| Date: | 11/1/2023 | |
|-------------------------------|--|--|
| Your Name: | Michael Nunns | |
| Manuscript Title: | HTA_RA1_NIHR159924: The quantity, quality and findings of network meta- analyses evaluating the effectiveness of GLP-1 RAs for weight loss: a scoping review | |
| Manuscript Number (if known): | NIHR136261 | |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | 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 planni | ng of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article | None | Click the tab key to add additional rows. |
| | processing charges, etc.) No time limit | | |
| | for this item. | | |
| | | Time frame: past 36 mo | nths |
| 2 | Grants or contracts from any entity (if not indicated in | None | |
| | item #1 above). | | |

| | | 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) |
|---|--|--|---|
| 3 | Royalties or licenses | None None □ | |
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | [⊠] None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |

| | | 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) |
|---|---|--|---|
| 1 0 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
| 1 | Stock or stock options | None None | |
| 1 2 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 1 3 | Other financial or non-financial interests | None None | |
| 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. | | | |

| Date: | 11/1/2023 | |
|-------------------------------------|---|--|
| Your Name: Alison Bethel | | |
| Manuscript Title: | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses | |
| Manuscript Number (if known): | NIHR136261 | |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | 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 planni | ng of the work |
| 1 | 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 mor | aths |
| 2 | Grants or contracts from any entity (if not indicated in | None | |

| | | 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) |
|---|---|---|---|
| | item #1 above). | | |
| 3 | Royalties or licenses | None None | |
| 4 | Consulting fees | None Non | |
| 5 | Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |

| | | 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) |
|-----|---|--|---|
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 1 0 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None None | |
| 1 | Stock or stock options | None None | |
| 1 2 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None None | |
| 1 3 | Other financial or non-financial interests | ⊠ None | |
| Ple | _ | " next to the following statement to indicat have answered every question and have not al | |

| Date: | 11/1/2023 |
|-------------------------------------|---|
| Your Name: | G.J. Melendez-Torres |
| Manuscript Title: | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses |
| Manuscript Number (if known): | NIHR136261 |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | 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 plannin | g of the work |
| 1 | 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. | NIHR Evidence Synthesis Programme | Click the tab key to add additional rows. |
| | | Time frame: past 36 months | |
| 2 | Grants or contracts from any entity (if not indicated in | None NIHR Public Health Research Programme NIHR Health Technology Assessment Prog NIHR Health and Care Service Delivery Re Innovate UK | ramme |

| | | 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) |
|---|--|---|---|
| | item #1 above). | National Institute for Health and Care ExcelcitiesRISE Devon and Cornwall Police NIHR School for Public Health Research | llence |
| 3 | Royalties or licenses | None None | |
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |

| | | 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) |
|---|---|---|---|
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 1 0 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | NIHR Programme Grants for Applied Research NIHR Pre-doctoral Local Authority Fellowship Selection Committee | |
| 1 | Stock or stock options | None | |
| 1 2 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 1 3 | Other financial or non-financial interests | □ None | |
| 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. | | | |

| Date: | 11/1/2023 | |
|-------------------------------------|---|--|
| Your Name: | Jill Buckland | |
| Manuscript Title: | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses | |
| Manuscript Number (if known): | NIHR136261 | |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | 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 plann | ing of the work |
| 1 | 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. | None None | Click the tab key to add additional rows. |
| | | Time frame: past 36 mo | nths |
| 2 | Grants or contracts from any entity (if not indicated in | [⊠] None | |

| | | 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) |
|---|---|---|---|
| | item #1 above). | | |
| 3 | Royalties or licenses | None None | |
| 4 | Consulting fees | None Non | |
| 5 | Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |

| | | 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) |
|-----|---|--|---|
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 1 0 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None None | |
| 1 | Stock or stock options | None None | |
| 1 2 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None None | |
| 1 3 | Other financial or non-financial interests | ⊠ None | |
| Ple | _ | " next to the following statement to indicat have answered every question and have not al | |

| Date: | 9/23/2024 |
|----------------------------------|--|
| Your Name: | Jo Thompson Coon |
| Manuscript Title: | HTA_RA1_NIHR159924: The quantity, quality and findings of network meta- analyses evaluating the effectiveness of GLP-1 RAs for weight loss: a scoping review |
| Manuscript Number (if known): | NIHR136261 |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | 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 planni | ng of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article | None | Click the tab key to add additional rows. |
| | processing charges, etc.) No time limit | | |
| | for this item. | | |
| | | Time frame: past 36 mo | nths |
| 2 | Grants or contracts from any entity (if not indicated in | None | |
| | item #1 above). | | |

| | | 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) |
|---|--|--|---|
| 3 | Royalties or licenses | None None □ | |
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | [⊠] None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |

| | | 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) |
|-----|---|--|---|
| 1 0 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
| 1 | Stock or stock options | None | |
| 1 2 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 1 3 | Other financial or non-financial interests | None NIHR HTA General Committee 2019- 2023 NIHR RPSC Committee 2024 - present | Reimbursed for travel expenses Reimbursed for travel expenses |
| Ple | 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. | | |

| Date: | 11/1/2023 | |
|-------------------------------------|---|--|
| Your Name: | Kate Boddy | |
| Manuscript Title: | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses | |
| Manuscript Number (if known): | NIHR136261 | |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | 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 planni | ng of the work |
| 1 | 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 mor | aths |
| 2 | Grants or contracts from any entity (if not indicated in | None | |

| | | 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) |
|---|---|---|---|
| | item #1 above). | | |
| 3 | Royalties or licenses | None None | |
| 4 | Consulting fees | None Non | |
| 5 | Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |

| | | 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) |
|-----|---|--|---|
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 1 0 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None None | |
| 1 | Stock or stock options | None None | |
| 1 2 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None None | |
| 1 3 | Other financial or non-financial interests | ⊠ None | |
| Ple | _ | " next to the following statement to indicat have answered every question and have not al | |

| Date: | 11/1/2023 |
|-------------------------------------|---|
| Your Name: | Liz Shaw |
| Manuscript Title: | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses |
| Manuscript Number (if known): | NIHR136261 |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | 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 planni | ng of the work |
| 1 | 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. | None None | Click the tab key to add additional rows. |
| | | Time frame: past 36 mo | nths |
| 2 | Grants or contracts from any entity (if not indicated in | None | |

| | | 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) |
|---|---|--|---|
| | item #1 above). | | |
| 3 | Royalties or licenses | None None □ | |
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None None | |
| 8 | Patents planned, issued or pending | None | |

| | | 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) |
|-----|---|--|---|
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 1 0 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None None | |
| 1 | Stock or stock options | None None | |
| 1 2 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None None | |
| 1 3 | Other financial or non-financial interests | ⊠ None | |
| Ple | _ | " next to the following statement to indicat have answered every question and have not al | |

| Date: | 11/1/2023 |
|-------------------------------|---|
| Your Name: | Rebecca Abbott |
| Manuscript Title: | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses |
| Manuscript Number (if known): | NIHR136261 |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | 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 planr | ning of the work |
| 1 | the present manuscript (e.g., funding, provision of study | None None | Click the tab key to add additional rows. |
| | materials, medical writing, article processing charges, etc.) No time limit for this item. | | |
| | | Time frame: past 36 mg | onths |
| 2 | contracts from any | ⊠ None | |
| | entity (if not indicated in | | |
| | item #1 above). | | 1 |

| | | 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) |
|---|--|--|---|
| 3 | Royalties or licenses | None None □ | |
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | [⊠] None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |

| | | 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) |
|-----|---|--|---|
| 1 0 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
| 1 | Stock or stock options | None None | |
| 1 2 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 1 3 | Other financial or non-financial interests | None None | |
| Ple | • | " next to the following statement to indicate ave answered every question and have not alt | • |

| Date: | 10/24/2024 |
|-------------------------------------|---|
| Your Name: | Rebecca Whear |
| Manuscript Title: | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses |
| Manuscript Number (if known): | NIHR136261 |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | 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 planni | ng of the work |
| 1 | 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 mor | nths |
| 2 | Grants or contracts from any entity (if not indicated in | [⊠] None | |

| | | 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) |
|---|---|---|---|
| | item #1 above). | | |
| 3 | Royalties or licenses | None None | |
| 4 | Consulting fees | None Non | |
| 5 | Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |

| | | 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) |
|-----|---|--|---|
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 1 0 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None None | |
| 1 | Stock or stock options | None None | |
| 1 2 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None None | |
| 1 3 | Other financial or non-financial interests | ⊠ None | |
| Ple | _ | " next to the following statement to indicat have answered every question and have not al | |

| Date: | 11/1/2023 |
|-------------------------------------|---|
| Your Name: | Samantha Febrey |
| Manuscript Title: | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses |
| Manuscript Number (if known): | NIHR136261 |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | 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 plann | ing of the work |
| 1 | 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. | None None | Click the tab key to add additional rows. |
| | | Time frame: past 36 mo | onths |
| 2 | Grants or contracts from any entity (if not indicated in | [⊠] None | |

| | | 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) |
|---|---|---|---|
| | item #1 above). | | |
| 3 | Royalties or licenses | None None | |
| 4 | Consulting fees | None Non | |
| 5 | Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |

| | | 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) |
|-----|---|--|---|
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 1 0 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None None | |
| 1 | Stock or stock options | None None | |
| 1 2 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 1 3 | Other financial or non-financial interests | ⊠ None | |
| Ple | 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. | | |

| Date: | 11/1/2023 |
|-------------------------------|---|
| Your Name: | Michael Nunns |
| Manuscript Title: | HTA_RA1_NIHR159924: The quantity, quality and findings of network meta-analyses evaluating the effectiveness of GLP-1 RAs for weight loss: a scoping review |
| Manuscript Number (if known): | NIHR136261 |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | e all entities with whom you have this onship 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 | 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | 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) |
|----|---|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) |
|------|---|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | 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. | | |

| Date: | 11/1/2023 | | |
|--|---|--|--|
| Your Name: | Samantha Febrey | | |
| Manuscript Title: | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses | | |
| Manuscript Number (if known): | NIHR136261 | | |
| In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. | | | |
| In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months. | | | |
| | | | |

| | | | e all entities with whom you have this onship 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 | 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. | | None Time frame: past 36 months | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | | None | |
| 3 | Royalties or licenses | | None | |

| | | | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|--|-----------|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) |
|--------|---|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea 🖂 | 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. | | |

| Date: | 11/1/2023 | |
|--|--|--|
| Your Name: | Jill Buckland | |
| Manuscript Title: | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network neta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor gonists for weight loss in obese adults? Protocol for a scoping review of network neta-analyses | |
| Manuscript Number (if known): NIHR136261 | | |
| content of your manuscript. "Rela affected by the content of the ma | re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. | |
| | ies/interests should be defined broadly. For example, if your manuscript pertains to the bu should declare all relationships with manufacturers of antihypertensive medication, even if I in the manuscript. | |
| In item #1 below, report all suppo | ort for the work reported in this manuscript without time limit. For all other items, the time | |

| | | 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 | | |
| | 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. | None Time frame: past 36 month None | Click the tab key to add additional rows. |
| | contracts from any entity (if not indicated in item #1 above). | | |
| 3 | Royalties or licenses | None None | |

| | | | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|--|-----------|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ■ None | |
| 8 | Patents planned, issued or pending | None None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ■ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) |
|--------|---|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea 🖂 | 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. | | |

| ICMJE DISCLOSURE FORM | | | | | |
|---|---|--------------------------------|----------|---|--|
| Dat | ate: 11/1/2023 | | | | |
| You | ur Name: | Rebecca Abbott | | Antity, quality and scope of recent network ss of Glucagon-like peptide-1 receptor Protocol for a scoping review of network Vinterests listed below that are related to the efor-profit third parties whose interests may be to transparency and does not necessarily interest, it is preferable that you do so. Ample, if your manuscript pertains to the exturers of antihypertensive medication, even if | |
| Manuscript Title: | | meta-analyses evaluating the e | fectiver | uantity, quality and scope of recent network ness of Glucagon-like peptide-1 receptor ? Protocol for a scoping review of network | |
| Ma | nuscript Number (if k | nown): NIHR136261 | | | |
| cor affe ind The epi tha | In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months. | | | | |
| | 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 | All support for the | ⊠ None | | | |

| | | relationship or indicate none (add rows as needed) | made to you or to your institution) |
|---|---|--|---|
| | | Time frame: Since the initial planning | of the work |
| 1 | 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 months | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ⊠ None | |
| 3 | Royalties or licenses | None None | |

| | | | fications/Comments (e.g., if payments were to you or to your institution) |
|----|--|------|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) |
|--------|---|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea 🖂 | 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. | | |

| Date: | 11/1/2023 |
|-------------------------------|---|
| Your Name: | Rebecca Whear |
| Manuscript Title: | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses |
| Manuscript Number (if known): | NIHR136261 |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | e all entities with whom you have this onship 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 |
| | 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. | None Time frame: past 36 month | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | 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) |
|----|---|--|---|
| 4 | Consulting fees | □ None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | □ None | |
| 7 | Support for attending meetings and/or travel | □ None | |
| 8 | Patents planned, issued or pending | □ None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | □ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | □ None | |

| | | 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) |
|-----|--|--|---|
| 11 | Stock or stock options | □ None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | □ None | |
| 13 | Other financial or non-financial interests | None | |
| r 1 | 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. | | |

| Date: | 11/1/2023 | |
|--|---|--|
| Your Name: | Alison Bethel | |
| Manuscript Title: | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses | |
| Manuscript Number (if known): | NIHR136261 | |
| In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. | | |
| In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months. | | |
| | | |

| | | | ations/Comments (e.g., if payments were you or to your institution) |
|---|---|--|---|
| | | Time frame: Since the initial planning of the wo | rk |
| 1 | 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. | | b key to add additional rows. |
| | | Time frame: past 36 months | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | 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) |
|----|---|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | ⊠ None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) |
|----------|--|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea [⊠] | 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. | | |

| Date: | 11/1/2023 |
|-------------------------------|---|
| Your Name: | Kate Boddy |
| Manuscript Title: | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses |
| Manuscript Number (if known): | NIHR136261 |
| • | re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | | /Comments (e.g., if payments were or to your institution) |
|---|---|--|---|
| | | Time frame: Since the initial planning of the work | |
| 1 | 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. | | o add additional rows. |
| | | Time frame: past 36 months | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ■ None | |
| 3 | Royalties or licenses | None None | |

| | | 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) |
|----|---|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) |
|----------|--|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea [⊠] | 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. | | |

| Date: | 11/1/2023 | |
|--|--|--|
| Your Name: | Liz Shaw | |
| Manuscript Title: HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent n meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 recep agonists for weight loss in obese adults? Protocol for a scoping review of net meta-analyses | | |
| Manuscript Number (if known): NIHR136261 | | |
| content of your manuscript. "Relaffected by the content of the ma | re ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of about whether to list a relationship/activity/interest, it is preferable that you do so. | |
| The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. | | |
| In item #1 below, report all suppo | ort for the work reported in this manuscript without time limit. For all other items, the time | |

frame for disclosure is the past 36 months.

| | | 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 | 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. | None Time frame: past 36 month | Click the tab key to add additional rows. | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | | |
| 3 | Royalties or licenses | None | | |

| | | 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) |
|----|---|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 8 | Patents planned, issued or pending | □ None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) |
|----------|--|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea [🖂] | | t to the following statement to indicate your agreeme answered every question and have not altered the wo | |

| Date: | | | 11/1/2023 | | |
|-------------------|--|--------------|--|--|--|
| You | Your Name: | | Jo Thompson Coon | | |
| Manuscript Title: | | | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses | | |
| Mar | nuscript Number (if k | known): | NIHR136261 | | |
| con affe | content of your manuscript. "Rela affected by the content of the ma | | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. | | |
| epic | • | nsion, yo | • | example, if your manuscript pertains to the acturers of antihypertensive medication, even if | |
| | em #1 below, report ne for disclosure is th | | | rithout time limit. For all other items, the time | |
| | | | Il entities with whom you have this ship 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 | All support for the present manuscript (e.g., | [⊠] N | one | | |
| | funding, provision of study materials, | | | Click the tab key to add additional rows. | |
| | medical writing, article processing | | | | |
| | charges, etc.) | | | | |
| | No time limit for this item. | | | | |
| | | | Time frame: past 36 month | s | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | [⊠] N | one | | |
| 3 | Royalties or | ⊠ N | one | | |

licenses

| | | | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|--|-----------|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ■ None | |
| 8 | Patents planned, issued or pending | None None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ■ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) | |
|-----|---|--|---|--|
| 11 | Stock or stock options | None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | | |
| 13 | Other financial or non-financial interests | □ None | | |
| r 1 | 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 wo | rding of any of the questions on this form. | |

| Date: | | 11/1/20 |)23 | | _ |
|--|--|---|---|---|---|
| Your Name: | | G.J. Me | G.J. Melendez-Torres | | |
| Manuscript Title: | | meta-a agonist | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses | | |
| Mar | nuscript Number (if k | nown): NIHR1 | 36261 | _ | _ |
| In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt. The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned." | | ipt. "Related" means of the manuscript. In doubt about we have a solution and the manuscript. It was a solution and the manuscript. | rt for the work reported in this manuscript without time limit. For all other items, the time | | |
| | • | | | ithout time limit. For all other items, the time | |
| | • | e past 36 months. Name all entities | | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
| | • | e past 36 months. Name all entities relationship or in | with whom you have this | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
| | • | Name all entities relationship or in None | with whom you have this dicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
| fran | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | Name all entities relationship or in None | with whom you have this dicate none (add rows as needed) ime frame: Since the initial planning | Specifications/Comments (e.g., if payments were made to you or to your institution) of the work Click the tab key to add additional rows. | |

National Institute for Health and Care Excellence

NIHR School for Public Health Research

Devon and Cornwall Police

| | | 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) |
|----|--|--|---|
| 3 | Royalties or licenses | None None | |
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | □ None | |
| 10 | Leadership or fiduciary role in other board, | None NIHR Programme Grants for Applied Research | |

| | | 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) |
|------|---|--|---|
| | society, committee or advocacy group, paid or unpaid | NIHR Pre-doctoral Local Authority Fellowship Selection Committee | |
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | | t to the following statement to indicate your agreeme | |

30 12/13/2021 ICMJE Disclosure Form

| Date: | 11/1/2023 |
|-------------------------------|---|
| Your Name: | Michael Nunns |
| Manuscript Title: | HTA_RA1_NIHR159924: The quantity, quality and findings of network meta-analyses evaluating the effectiveness of GLP-1 RAs for weight loss: a scoping review |
| Manuscript Number (if known): | NIHR136261 |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | e all entities with whom you have this onship 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 | 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | 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) |
|----|---|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) |
|------|---|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | |

| Date: | 11/1/2023 | | |
|--|---|--|--|
| Your Name: | Samantha Febrey | | |
| Manuscript Title: | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses | | |
| Manuscript Number (if known): | NIHR136261 | | |
| In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. | | | |
| In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months. | | | |
| | | | |

| | | e all entities with whom you have this onship 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 | 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. | None Time frame: past 36 months | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|--|-----------|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) |
|---|--|---|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | Image: square of the property o | |
| 13 | Other financial or non-financial interests | None | |
| 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. | | | |

| Date: | 11/1/2023 | |
|---|--|--|
| Your Name: | Jill Buckland HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses | |
| Manuscript Title: | | |
| Manuscript Number (if known): | NIHR136261 | |
| content of your manuscript. "Rela affected by the content of the ma | re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. | |
| - | ies/interests should be defined broadly. For example, if your manuscript pertains to the bu should declare all relationships with manufacturers of antihypertensive medication, even if I in the manuscript. | |
| In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time | | |

| | | 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 | | |
| 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. | None Time frame: past 36 mont None | Click the tab key to add additional rows. | |
| | contracts from any entity (if not indicated in item #1 above). | | |
| 3 | Royalties or licenses | None None | |

| | | | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|--|-----------|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) |
|---|--|---|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | Image: square of the property o | |
| 13 | Other financial or non-financial interests | None | |
| 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. | | | |

| ICMJE DISCLOSURE FORM | | | | | |
|---|---|---|---|--|--|
| Dat | Date:11/1/2023 | | | | |
| You | ur Name: | Rebecca Abbott | | | |
| Manuscript Title: | | meta-analyses evaluating the effectiv | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses | | |
| Ma | Manuscript Number (if known): NIHR136261 | | | | |
| cor affe ind The epi tha | In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months. | | | | |
| | | 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 | g of the work | | |
| 1 | All support for the | None | | | |

| | | relationship or indicate none (add rows as needed) | made to you or to your institution) | |
|---|---|--|---|--|
| | | Time frame: Since the initial planning | of the work | |
| 1 | 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. | None | Click the tab key to add additional rows. | |
| | | Time frame: past 36 months | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ⊠ None | | |
| 3 | Royalties or licenses | None None | | |

| | | | fications/Comments (e.g., if payments were to you or to your institution) |
|----|--|------|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) |
|--------|--|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea 🖂 | 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. | | |

| Date: | 11/1/2023 |
|-------------------------------|---|
| Your Name: | Rebecca Whear |
| Manuscript Title: | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses |
| Manuscript Number (if known): | NIHR136261 |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | e all entities with whom you have this onship 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 | | 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. | None Time frame: past 36 month | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | 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) |
|----|---|--|---|
| 4 | Consulting fees | □ None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | □ None | |
| 7 | Support for attending meetings and/or travel | □ None | |
| 8 | Patents planned, issued or pending | □ None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | □ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | □ None | |

| | | 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) |
|-----|--|--|---|
| 11 | Stock or stock options | □ None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | □ None | |
| 13 | Other financial or non-financial interests | None | |
| r 1 | 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. | | |

| Date: | 11/1/2023 | | |
|--|---------------|--|--|
| Your Name: | Alison Bethel | | |
| Manuscript Title: HTA_RA1_NIHR159924: What is the quantity, quality and scope of rece meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 re agonists for weight loss in obese adults? Protocol for a scoping review of meta-analyses | | | |
| Manuscript Number (if known): | NIHR136261 | | |
| In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. | | | |
| In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months. | | | |

| | | 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 | of the work |
| 1 | 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 months | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ⊠ None | |
| 3 | Royalties or licenses | None | |

| | | | ns/Comments (e.g., if payments were u or to your institution) |
|----|--|-----------|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) |
|----------|---|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea [🖂] | 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. | | |

18 12/13/2021 ICMJE Disclosure Form

| Date: | 11/1/2023 |
|--|---|
| Your Name: | Kate Boddy |
| Manuscript Title: HTA_RA1_NIHR159924: What is the quantity, quality and scope of recen meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 recaponists for weight loss in obese adults? Protocol for a scoping review of meta-analyses | |
| Manuscript Number (if known): NIHR136261 | |
| content of your manuscript. "Rela affected by the content of the ma | re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of about whether to list a relationship/activity/interest, it is preferable that you do so. |
| The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. | |
| In item #1 below, report all supports | ort for the work reported in this manuscript without time limit. For all other items, the time |

| | | 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 | of the work |
| 1 | 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 months | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ⊠ None | |
| 3 | Royalties or licenses | None | |

| | | 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) |
|----|---|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) |
|----------|--|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea [⊠] | 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. | | |

| Date: | 11/1/2023 | |
|--|---|--|
| Your Name: | Liz Shaw | |
| Manuscript Title: | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses | |
| Manuscript Number (if known): | NIHR136261 | |
| In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. | | |

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | 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 | | | |
| | 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. | None Time frame: past 36 months | Click the tab key to add additional rows. | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | | |
| 3 | Royalties or licenses | None | | |

| | | 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) |
|----|---|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | □ None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ⊠ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) |
|--------|---|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea 🖂 | 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. | | |

| Date: | 9/23/2024 |
|-------------------------------|---|
| Your Name: | Jo Thompson Coon |
| Manuscript Title: | HTA_RA1_NIHR159924: The quantity, quality and findings of network meta-analyses evaluating the effectiveness of GLP-1 RAs for weight loss: a scoping review |
| Manuscript Number (if known): | NIHR136261 |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | e all entities with whom you have this onship 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 | 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|--|-----------|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ■ None | |
| 8 | Patents planned, issued or pending | None None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ■ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) |
|---|---|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |
| 13 | Other financial or non-financial interests | NIHR HTA General Committee 2019-2023 NIHR RPSC Committee 2024 - present | Reimbursed for travel expenses Reimbursed for travel expenses |
| 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 wo | ording of any of the questions on this form. |

| Date: | | | 11/1/2023 | | |
|--|---|--|---|---|--|
| Your Name: | | | G.J. Melendez-Torres | | |
| Manuscript Title: | | | HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses | | |
| Ma | nuscript Number (if k | known): | NIHR136261 | | |
| content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned | | ript. "Relation of the mane in doub ps/activition of the mane in doub ps/activition of the mane in the | ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For e u should declare all relationships with manuf in the manuscript. | /interest, it is preferable that you do so. | |
| | | | l entities with whom you have this ship 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 | 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. | l J | vidence Synthesis Programme | Click the tab key to add additional rows. | |
| | | | Time frame: past 36 month | s | |
| 2 | Grants or contracts from any entity (if not indicated in item | NIHR P | ublic Health Research Programme ealth Technology Assessment Programme | | |
| | #1 above). | NIHRH | ealth and Care Service Delivery Research | | |

Innovate UK

Devon and Cornwall Police

citiesRISE

National Institute for Health and Care Excellence

NIHR School for Public Health Research

| | | 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) |
|----|--|--|---|
| 3 | Royalties or licenses | None None | |
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | □ None | |
| 10 | Leadership or fiduciary role in other board, | None NIHR Programme Grants for Applied Research | |

| | | 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) |
|---|--|--|---|
| | society, committee or advocacy group, paid or unpaid | NIHR Pre-doctoral Local Authority Fellowship Selection Committee | |
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Please place an "X" next to the following statement to indicate your agreement: | | | |

30 12/13/2021 ICMJE Disclosure Form