

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

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

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Vanessa

2. Surname (Last Name)

Ferreira

3. Date

02-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jenny Rayner

5. Manuscript Title

Obesity-Related Ventricular Remodelling is Exacerbated in Dilated and Hypertrophic Cardiomyopathy

6. Manuscript Identifying Number (if you know it)

CDT-2019-CH-05(CDT-19-587)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

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☒ No

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☒ No

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Dr. Ferreira has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ines

2. Surname (Last Name)  
Abdesselam

3. Date  
07-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Jenny Rayner

5. Manuscript Title  
Obesity-Related Ventricular Remodelling is Exacerbated in Dilated and Hypertrophic Cardiomyopathy

6. Manuscript Identifying Number (if you know it)  
CDT-19-517

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Dr. Abdesselam has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Joanna

2. Surname (Last Name)

d'Arcy

3. Date

07-April-2020

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

Jenny Rayner

5. Manuscript Title

Obesity-Related Ventricular Remodelling is Exacerbated in Dilated and Hypertrophic Cardiomyopathy

6. Manuscript Identifying Number (if you know it)

CDT-19-517

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Dr. d'Arcy has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Saul

2. Surname (Last Name)  
Myerson

3. Date  
07-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Jenny Rayner

5. Manuscript Title  
Obesity-Related Ventricular Remodelling is Exacerbated in Dilated and Hypertrophic Cardiomyopathy

6. Manuscript Identifying Number (if you know it)  
CDT-19-517

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Dr. Myerson has nothing to disclose.

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1. Given Name (First Name) Stefan	2. Surname (Last Name) Neubauer	3. Date 07-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jenny Rayner
5. Manuscript Title Obesity-Related Ventricular Remodelling is Exacerbated in Dilated and Hypertrophic Cardiomyopathy		
6. Manuscript Identifying Number (if you know it) CDT-19-517		

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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 Fees?	Non-Financial Support?	Other?	Comments
Cytokinetcs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCM research drug trial funding in a field unrelated to effects obesity
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DCM research drug trial funding in a field unrelated to effects obesity

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Dr. Neubauer reports grants and personal fees from Cytokinetcs, grants from Boehringer Ingelheim, 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.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jenifer

2. Surname (Last Name)

Rayner

3. Date

07-April-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Obesity-Related Ventricular Remodelling is Exacerbated in Dilated and Hypertrophic Cardiomyopathy

6. Manuscript Identifying Number (if you know it)

CDT-19-517

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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 activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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### Section 6. Disclosure Statement

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Dr. Rayner has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Oliver	2. Surname (Last Name) Rider	3. Date 07-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jenny Rayner
5. Manuscript Title Obesity-Related Ventricular Remodelling is Exacerbated in Dilated and Hypertrophic Cardiomyopathy		
6. Manuscript Identifying Number (if you know it) CDT-19-517		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 3. Relevant financial activities outside the submitted work.

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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 Fees?	Non-Financial Support?	Other?	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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Dr. Rider has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Hugh

2. Surname (Last Name)  
Watkins

3. Date  
07-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Jenny Rayner

5. Manuscript Title  
Obesity-Related Ventricular Remodelling is Exacerbated in Dilated and Hypertrophic Cardiomyopathy

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Watkins has nothing to disclose.

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