ICMJE DISCLOSURE FORM

Date:__Apr 18, 2023__

Payment or honoraria for

X __None

Ma	ur Name:Toshimi Kaido_ anuscript Title: Proposal anuscript number (if known)		stic criteria for sarcopenic obesity by ESPEN and EASO		
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a lo so.		
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current		
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive 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 initi	al planning of the work		
	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.	XNone			
		Time frame: pas	st 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None			
3	Royalties or licenses	XNone			
1	Consulting fees	X _None			

6	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X _None	
7	Support for attending meetings and/or travel	X _None	
8	Patents planned, issued or pending	XNone	
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	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	X _None	
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:

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.