

ICMJE DISCLOSURE FORM

Date: 10/16/2023

Your Name: Nishant Jaiswal

Manuscript Title: BEhavioural Weight Management: COMponents of Effectiveness (BE:COME): A Network meta-analysis of Individual participant data

Manuscript Number (if known): [Click or tap here to enter text.]

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.

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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

Date: 10/9/2023

Your Name: Rebecca Gregg

Manuscript Title: BEhavioural Weight Management: COMponents of Effectiveness (BE:COME): network meta-analyses of trial and real-world individual participant data

Manuscript Number (if known): [Click or tap here to enter text.]

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.

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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 5/23/2025

Your Name: Neil Hawkins

Manuscript Title: **Behavioural weight management interventions for the treatment of obesity: network meta-analysis of trial and real-world individual participant data**

Manuscript Number (if known): HTA NIHR135917 RA2 (NIHR129523)

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.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		I am a director of a company providing health technology assessment serviced to the pharmaceutical companies. No services have been supplied with respect to obesity treatments.	

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

Date: 12/10/2023

Your Name: Sahar Sharif

Manuscript Title: BEhavioural Weight Management: COMponents of Effectiveness (BE:COME): network meta-analyses of trial and real-world individual participant data

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 10/2/2023

Your Name: Alison Avenell

Manuscript Title: BEhavioural Weight Management: COMponents of Effectiveness (BE:COME): network meta-analyses of trial and real-world individual participant data

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

		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	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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

Date: 10/11/2023

Your Name: Louisa Ells

Manuscript Title: BEhavioural Weight Management: COMponents of Effectiveness (BE:COME): network meta-analyses of trial and real-world individual participant data

Manuscript Number (if known): [Click or tap here to enter text.]

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.

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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).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> NIHR (stated above and also https://fundingawards.nihr.ac.uk/award/NIHR128755), MRC, Leeds City Council, OHID </td> <td style="width: 40%;"> All paid to institution </td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	NIHR (stated above and also https://fundingawards.nihr.ac.uk/award/NIHR128755), MRC, Leeds City Council, OHID	All paid to institution	Click the tab key to add additional rows.		
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		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	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
6	Payment for expert testimony	<input type="checkbox"/> None <table border="1"><tr><td>Peer review for Singapore Dept of Health</td><td>Paid to institution</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Peer review for Singapore Dept of Health	Paid to institution					
Peer review for Singapore Dept of Health	Paid to institution								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"><tr><td>NIHR project oversight board UK</td><td>No payment</td></tr><tr><td>HOT trial steering group - Denmark</td><td>No payment</td></tr><tr><td></td><td></td></tr></table>	NIHR project oversight board UK	No payment	HOT trial steering group - Denmark	No payment			
NIHR project oversight board UK	No payment								
HOT trial steering group - Denmark	No payment								
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None <table border="1"><tr><td>Perspectives in public health editorial board</td><td>No payment</td></tr></table>	Perspectives in public health editorial board	No payment					
Perspectives in public health editorial board	No payment								

		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		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Member of the ACTIONTeens authorship	No payment

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

Date: 7/12/2023

Your Name: Sandra Jayacodi

Manuscript Title: BEhavioural Weight Management: COMponents of Effectiveness (BE:COME); mapping of individual components of behaviour weight management interventions using electronic survey, and component selection by expert consensus

Manuscript Number (if known): [Click or tap here to enter text.]

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.

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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

Date: 10/9/2023

Your Name: Ruth Mackenzie

Manuscript Title: BEhavioural Weight Management: COMponents of Effectiveness (BE:COME): network meta-analyses of trial and real-world individual participant data

Manuscript Number (if known): [Click or tap here to enter text.]

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.

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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

Date: 10/6/2021

Your Name: Sharon Simpson

Manuscript Title: BEhavioural Weight Management: COMponents of Effectiveness (BE:COME): network meta-analyses of trial and real-world individual participant data

Manuscript Number (if known): [Click or tap here to enter text.]

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.

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 15px;">President of UK Society of Behavioural Medicine</td> <td style="width: 50%;"></td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	President of UK Society of Behavioural Medicine								
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13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Membership of HTA Clinical Evaluations and Trials Committee 20/07/2016 - 30/11/2020]	No payments
		Membership of Commissioning Panel for the National Institute of Health Research (NIHR) Policy Research Programme (2019-2022)	No payments
		Membership of Chief Scientist Office HIPS committee 2018-2023	No payments

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

Date: 11/14/2023

Your Name: Olivia Wu

Manuscript Title: BEhavioural Weight Management: COMponents of Effectiveness (BE:COME): network meta-analyses of trial and real-world individual participant data

Manuscript Number (if known): [Click or tap here to enter text.]

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.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;"> </td> <td style="width: 40%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> NIHR committee memberships: Covid-19 Reviewing 01/06/2020 - 30/09/2020; Systematic Reviews NIHR Cochrane Incentive Awards (no dates provided); HTA Remit and Competitiveness Group 01/02/2020- 31/12/2021; HTA General Committee 01/08/2016-30/11/2019; HTA Post-Funding Committee teleconference (POC members to attend) 01/02/2020- 31/12/2021; HTA Funding Committee 3 Policy Group (formerly CSG) 01/02/2020- 31/12/2021; HTA Clinical Evaluation and Trials Committee 01/11/2020- 30/11/2023; HTA Programme Oversight Committee (no dates provided); ESP - Evidence Synthesis Programme Grants Committee (no dates provided); ESP - NIHR Incentive Awards Committee (no dates provided); ESP - Evidence Synthesis Programme Advisory Group 01/07/2015-01/06/2021; TARs Contract Retender 2020 Committee (no dates provided) </td> <td style="width: 50%;"></td> </tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>	NIHR committee memberships: Covid-19 Reviewing 01/06/2020 - 30/09/2020; Systematic Reviews NIHR Cochrane Incentive Awards (no dates provided); HTA Remit and Competitiveness Group 01/02/2020- 31/12/2021; HTA General Committee 01/08/2016-30/11/2019; HTA Post-Funding Committee teleconference (POC members to attend) 01/02/2020- 31/12/2021; HTA Funding Committee 3 Policy Group (formerly CSG) 01/02/2020- 31/12/2021; HTA Clinical Evaluation and Trials Committee 01/11/2020- 30/11/2023; HTA Programme Oversight Committee (no dates provided); ESP - Evidence Synthesis Programme Grants Committee (no dates provided); ESP - NIHR Incentive Awards Committee (no dates provided); ESP - Evidence Synthesis Programme Advisory Group 01/07/2015-01/06/2021; TARs Contract Retender 2020 Committee (no dates provided)						
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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 8/21/2021

Your Name: Jennifer Logue

Manuscript Title: BEhavioural Weight Management: COMponents of Effectiveness (BE:COME); mapping of individual components of behaviour weight management interventions using electronic survey, and component selection by expert consensus

Manuscript Number (if known): [Click or tap here to enter text.]

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.

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4	Consulting fees	<input type="checkbox"/> None	
		Novo Nordisk	Me
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		AstraZeneca	Personal
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Fulltime employee of AstraZeneca since September 2022	

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.