

# Disclosure Form Pertaining to ADA Editorial Activities International Committee of Medical Journal Editors (ICMJE) Adapted by the American Diabetes Association

**Date:** 9/23/2024

**Your Name:** Vanita Aroda

**Journal Title:** Diabetes Care

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to your role as editor for the above-titled journal. “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.

The relationships/activities/interests of the editors should be defined broadly. For example, if you are asked to oversee the peer-review of manuscripts pertaining to the epidemiology of diabetes, you should declare all relationships with manufacturers of glucose-lowering medications.

This form was modified by the American Diabetes Association (ADA) in December 2023 to pertain to editorial review activities for ADA professional publications. The original disclosure form developed by the International Committee of Medical Journal Editors (ICMJE) can be found at <https://www.icmje.org/disclosure-of-interest>.

		<b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>	<b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b>										
<b>Time frame: Since the initial planning of the work</b>													
<b>1</b>	Funding support for research projects completed or awarded in the past 36 months (including provision of study materials, article processing charges, etc.)	<input type="checkbox"/> <b>None</b> <table border="1" style="margin-top: 10px;"> <tr> <td>Applied Therapeutics</td> <td>Institution, research contract and consulting agreement for Coordinating Investigator activities</td> </tr> <tr> <td>Boehringer Ingelheim</td> <td>Institution, research contract</td> </tr> <tr> <td>Eli Lilly</td> <td>Institution, research contract</td> </tr> <tr> <td>Fractyl</td> <td>Institution (research contract, consultant/Steering Committee)</td> </tr> <tr> <td>Rhythm</td> <td>Institution (research contract)</td> </tr> </table>	Applied Therapeutics	Institution, research contract and consulting agreement for Coordinating Investigator activities	Boehringer Ingelheim	Institution, research contract	Eli Lilly	Institution, research contract	Fractyl	Institution (research contract, consultant/Steering Committee)	Rhythm	Institution (research contract)	
Applied Therapeutics	Institution, research contract and consulting agreement for Coordinating Investigator activities												
Boehringer Ingelheim	Institution, research contract												
Eli Lilly	Institution, research contract												
Fractyl	Institution (research contract, consultant/Steering Committee)												
Rhythm	Institution (research contract)												

	Corcept	Institution (research contract; Steering/Consultant)
	Novo Nordisk	Institution (research contract; consultant)
	Sanofi	Institution (research contract); self (consultant)
	Pfizer	Institution (consultant)
	AstraZeneca	Institution (consultant)

**Continues on the next page**

		<b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>	<b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b>
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**Time frame: Past 36 months**

<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
			Click the tab key to add additional rows.
<b>4</b>	Consulting fees	<input type="checkbox"/> <b>None</b>	
		Fractyl	Self (Consultant)
		Novo Nordisk	Self (Consultant)
		Sanofi	Self (Consultant)
		Mediflix	Self (Consultant)
		Servier	Self (Consultant)
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None (covered above in roles in #1 and #4)</b>	
			Click the tab key to add additional rows.

6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="513 285 1469 392"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
	Click the tab key to add additional rows.							
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="513 512 1469 619"> <tr><td>Novo Nordisk</td><td> </td></tr> <tr><td>AstraZeneca</td><td> </td></tr> <tr><td> </td><td>Click the tab key to add additional rows.</td></tr> </table>	Novo Nordisk		AstraZeneca			Click the tab key to add additional rows.
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="513 806 1469 913"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="513 1033 1469 1140"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="513 1239 1469 1346"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="513 1444 1469 1551"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None (Covered in roles in #1 and #4 above)</b> <table border="1" data-bbox="513 1671 1469 1778"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
			Click the tab key to add additional rows.

**Please place an “X” next to the following statement to indicate your agreement:**

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