

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

Date: 2/7/2024

Name: Alka M. Kanaya

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>.

		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	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"/> None <table border="1" style="margin-top: 10px;"> <tr> <td>National Institutes of Health</td> <td>Grants that have paid the institution</td> </tr> <tr> <td>John Templeton Foundation</td> <td>Grant (subcontract) awarded to my institution</td> </tr> <tr> <td></td> <td>Click the tab key add additional rows.</td> </tr> </table>	National Institutes of Health	Grants that have paid the institution	John Templeton Foundation	Grant (subcontract) awarded to my institution		Click the tab key add additional rows.	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td style="text-align: right; color: gray;">Click the key to add additional rows.</td></tr> </table>						Click the key to add additional rows.	
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3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Designing Clinical Research textbook</td> <td style="width: 50%;">Royalties paid to me twice yearly</td> </tr> <tr> <td style="height: 15px;"></td> <td></td> </tr> <tr> <td style="height: 15px;"></td> <td style="text-align: right; color: gray;">Click the tab key to add additional rows.</td> </tr> </table>	Designing Clinical Research textbook	Royalties paid to me twice yearly				Click the tab key to add additional rows.	
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4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIH/NIA grant</td> <td style="width: 50%;">Consultant to the Alzheimer's Clinical Trial Consortium for Recruitment, Engagement and Retention of study participants---payment made to me</td> </tr> <tr> <td style="height: 15px;"></td> <td></td> </tr> <tr> <td style="height: 15px;"></td> <td style="text-align: right; color: gray;">Click the tab key to add additional rows.</td> </tr> </table>	NIH/NIA grant	Consultant to the Alzheimer's Clinical Trial Consortium for Recruitment, Engagement and Retention of study participants---payment made to me				Click the tab key to add additional rows.	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Visiting Professorships or Grand Rounds lectures at academic institutions: Cleveland Clinic, Emory University, Beth Israel Deaconess Med Center, Harvard School of Public Health</td> <td style="width: 50%;">Speaker, visiting professor---payment made to me</td> </tr> <tr> <td style="height: 15px;"></td> <td></td> </tr> <tr> <td style="height: 15px;"></td> <td style="text-align: right; color: gray;">Click the tab key to add additional rows.</td> </tr> </table>	Visiting Professorships or Grand Rounds lectures at academic institutions: Cleveland Clinic, Emory University, Beth Israel Deaconess Med Center, Harvard School of Public Health	Speaker, visiting professor---payment made to me				Click the tab key to add additional rows.	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td style="text-align: right; color: gray;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="513 285 1469 394"> <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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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="513 581 1469 690"> <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 type="checkbox"/> None <table border="1" data-bbox="513 810 1469 980"> <tr> <td data-bbox="513 810 972 909">Clinical trial in India</td> <td data-bbox="972 810 1469 909">I am a DSMB member for Dr. V Mohan's trial on diabetes medications based on subtype analysis – no payment</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td>Click the tab key to add additional rows.</td></tr> </table>		Clinical trial in India	I am a DSMB member for Dr. V Mohan's trial on diabetes medications based on subtype analysis – no payment				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"/> None <table border="1" data-bbox="513 1079 1469 1188"> <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"/> None <table border="1" data-bbox="513 1283 1469 1392"> <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"/> None <table border="1" data-bbox="513 1514 1469 1623"> <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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="513 1717 1469 1827"> <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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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.