

ICMJE DISCLOSURE FORM

Date: 11/27/2023

Your Name: Brett Doble

Manuscript Title: Gastric bypass, adjustable gastric banding or sleeve gastrectomy surgery to treat severe and complex obesity: a multi-centre randomised controlled trial (The By-Band-Sleeve Study)

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.

	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.	<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> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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>						

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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>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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>									
8	Patents planned, issued or pending	<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>									
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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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>									

		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 type="checkbox"/> None	
		Brett holds stock in Gilead Sciences Inc.	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		Brett is currently a employee of Kite, A Gilead Company.	

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: 11/22/2024

Your Name: SANJAY AGRAWAL

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript Number (if known): THELANCETDE-D-24-00906

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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YES	Consultant Surgeon at Homerton (NHS)							
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 checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
3	Royalties or licenses	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">YES</td> <td>Royalty for being Editor of the book – 'Obesity, Bariatric and Metabolic Surgery-A Practical Guide' from the sales / electronic downloads every year since its publication by Springer (August, 2015);</td> </tr> </table>	YES	Royalty for being Editor of the book – 'Obesity, Bariatric and Metabolic Surgery-A Practical Guide' from the sales / electronic downloads every year since its publication by Springer (August, 2015);				
YES	Royalty for being Editor of the book – 'Obesity, Bariatric and Metabolic Surgery-A Practical Guide' from the sales / electronic downloads every year since its publication by Springer (August, 2015);							

		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)
			Also, Royalty for being Editor of 2 nd edition of the book – ‘Obesity, Bariatric and Metabolic Surgery- A Comprehensive Guide’ by Springer (2023)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/>	
		<input checked="" type="checkbox"/> YES	Following invitation from other Bariatric Units / Hospitals worldwide, I have received Honoraria for lectures / presentations in national and international meetings
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/>	
		<input checked="" type="checkbox"/> YES	Following invitation from other Bariatric Units / Hospitals worldwide, I have received Sponsorship for travel and subsistence to enable me to attend or deliver lectures etc in national and international meetings
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> 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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/>	
		YES	Director - Bariatric and Metabolic Surgery UK: Not for Profit – Charity Company; Company No: 11729612, Registered in England & Wales
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"/>	
		YES	Director - 'London International Bariatric Surgery Symposium (LIBSS)'

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: 19 November 2024

Your Name: Ahmed R. Ahmed

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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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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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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			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_____ none	
3	Royalties or licenses	_____ none	
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	
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:

X 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: 19 November 2024

Your Name: Robert C Andrews

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_____	

3	Royalties or licenses	_____	

4	Consulting fees	_____	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Novo Nordisk	Payment for delivering education talks on diet and exercise to health care professionals.
		Astra Zeneca	Payment for delivering education talks on diet and exercise to health care professionals.
		Eli Lilly	Payment for delivering education talks on diet and exercise to health care professionals.
6	Payment for expert testimony	_____	
7	Support for attending meetings and/or travel	_____	
8	Patents planned, issued or pending	_____	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Diabetes UK_____	chairmanship of Diabetes UK Clinical Study Group 3: Prevention, targets & therapies for Type 2 diabetes until May 2021.
11	Stock or stock options	_____	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____	
13	Other financial or non-financial interests	_____	

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ICMJE DISCLOSURE FORM

Date: 19 November 2024

Your Name: Jane Blazeby

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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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	Grant paid to my employer to cover my role in the trial
		MRC Network of Hubs for Trials Methodology Research (HTMR)	Funding for ConDuCT and ConDuCT II
		NIHR	Funding from Bristol Biomedical Research Centre
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR	Refs. NIHR205174, NIHR152268, NIHR151274, NIHR127393, NIHR130547
		Bristol and Weston Hospitals Charity and NIHR Research Capability Fund	

3	Royalties or licenses	None	
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	NIHR	Membership of the NIHR HTA Obesity Themed Call Board 2010
		NIHR	Membership of the HTA Surgery Themed Call Board 2012-2013
		NIHR	Membership of the CTU Standing Advisory Committee 2012-2020
		NIHR	Membership of the HTA Clinical Evaluation and Trials Committee 2009-2013
		NIHR	Membership of the NIHR Senior Investigator Panel (2021 to present)
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:

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ICMJE DISCLOSURE FORM

Date: 19 November 2024

Your Name: Natalie Blencowe

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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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.	I received funding from an NIHR Doctoral Research Fellowship (2011-2014). From 2015-2019 I was an NIHR Academic Clinical Lecturer and thereafter received funding from an MRC Clinician Scientist Fellowship	
Time frame: past 36 months			
2	Grants or contracts from	MRC Clinician Scientist	

	any entity (if not indicated in item #1 above).	Fellowship	
3	Royalties or licenses	<u> X </u>	
4	Consulting fees	<u> X </u>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> X </u>	
6	Payment for expert testimony	<u> X </u>	
7	Support for attending meetings and/or travel	<u> X </u>	
8	Patents planned, issued or pending	<u> X </u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u>	
11	Stock or stock options	<u> X </u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u>	
13	Other financial or non-financial interests	<u> X </u>	

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ICMJE DISCLOSURE FORM

Date: 19 November 2024

Your Name: James Patrick Byrne

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ NIHR HTA grant for BYBAND SLEEVE – Funders of this study	Paymen tto institution not directly to me
3	Royalties or licenses	___ Nil	

4	Consulting fees	___ Nil	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ Nil	
6	Payment for expert testimony	___ Nil	
7	Support for attending meetings and/or travel	___ Oxford medical products ECO Venice 2024_	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ EMBIO NIHR study randomised study DMEC member_	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ President BOMSS_ www.bomss.org	
11	Stock or stock options	___ Shares in Embla, weight management company_	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ Nil	
13	Other financial or non-financial interests	___ Shares in Embla, weight management company_	

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

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ICMJE DISCLOSURE FORM

Date: 19 November 2024

Your Name: **NICHOLAS CARTER**

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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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__	
4	Consulting fees	__NONE__	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> NONE </u>	
6	Payment for expert testimony	<u> NONE </u>	
7	Support for attending meetings and/or travel	<u> NONE </u>	
8	Patents planned, issued or pending	<u> NONE </u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> NONE </u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> NONE </u>	
11	Stock or stock options	<u> NONE </u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> NONE </u>	
13	Other financial or non-financial interests	<u> NONE </u>	

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ICMJE DISCLOSURE FORM

Date: 19 November 2024

Your Name: Katy Chalmers

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

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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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_____	
		NIHR Bristol Biomedical Research Centre	
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	
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	
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:

X 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: 19 November 2024

Your Name: Karen Coulman

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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 following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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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)
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.	_____	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	National Institute for Health Research (NIHR)	Homer C, Ells L, Wright N, Aswani N, Hamilton-Shield J, Coulman K (+7). <u>ENHANCE - Evaluating The NHs EnglanD complications From Excess Weight Clinics For Children And Young People</u> . NIHR Health and Social Care Delivery Research (NIHR158453).

		£1,499,375. <i>Triangulation co-lead. Feb 2024 -Sept 2026.</i>
	NIHR School for Primary Care Research	Coulman K. <u>Developing capacity for weight management in primary care through a non-medical/AHP leadership role including A Single Point of Access for Weight Management.</u> NIHR School for Primary Care Research Bridging Grant. £9,984. <i>Personal bridging award. Apr 2023 – Mar 2024.</i>
	Health Education England (now NHS England)	Womack J, Owen-Smith A, Coulman K. <u>Healthy Weight training resources for carers of adults with a Learning Disability and/or Autism.</u> Health Education England project grant. £90,000. <i>Co-investigator and researcher. Jan 2023 - June 2025.</i>
	NIHR	Owen-Smith A (PI), Barnes M, Coulman K , Kessler D, Turner K, Parretti H (+5). <u>A qualitative study to understand how people with depression and similar mental health conditions access, engage with, and experience community-based weight management services.</u> NIHR Policy Research Programme (NIHR203867). £427,160. <i>PPI and Dietetic lead. Jan 2023 - June 2025.</i>
	NIHR	Parretti H, Jolly K, Clare K, Coulman K , Greaves C, Cavill N (+2). <u>Improving the long-term care of patients who have had bariatric surgery: PROMISE CARE study.</u> £150,000. NIHR Programme Development Grant (NIHR204217). <i>Dietetic and consensus methods expertise. Nov 2022-Apr 2024.</i>
	Oxford Medical Products	Hamilton-Shield, Hinton E, Brunstrom J, Coulman K. <u>Safety And Feasibility Study of an Orally Administered Sirona Hydrogel as an Intervention for Weight Loss in Adults with a BMI of 30-40.</u> Oxford Medical Products. £177,049. <i>Dietetic and</i>

			<i>qualitative research advisor. Nov 2022 – Apr 2024.</i>
		National Institute of Academic Anaesthesia	Elliott L, Coulman K , Yeung J, Hinchliffe R, Blencowe N, Mouton R. <u>Standardised frameworks to improve the reporting quality of anaesthesia interventions in clinical trials.</u> National Institute of Academic Anaesthesia Research Grant. £8522. <i>Qualitative methodology lead. Jan 2022 - Dec 2022.</i>
		Health Education England/NIHR	Coulman K. Mentors: Dr A Owen-Smith, Prof J Blazeby, Prof J Macleod. <u>Understanding barriers to referral for specialist weight management services and bariatric surgery and identifying ways to improve access.</u> HEE/NIHR Clinical Lectureship for non-medical health professionals. Apr 2019 – Sept 2023 (@75% FTE). £250,078. <i>Principal Investigator.</i>
3	Royalties or licenses	_____	
4	Consulting fees		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____	
6	Payment for expert testimony	_____	
7	Support for attending meetings and/or travel	SQOT initiative: https://sqotinitiative.wixsite.com/sqot	Support towards travel and accommodation costs to attend two meetings in May 2022 and Sept 2019 in the Netherlands as part of the SQOT initiative. Value = less than £500
8	Patents planned, issued or pending	_____	
9	Participation on a Data	_____	

	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	NIHR Pre-Doctoral Clinical and Practitioner Academic Fellowship (PCAF) committee	Committee member (Jan 2024 - present).
		National Institute for Health and Care Excellence (NICE).	Lead Specialist Committee Member (Aug - Oct 2023). <u>Digitally enabled technologies to support treatment with weight-management medication in specialist weight-management services: early value assessment.</u>
		British Obesity and Metabolic Surgery Society	Research Co-Lead for Dietetics (Jan 2019-present)
		Society for Endocrinology, UK National Obesity Database	Steering Committee Member (Mar 2021-present).
11	Stock or stock options	_____	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____	
13	Other financial or non-financial interests	_____	

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

X_ 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: 19 November 2024

Your Name: Sian Cousins

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> None </u>	
6	Payment for expert testimony	<u> None </u>	
7	Support for attending meetings and/or travel	<u> None </u>	
8	Patents planned, issued or pending	<u> None </u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> None </u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> None </u>	
11	Stock or stock options	<u> None </u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> None </u>	
13	Other financial or non-financial interests	<u> None </u>	

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

 X 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: 19 November 2024

Your Name: Lucy Culliford

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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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.	NIHR funding paid to my employer and membership of a Clinical Trials Unit funded by NIHR until 30 September 2023	
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	

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	
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:

X 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: 21 November 2024

Your Name: Lucy Dabner

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Funding received from NIHR for the By-Band Sleeve study	Paid directly to institution
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	

4	Consulting fees	<u> None </u>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> None </u>	
6	Payment for expert testimony	<u> None </u>	
7	Support for attending meetings and/or travel	<u> None </u>	
8	Patents planned, issued or pending	<u> None </u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> None </u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> None </u>	
11	Stock or stock options	<u> None </u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> None </u>	
13	Other financial or non-financial interests	<u> None </u>	

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

X 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: 19 November 2024

Your Name: Nick Davies

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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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			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__none__	
3	Royalties or licenses	__none__	
4	Consulting fees	__none__	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> none	
6	Payment for expert testimony	none <u> </u>	
7	Support for attending meetings and/or travel	<u> </u> none <u> </u>	
8	Patents planned, issued or pending	<u> </u> none <u> </u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> none	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> none <u> </u>	
11	Stock or stock options	none <u> </u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> none <u> </u>	
13	Other financial or non-financial interests	<u> </u> none <u> </u>	

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 X 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: 19 November 2024

Your Name: Jenny L. Donovan

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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Time frame: past 36 months			
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3	Royalties or licenses	_____	

4	Consulting fees	_____	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____	
6	Payment for expert testimony	_____	
7	Support for attending meetings and/or travel	_____	
8	Patents planned, issued or pending	_____	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____	
11	Stock or stock options	_____	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____	
13	Other financial or non-financial interests	_____	

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: 19 November 2024

Your Name: Danielle K Edwards

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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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.	N/A	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	N/A	
3	Royalties or licenses	N/A	
4	Consulting fees	N/A	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	N/A	
6	Payment for expert testimony	N/A	
7	Support for attending meetings and/or travel	N/A	
8	Patents planned, issued or pending	N/A	
9	Participation on a Data Safety Monitoring Board or Advisory Board	N/A	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	N/A	
11	Stock or stock options	N/A	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	N/A	
13	Other financial or non-financial interests	N/A	

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: 02 December 2024 _____

Your Name: Rebecca Evans

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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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	
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	
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:

X 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: 19 November 2024

Your Name: Jilles M. Fermont, PhD

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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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	
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	
11	Stock or stock options	Dr Jilles Fermont reports that he is an employee of, and an equity holder in, Novartis Pharma AG.	
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:

X 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: 19 November 2024

Your Name: Ian Finlay

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Nil	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Nil	
3	Royalties or licenses	Nil	
4	Consulting fees	Nil	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Nil	
6	Payment for expert testimony	Nil	
7	Support for attending meetings and/or travel	Nil	
8	Patents planned, issued or pending	Nil	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Nil	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	British Benign Upper GI Surgical Society	Committee member - unpaid
11	Stock or stock options	Nil	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Nil	
13	Other financial or non-financial interests	Nil	

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: 19 November 2024

Your Name: Eleanor A Gidman

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIHR Health Technology Assessment programme (reference number 09/127/53)_____	Payments made to my employer
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_____	

3	Royalties or licenses	_____	
4	Consulting fees	_____	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____	
6	Payment for expert testimony	_____	
7	Support for attending meetings and/or travel	_____	
8	Patents planned, issued or pending	_____	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____	
11	Stock or stock options	_____	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____	
13	Other financial or non-financial interests	_____	

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

X___ 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: 19 November 2024
 Your Name: MR JEREMY D HAYDEN
 Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial
 Manuscript number (if known): THELANCETDE-D-24-00906

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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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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			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

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

 X 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: 19 November 2024

Your Name: Mr James Hopkins FRCS

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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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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			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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	Previous member of the National Bariatric Registry Data committee 2015 - 2022	Data committee member - unpaid
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:

X 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: 19 November 2024

Your Name: Neil Jennings

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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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.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

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

 X 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: 27 November 2024

Your Name: Sofia Kanavou

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	__N/A__	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__N/A__	
3	Royalties or licenses	__N/A__	
4	Consulting fees	__N/A__	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> N/A </u>	
6	Payment for expert testimony	<u> N/A </u>	
7	Support for attending meetings and/or travel	<u> N/A </u>	
8	Patents planned, issued or pending	<u> N/A </u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> N/A </u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> N/A </u>	
11	Stock or stock options	<u> N/A </u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> N/A </u>	
13	Other financial or non-financial interests	<u> N/A </u>	

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

 X 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: 19 November 2024

Your Name: Rositsa Koleva-Kolarova

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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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			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> Yes	Since 2023 I am a member of the advisory board of 'Med for Health' for which I receive annual payment. This is a strategic research and innovation programme for development of the Medical University of Pleven Bulgaria, funded under the European Union Recovery and Sustainability Mechanism, investment BG RRP-2.004-003, 'Research university: Medical University – Pleven'.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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

X 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: 19 November 2024

Your Name: Paul C Leeder

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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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.	Receipt of funding for expenses associated with attendance at trial-related investigator meetings	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_____	

3	Royalties or licenses	_____	

4	Consulting fees	=====	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	=====	
6	Payment for expert testimony	=====	
7	Support for attending meetings and/or travel	=====	
8	Patents planned, issued or pending	=====	
9	Participation on a Data Safety Monitoring Board or Advisory Board	=====	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	=====	
11	Stock or stock options	=====	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	=====	
13	Other financial or non-financial interests	Directorship of Education, Association of Laparoscopic Surgeons of Great Britain & Ireland and Honorary Secretary of the Grey Turner Surgical Society	

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

X 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: 19 November 2024

Your Name: Rachel Maishman

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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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)
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.	NIHR Health Technology Assessment programme (reference number 09/127/53)	Payments made to my employer
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_____	

3	Royalties or licenses	_____	

4	Consulting fees	_____	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____	
6	Payment for expert testimony	_____	
7	Support for attending meetings and/or travel	_____	
8	Patents planned, issued or pending	_____	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____	
11	Stock or stock options	_____	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____	
13	Other financial or non-financial interests	_____	

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

 X 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: 19 November 2024

Your Name: Graziella Mazza

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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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)
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.	_____	

Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_____	

3	Royalties or licenses	_____	

4	Consulting fees	_____	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____	
6	Payment for expert testimony	_____	
7	Support for attending meetings and/or travel	_____	
8	Patents planned, issued or pending	_____	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____	
11	Stock or stock options	_____	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____	
13	Other financial or non-financial interests	_____	

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

X 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: 22 November 2024

Your Name: Mary O'Kane

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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 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			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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	___ International Federation for the Surgery of Obesity and Metabolic Disorders Executive Board Member	Unpaid
		Association for the Study of Obesity Trustee	Unpaid
		British Dietetic Association Obesity Specialist Group Committee member	Unpaid
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:

X___ 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: 19 November 2024

Your Name: Sangeetha Paramasivan

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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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)
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.	NIHR HTA (HTA – 09/127/53)	To the institution
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	
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	
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:

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: 19 November 2024

Your Name: Katie Pike

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	National Institute for Health Research	Funding from the grant paid to my employer to cover my role in the trial
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_____	
3	Royalties or licenses	_____	
4	Consulting fees	_____	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____	
6	Payment for expert testimony	_____	
7	Support for attending meetings and/or travel	_____	
8	Patents planned, issued or pending	_____	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____	
11	Stock or stock options	_____	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____	
13	Other financial or non-financial interests	_____	

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

X 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: 19 November 2024

Your Name: Koen Pouwels

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_____	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Wellcome Trust (222051/Z/20/Z and to be assigned)	Funding to employer
		Ineos Oxford Institute for AMR Research	Funding to employer

		Coalition for Epidemic Preparedness and Innovations (CEPI)	Funding to employer
		UK Health Security Agency	Funding to employer
		NIHR	Funding to employer
		Medical Research foundation	Funding to employer
		Waltham Foundation	Funding to employer
		EU-H2020 IMI-2	Funding to employer
		EU-H2020	Funding to employer
3	Royalties or licenses	=====	
4	Consulting fees	=====	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	=====	
6	Payment for expert testimony	=====	
7	Support for attending meetings and/or travel	=====	
8	Patents planned, issued or pending	=====	
9	Participation on a Data Safety Monitoring Board or Advisory Board	=====	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	=====	
		Member of UK Advisory Committee on Antimicrobial Prescribing, Resistance and Healthcare Associated Infections	
11	Stock or stock options	=====	
12	Receipt of equipment, materials, drugs, medical	=====	

	writing, gifts or other services		
13	Other financial or non-financial interests		

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

X__ 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: 19 November 2024

Your Name: Alba X Realpe

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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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 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			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR Bristol Biomedical Research Centre, University Hospitals Bristol and Weston NHS Foundation Trust and University of Bristol	Funded post/salary.

3	Royalties or licenses	NONE	
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	
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:

 X 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: 21 November 2024

Your Name: Barnaby C Reeves

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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 following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	National Institute for Health and Care Research	Funding from the grant for the study paid to his employer to cover his role in the trial.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
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	National Institute for Health Research	Funding for expenses associated with his membership of the Health Technology Assessment Commissioning Board (January 2012 to 31 March 2016), the Health Technology Assessment Efficient Study Designs Board (October–December 2014), the Health Technology Assessment Interventional Procedures Committee B Methods Group and Systematic Reviews Programme Advisory Group (Systematic Reviews National Institute for Health Research Cochrane Incentive Awards and Systematic Review Advisory Group)
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:

X 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: 19 November 2024

Your Name: **Chris Rogers**

Manuscript Title: **__ Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial**

Manuscript number (if known): **__ THELANCETDE-D-24-00906**

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 following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIHR (2016 onwards)	Grant paid to my employer to cover my role in the trial
		NIHR	Membership of a Clinical Trials Unit funded by the NIHR until 30 September 2023.
		British Heart Foundation (until 2016)	Funding paid to my employer to cover my salary
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	

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	NIHR	Member of the NIHR Health Technology Assessment Funding Committee Policy Group (formally CSG) (November 2016- 2 November 2021)
		NIHR	Member of the NIHR Health Technology Assessment Commissioning Committee (August 2016- November 2021).
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:

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: 20 November 2024

Your Name: Nicki Salter

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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 following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_____	
		Payment for my role was supported by funding from the By-Band-Sleeve study grant since 2012 until the end of the study.	Payments were made from the study grant to my employer Somerset NHS Foundation Trust to cover my role in the trial.

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	
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	I was reimbursed as per Bristol University policy for travel to and from study meetings such as TMGs and investigator meetings.	Payments were reimbursed from the study grant and paid directly to me from Bristol University.
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	
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:

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: 19 November 2024

Your Name: Prof Rishi Singhal

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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 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			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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	
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:

X 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: 19 November 2024

Your Name: **Professor Janice L. Thompson**

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	BY-BAND NIHR HTA 09/127/53	Payments to University of Birmingham
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	

4	Consulting fees	University of Bristol	Research consultancy – payments made to myself July 2022-June 2023
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	Not applicable	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Not applicable	
11	Stock or stock options	Not applicable	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Not applicable	
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

Date: 19 November 2024

Your Name: Richard Welbourn

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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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)
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			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None_____	
3	Royalties or licenses	None_____	

4	Consulting fees	Advisory Board, College of Contemporary Health, London_____	Honorarium for 1 meeting for advice
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_____	
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:

X 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: 19 November 2024

Your Name: Paul Whybrow

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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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)
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.	_____	

Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_____	

3	Royalties or licenses	_____	

4	Consulting fees	_____	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____	
6	Payment for expert testimony	_____	
7	Support for attending meetings and/or travel	_____	
8	Patents planned, issued or pending	_____	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____	
11	Stock or stock options	_____	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____	
13	Other financial or non-financial interests	_____	

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

X_ 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: 19 November 2024

Your Name: Dr Caroline H Wilson

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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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)
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.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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	
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:

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

Signed: Dr Caroline Wilson

Date: 20/11/2024

ICMJE DISCLOSURE FORM

Date: 19 November 2024

Your Name: Sarah Wordsworth

Manuscript Title: Roux-en-Y gastric bypass, adjustable gastric banding, or sleeve gastrectomy for severe obesity: the By-Band-Sleeve multi-centre, open label, three-group randomised controlled trial

Manuscript number (if known): THELANCETDE-D-24-00906

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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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.	<u>NIHR</u> Grant for BBS Study	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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ICMJE DISCLOSURE FORM

Date: 11/14/2023

Your Name: Amanda Owen-Smith

Manuscript Title: Gastric bypass, adjustable gastric banding or sleeve gastrectomy surgery to treat severe and complex obesity: a multi-centre randomised controlled trial (The By-Band-Sleeve Study)

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

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;"> Owen-Smith A (PI), Barnes M, Cornell S, Coulman K, Isack N, Jones L, Kessler D, Nobles J, Parretti H, Snowdon-Carr V, Turner K, Womack J. A qualitative study to understand how people with depression and similar mental health conditions access, engage with, and experience community-based weight management services. NIHR Policy Research Programme 2022-2024. £348,713 </td> <td style="width: 40%;"> Payments to institution on unrelated grant </td> </tr> <tr> <td> Owen-Smith A (PI), Coulman K, Womack J. Healthy Weight training resources for paid carers of adults with a Learning Disability and/or Autism. Health Education England. 2023-2024. £95,000 </td> <td> Payments to institution on unrelated grant </td> </tr> </table>	Owen-Smith A (PI), Barnes M, Cornell S, Coulman K, Isack N, Jones L, Kessler D, Nobles J, Parretti H, Snowdon-Carr V, Turner K, Womack J. A qualitative study to understand how people with depression and similar mental health conditions access, engage with, and experience community-based weight management services. NIHR Policy Research Programme 2022-2024. £348,713	Payments to institution on unrelated grant	Owen-Smith A (PI), Coulman K, Womack J. Healthy Weight training resources for paid carers of adults with a Learning Disability and/or Autism. Health Education England. 2023-2024. £95,000	Payments to institution on unrelated grant		
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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)						
		Kidger J, Owen-Smith A (senior co-app), Heslop P, Walters K, Weich S. Strengthening links between mental health primary care services and community supports. National School for Public Health Research. 2021-2024. £207,372. I make a major contribution to this project including co-supervision of the qualitative element, assisting in data collection and analysis, and attending all project-related meetings.	Payments to institution on unrelated grant						
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>							
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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>							

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		2022-date School Governor, Manorbrook Primary School, Thornbury	
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: 11/16/2023

Your Name: Paul roderick

Manuscript Title: Gastric bypass, adjustable gastric banding or sleeve gastrectomy surgery to treat severe and complex obesity: a multi-centre randomised controlled trial (The By-Band-Sleeve Study)

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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Time frame: Since the initial planning of the work								
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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; 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>						
3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; 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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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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7	Support for attending meetings and/or travel	<input 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>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input 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>									
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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)
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input 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: 22 Nov 2023

Your Name: Janet Edmond

Manuscript Title: Gastric bypass, adjustable gastric banding or sleeve gastrectomy surgery to treat severe and complex obesity: a multi-centre randomised controlled trial (The By-Band-Sleeve Study)

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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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>							

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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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 11/14/2023

Your Name: Amanda Owen-Smith

Manuscript Title: Gastric bypass, adjustable gastric banding or sleeve gastrectomy surgery to treat severe and complex obesity: a multi-centre randomised controlled trial (The By-Band-Sleeve Study)

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

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">Owen-Smith A (PI), Barnes M, Cornell S, Coulman K, Isack N, Jones L, Kessler D, Nobles J, Parretti H, Snowdon-Carr V, Turner K, Womack J. A qualitative study to understand how people with depression and similar mental health conditions access, engage with, and experience community-based weight management services. NIHR Policy Research Programme 2022-2024. £348,713</td> <td style="width: 40%;">Payments to institution on unrelated grant</td> </tr> <tr> <td>Owen-Smith A (PI), Coulman K, Womack J. Healthy Weight training resources for paid carers of adults with a Learning Disability and/or Autism. Health Education England. 2023-2024. £95,000</td> <td>Payments to institution on unrelated grant</td> </tr> </table>	Owen-Smith A (PI), Barnes M, Cornell S, Coulman K, Isack N, Jones L, Kessler D, Nobles J, Parretti H, Snowdon-Carr V, Turner K, Womack J. A qualitative study to understand how people with depression and similar mental health conditions access, engage with, and experience community-based weight management services. NIHR Policy Research Programme 2022-2024. £348,713	Payments to institution on unrelated grant	Owen-Smith A (PI), Coulman K, Womack J. Healthy Weight training resources for paid carers of adults with a Learning Disability and/or Autism. Health Education England. 2023-2024. £95,000	Payments to institution on unrelated grant
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		2022-date School Governor, Manorbrook Primary School, Thornbury	
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