

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: Csaba P Kovcsdy

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"> <tr> <td>Relypsa</td> <td>Institution</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">Click the tab key add additional rows.</td> </tr> </table>	Relypsa	Institution			Click the tab key add additional rows.	
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Time frame: Past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1"> <tr> <td>NIH</td> <td>Institution</td> </tr> <tr> <td>Department of Veterans Affairs</td> <td>Institution</td> </tr> <tr> <td colspan="2" style="text-align: right;">Click the key to add additional rows.</td> </tr> </table>	NIH	Institution	Department of Veterans Affairs	Institution	Click the key to add additional rows.		
NIH	Institution								
Department of Veterans Affairs	Institution								
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3	Royalties or licenses	<input type="checkbox"/> None <table border="1"> <tr> <td>UpToDate</td> <td>Personal compensation</td> </tr> <tr> <td>Springer</td> <td>Personal compensation</td> </tr> <tr> <td colspan="2" style="text-align: right;">Click the tab key to add additional rows.</td> </tr> </table>	UpToDate	Personal compensation	Springer	Personal compensation	Click the tab key to add additional rows.		
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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Abbott, Akebia, Astra Zeneca, Bayer, Boehringer Ingelheim, Cara Therapeutics, CSL Behring, CSL Vifor, Eli Lilly, GSK, Pharmacosmos, ProKidney, Renibus, Rockwell</td> <td>Personal compensation</td> </tr> <tr> <td colspan="2" style="text-align: right;">Click the tab key to add additional rows.</td> </tr> </table>	Abbott, Akebia, Astra Zeneca, Bayer, Boehringer Ingelheim, Cara Therapeutics, CSL Behring, CSL Vifor, Eli Lilly, GSK, Pharmacosmos, ProKidney, Renibus, Rockwell	Personal compensation	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"> <tr> <td>Abbott</td> <td>Personal compensation for speakership at educational conference</td> </tr> <tr> <td colspan="2" style="text-align: right;">Click the tab key to add additional rows.</td> </tr> </table>	Abbott	Personal compensation for speakership at educational conference	Click the tab key to add additional rows.				
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6	Payment for expert testimony	<input type="checkbox"/> None <table border="1"> <tr> <td>Takeda, Baptist Memorial Healthcare</td> <td>Personal compensation</td> </tr> <tr> <td colspan="2" style="text-align: right;">Click the tab key to add additional rows.</td> </tr> </table>	Takeda, Baptist Memorial Healthcare	Personal compensation	Click the tab key to add additional rows.				
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>Astra Zeneca, Bayer, Boehringer Ingelheim, Eli Lilly, Pharmacosmos</td> <td>Travel support</td> </tr> <tr> <td colspan="2" style="text-align: right;">Click the tab key to add additional rows.</td> </tr> </table>	Astra Zeneca, Bayer, Boehringer Ingelheim, Eli Lilly, Pharmacosmos	Travel support	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="513 352 1469 457"> <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="513 583 1469 720"> <tr><td>Astra Zeneca</td><td>Personal compensation for clinical trial executive committee membership</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>	Astra Zeneca	Personal compensation for clinical trial executive committee membership				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 type="checkbox"/> None <table border="1" data-bbox="513 821 1469 957"> <tr><td>International Society of Renal Nutrition and Metabolism</td><td>President-Elect (unpaid)</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>	International Society of Renal Nutrition and Metabolism	President-Elect (unpaid)				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 1056 1469 1161"> <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 1283 1469 1388"> <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 1493 1469 1598"> <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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<p>Please place an “X” next to the following statement to indicate your agreement:</p>								
<input checked="" type="checkbox"/>	<p>I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>							