

ICMJE DISCLOSURE FORM

Date: 01.06.2021

Your Name: Josephine Grandt

Manuscript Title: Cohort study evaluating predictors of therapeutic success after sleeve gastrectomy or Roux-en-Y-gastric bypass.

Manuscript number (if known): ALES-2021_IIMIS-01-R2

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, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	___ None	
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, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ 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	___ 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	

Please summarize the above conflict of interest in the following box:

No conflicts

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.

ICMJE DISCLOSURE FORM

Date: May 25th, 2021_____

Your Name: Johannes Chang_____

Manuscript Title: Cohort study evaluating predictors of therapeutic success after sleeve gastrectomy or Roux-en-Y-gastric bypass.

Manuscript number (if known): ALES-2021_IIMIS-01-R2

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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: 01.06.2021

Your Name: Prof. Dr. Andreas Türler

Manuscript Title: **Cohort study evaluating predictors of therapeutic success after sleeve gastrectomy or Roux-en-Y-gastric bypass.**

Manuscript number (if known): ALES-2021_IIMIS-01-R2

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	J&J Medical: lectures/presentations	Payment to me
6	Payment for expert testimony	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	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	

Please summarize the above conflict of interest in the following box:

Staplers of J&J were used in bariatric operations. The company is not mentioned in the manuscript. There is no conflict of interest.

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.

ICMJE DISCLOSURE FORM

Date: 26.05.2021

Your Name: Christian Jansen

Manuscript Title: Cohort study evaluating predictors of therapeutic success after sleeve gastrectomy or Roux-en-Y-gastric bypass.

Manuscript number (if known): ALES-2021_IIMIS-01-R2

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4	Consulting fees	<input checked="" type="checkbox"/> None	

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: May 25th 2021

Your Name: Robert Schierwagen

Manuscript Title: Cohort study evaluating predictors of therapeutic success after sleeve gastrectomy or Roux-en-Y-gastric bypass.

Manuscript number (if known): ALES-2021_IIMIS-01-R2

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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: 31.05.2021

Your Name: Dr. med. Tatjana Schröder

Manuscript Title: Cohort study evaluating predictors of therapeutic success after sleeve gastrectomy or Roux-en-Y-gastric bypass.

Manuscript number (if known): ALES-2021_IIMIS-01-R2

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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No conflicts

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ICMJE DISCLOSURE FORM

Date: 25 MAY 2021

Your Name: Michael Praktijnjo

Manuscript Title: Cohort study evaluating predictors of therapeutic success after sleeve gastrectomy or Roux-en-Y-gastric bypass.

Manuscript number (if known): ALES-2021_IIMIS-01-R2

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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 1st, 2021 _____

Your Name: Christian P. Strassburg _____

Manuscript Title: Cohort study evaluating predictors of therapeutic success after sleeve gastrectomy or Roux-en-Y-gastric bypass.

Manuscript number (if known): ALES-2021_IIMIS-01-R2

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ICMJE DISCLOSURE FORM

Date: _____ 25 May 2021 _____

Your Name: Ulrich Spengler

Manuscript Title: Cohort study evaluating predictors of therapeutic success after sleeve gastrectomy or Roux-en-Y-gastric bypass.

Manuscript number (if known): ALES-2021_IIMIS-01-R2

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ICMJE DISCLOSURE FORM

Date: 07. May 2021

Your Name: Jonel Trebicka

Manuscript Title: **Cohort study evaluating predictors of therapeutic success after sleeve gastrectomy or Roux-en-Y-gastric bypass.**

Manuscript number (if known): ALES-2021_IIMIS-01-R2

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ICMJE DISCLOSURE FORM

Date: 1st of June 2021

Your Name: Lise Lotte Gluud

Manuscript Title: **Cohort study evaluating predictors of therapeutic success after sleeve gastrectomy or Roux-en-Y-gastric bypass.**

Manuscript number (if known): **ALES-2021_IIMIS-01-R2**

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