ICMJE DISCLOSURE FORM

| Dat | e:August 30, 2022 | _ | | | | | |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| You | r Name: Patricia J Vining | Maravolo | | | | | |
| Manuscript Title:A narrative review of Type 2 Diabetes Mellitus and its Management in Children and Adolescents | | | | | | | |
| Manuscript number (if known):PM-21-103 | | | | | | | |
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| rela pari to t rela The | ted to the content of your maties whose interests may be ransparency and does not not tionship/activity/interest, it following questions apply to | nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. is preferable that you do | relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. ps/activities/interests as they relate to the current | | | | |
| <u>mar</u> | nuscript only. | | | | | | |
| to t | he epidemiology of hyperter dication, even if that medica | nsion, you should declare tion is not mentioned in to port for the work reported | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. I in this manuscript without time limit. For all other items, | | | | |
| | | Name all entities with | Specifications/Comments | | | | |
| | | whom you have this | (e.g., if payments were made to you or to your | | | | |
| | | relationship or indicate | institution) | | | | |
| | | none (add rows as | | | | | |
| | | needed) | | | | | |
| | | Time frame: Since the initia | al planning of the work | | | | |
| 1 | All | V. Nava | | | | | |
| 1 | All support for the present manuscript (e.g., funding, | XNone | | | | | |
| | provision of study materials, | | | | | | |
| | medical writing, article | | | | | | |
| | processing charges, etc.) | | | | | | |
| | No time limit for this item. | | | | | | |
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| 2 | | Time frame: pas | t 36 months | | | | |
| 2 | Grants or contracts from | XNone | | | | | |
| | any entity (if not indicated in item #1 above). | | | | | | |
| 3 | Royalties or licenses | V None | | | | | |
| 3 | Noyalties of licelises | XNone | | | | | |
| | | | | | | | |

Consulting fees

_X__None

| 5 | Payment or honoraria for | XNone | | |
|-----------------------------------------------------------------------|------------------------------|--------|--|--|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | X None | | |
| | testimony | | | |
| | • | | | |
| 7 | Support for attending | X None | | |
| , | meetings and/or travel | | | |
| | meetings and/or traver | | | |
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| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 0 | Participation on a Data | X None | | |
| 9 | | XNone | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | XNone | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | XNone | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, | X_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| | | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
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| Please summarize the above conflict of interest in the following box: | | | | |

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

None.

__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

| | e:August 30, 2022 | | | | | | |
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| | r Name: Ethel Gonzales | | | | | | |
| Manuscript Title:A narrative review of Type 2 Diabetes Mellitus and its Management in Children and Adolescents | | | | | | | |
| Manuscript number (if known):PM-21-103 | | | | | | | |
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| rela part to to rela | ted to the content of your name ies whose interests may be ransparency and does not not interest, it | nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. t is preferable that you do | | | | | |
| | following questions apply to nuscript only. | o the author's relationshi | os/activities/interests as they relate to the <u>current</u> | | | | |
| to t | | nsion, you should declare | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. | | | | |
| In it | em #1 below, report all sup | port for the work reported | d in this manuscript without time limit. For all other items, | | | | |
| the | time frame for disclosure is | the past 36 months. | , | | | | |
| the | time frame for disclosure is | | | | | | |
| the | time frame for disclosure is | Name all entities with | Specifications/Comments | | | | |
| the | time frame for disclosure is | Name all entities with whom you have this | Specifications/Comments (e.g., if payments were made to you or to your | | | | |
| the | time frame for disclosure is | Name all entities with whom you have this relationship or indicate | Specifications/Comments | | | | |
| the | time frame for disclosure is | Name all entities with whom you have this relationship or indicate none (add rows as | Specifications/Comments (e.g., if payments were made to you or to your | | | | |
| the | time frame for disclosure is | 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) | | | | |
| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | |
| the | All support for the present | 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) | | | | |
| | All support for the present manuscript (e.g., funding, | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | |
| | All support for the present manuscript (e.g., funding, provision of study materials, | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | |
| | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | |
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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialXNone Time frame: pas | Specifications/Comments (e.g., if payments were made to you or to your institution) 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. Grants or contracts from | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialXNone Time frame: pas | Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work | | | | |
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Consulting fees

_X__None

| 5 | Payment or honoraria for | XNone | | |
|-----------------------------------------------------------------------|------------------------------|--------|--|--|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | X None | | |
| | testimony | | | |
| | • | | | |
| 7 | Support for attending | X None | | |
| , | meetings and/or travel | | | |
| | meetings and/or traver | | | |
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| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 0 | Participation on a Data | X None | | |
| 9 | | XNone | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | XNone | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | XNone | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, | X_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| | | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
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| Please summarize the above conflict of interest in the following box: | | | | |

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

None.

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