

# 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:** Casey Rebholz

**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"> <tr> <td>National Heart, Lung, and Blood Institute</td> <td>Institution</td> </tr> <tr> <td>Bloomberg American Health Initiative</td> <td>Institution</td> </tr> <tr> <td>National Institute of Diabetes and Digestive and Kidney Disease</td> <td>Institution</td> </tr> <tr> <td>Office of Dietary Supplements</td> <td>Institution</td> </tr> </table>	National Heart, Lung, and Blood Institute	Institution	Bloomberg American Health Initiative	Institution	National Institute of Diabetes and Digestive and Kidney Disease	Institution	Office of Dietary Supplements	Institution	
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 15px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							Click the tabcvb c key to add additional rows.
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 15px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							Click the tab key to add additional rows.
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 15px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							Click the tab key to add additional rows.
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 15px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							Click the tab key to add additional rows.
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 15px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							Click the tab key to add additional rows.
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 15px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></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"/> <b>None</b> <table border="1" data-bbox="511 283 1469 388"> <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"/> <b>None</b> <table border="1" data-bbox="511 514 1469 871"> <tr> <td data-bbox="511 514 974 682">Chair, Data and Safety Monitoring Board (DSMB), SUPER Trial: Effect of Dietary Sodium Reduction in Kidney Disease Patients with Albuminuria (PI: Dr. Katherine Mills)</td> <td data-bbox="974 514 1469 682">Unpaid</td> </tr> <tr> <td data-bbox="511 682 974 850">Chair, Data and Safety Monitoring Board (DSMB), ADEPT Trial: A Clinical Trial of Low-Carbohydrate Dietary Pattern on Glycemic Outcomes (PI: Dr. Kirsten Dorans)</td> <td data-bbox="974 682 1469 850">Unpaid</td> </tr> <tr> <td> </td> <td>Click the tab key to add additional rows.</td> </tr> </table>	Chair, Data and Safety Monitoring Board (DSMB), SUPER Trial: Effect of Dietary Sodium Reduction in Kidney Disease Patients with Albuminuria (PI: Dr. Katherine Mills)	Unpaid	Chair, Data and Safety Monitoring Board (DSMB), ADEPT Trial: A Clinical Trial of Low-Carbohydrate Dietary Pattern on Glycemic Outcomes (PI: Dr. Kirsten Dorans)	Unpaid		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"/> <b>None</b> <table border="1" data-bbox="511 976 1469 1291"> <tr> <td data-bbox="511 976 974 1039">Editorial Fellowship, Journal of the American Society of Nephrology</td> <td data-bbox="974 976 1469 1039">Personal compensation (honorarium)</td> </tr> <tr> <td data-bbox="511 1039 974 1165">Immediate Past Chair, Chair-Elect, Nutritional Epidemiology Research Interest Group, American Society for Nutrition</td> <td data-bbox="974 1039 1469 1165">Unpaid</td> </tr> <tr> <td data-bbox="511 1165 974 1291">Immediate Past Chair, Chair, Early Career Committee, Council on Lifestyle and Cardiometabolic Health, American Heart Association</td> <td data-bbox="974 1165 1469 1291">Unpaid</td> </tr> </table>	Editorial Fellowship, Journal of the American Society of Nephrology	Personal compensation (honorarium)	Immediate Past Chair, Chair-Elect, Nutritional Epidemiology Research Interest Group, American Society for Nutrition	Unpaid	Immediate Past Chair, Chair, Early Career Committee, Council on Lifestyle and Cardiometabolic Health, American Heart Association	Unpaid
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11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="511 1396 1469 1501"> <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</b> <table border="1" data-bbox="511 1627 1469 1732"> <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> <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.
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<b>Please place an “X” next to the following statement to indicate your agreement:</b>								
<input checked="" type="checkbox"/>	I certify that I have answered every question and have not altered the wording of any of the questions on this form.							