

Disclosure Form Pertaining to ADA Editorial Activities International Committee of Medical Journal Editors (ICMJE) Adapted by the American Diabetes Association

| Date: | 1/17/2024 |
|----------------|---------------|
| Your Name: | John B Buse |
| Journal Title: | Diabetes Care |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to your role as editor for the above-titled journal. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The relationships/activities/interests of the editors should be defined broadly. For example, if you are asked to oversee the peer-review of manuscripts pertaining to the epidemiology of diabetes, you should declare all relationships with manufacturers of glucose-lowering medications.

This form was modified by the American Diabetes Association (ADA) in December 2023 to pertain to editorial review activities for ADA professional publications. The original disclosure form developed by the International Committee of Medical Journal Editors (ICMJE) can be found at https://www.icmje.org/disclosure-of-interest.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | |
|---|---|--|---|--|--|--|--|
| | Time frame: Since the initial planning of the work | | | | | | |
| 1 | Funding support for research projects completed or awarded in the past 36 months (including provision of study materials, article processing charges, etc.) | Bayer, Boehringer-Ingelheim, Carmot, Corcept, Dexcom, Eli Lilly, Insulet, MannKind, Novo Nordisk, and vTv Therapeutics | Payment to University Click the tab key to add additional rows. | | | | |



Continues on the next page Name all entities with whom you Specifications/Comments (e.g., if have this relationship or indicate payments were made to you or to your none (add rows as needed) institution) **Time frame: Past 36 months** Grants or contracts from \boxtimes None any entity (if not indicated in item #1 above). Click the tab key to add additional rows. 3 Royalties or licenses \boxtimes None Consulting fees None 4 Alkahest, Altimmune, Anji, Aqua Personal compensation Medical Inc, AstraZeneca, Boehringer-Ingelheim, CeQur, Corcept Therapeutics, Eli Lilly, embecta, Fortress Biotech, GentiBio, Glyscend, Insulet, Mediflix, Medscape, Mellitus Health, Metsera, Moderna, Pendulum Therapeutics, Praetego, ReachMD, Stability Health, Tandem, Terns Inc, and Vertex Novo Nordisk Payment to University Click the tab key to add additional rows 5 Payment or honoraria for $|\nabla|$ None lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert \boxtimes None testimony Medtronic MiniMed Personal compensation Click the tab key to add additional rows.



| | | [] | |
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| 7 | Support for attending meetings and/or travel | □ None | |
| | | | |
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| | | | Click the tab key to add additional rows. |
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| | | | Continues on the next page |
| 8 | Patents planned, issued or pending | ⊠ None | |
| | , , , , , , , , , , , , , , , , , , , | | |
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| | | | Click the tab key to add additional rows. |
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| 9 | Participation on a Data Safety Monitoring Board or | □ None | |
| | Advisory Board | Altimmune, AstraZeneca, Insulet | Personal compensation |
| | | | |
| | | | Click the tab key to add additional rows. |
| 10 | Leadership or fiduciary role in other board, society, | □ None | |
| | committee or advocacy | Association of Clinical and | |
| | group, paid or unpaid | Translational Science, Dasman Diabetes Center (Kuwait) | |
| | | Diabetes Center (Kuwait) | |
| | | | Click the tab key to add additional rows. |
| | | , , , | |
| 11 | Stock or stock options | □ None | |
| | | Glyscend, Mellitus Health, Pendulum Therapeutics, Praetego, and Stability Health | Personal compensation |
| | | Houtin | |
| | | | Click the tab key to add additional rows. |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
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| | | | Click the tab key to add additional rows. |
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| 13 | Other financial or non- financial interests | ⊠ None | | | |
|---|--|--|---|--|--|
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| | | | Click the tab key to add additional rows. | | |
| | | | | | |
| Please place an "X" next to the following statement to indicate your agreement: | | | | | |
| | I certify that I have answered | certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | |