

ICMJE DISCLOSURE FORM

Date: 26th April 2023

Your Name: Dr. Thomas M Barber

Manuscript Title: How will the latest modifications to the CG189 NICE guidelines for obesity management likely impact clinical care?

Manuscript number (if known): HBSN-23-143

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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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.

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Time frame: past 36 months			
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7	Support for attending meetings and/or travel	None	
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Please summarize the above conflict of interest in the following box:

N/A

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