) Lilly (Advisory Board);	Viatris (Advisory Board) Bayer (Advisory Board) Amgen (Advisory Board)
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	

		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)
13	Other financial or non-financial interests	X None	

Please place an "X" next to the following statement to indicate your agreement:

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