ICMJE DISCLOSURE FORM

Date: 5/8/2023

Your Name: Valerie L. Darcey

Manuscript Title: **Restriction of dietary fat, affects brain reward regions in adults with obesity in a randomized crossover trial**

Manuscript Number (if known): JCI Insight: 169759-INS-RG-RV-3

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.**	☐ **None**	
		Intramural Research Program of the NIH, NIDDK	
		Center for Compulsive Behaviors, NIH	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		1K99DK132447-01 (K99/R00)	
3	Royalties or licenses	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
		Duke University Department of Gastroenterology {Gastronauts Seminar}	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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.

Valerie Darcy 5/8/23

ICMJE DISCLOSURE FORM

Date: 5/8/2023

Your Name: Juen Guo

Manuscript Title: **Restriction of dietary fat, affects brain reward regions in adults with obesity in a randomized crossover trial**

Manuscript Number (if known): JCI Insight: 169759-INS-RG-RV-3

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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**	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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Juen Guo

ICMJE DISCLOSURE FORM

Date: 5/8/2023

Your Name: Amber Courville

Manuscript Title: **Restriction of dietary fat, affects brain reward regions in adults with obesity in a randomized crossover trial**

Manuscript Number (if known): JCI Insight: 169759-INS-RG-RV-3

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		Intramural research program NIH	
			Click the tab key to add additional rows.
Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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**	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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Amber Courville 5/8/23

ICMJE DISCLOSURE FORM

Date: 5/8/2023

Your Name: Isabelle Gallagher

Manuscript Title: **Restriction of dietary fat, affects brain reward regions in adults with obesity in a randomized crossover trial**

Manuscript Number (if known): JCI Insight: 169759-INS-RG-RV-3

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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**	

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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**	

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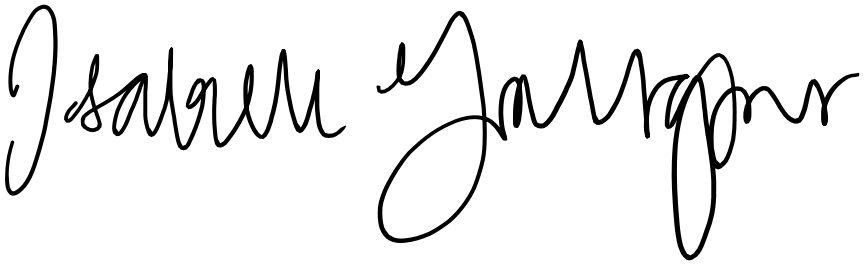

ICMJE DISCLOSURE FORM

Date: 5/8/2023

Your Name: Jason A Avery

Manuscript Title: **Restriction of dietary fat, affects brain reward regions in adults with obesity in a randomized crossover trial**

Manuscript Number (if known): JCI Insight: 169759-INS-RG-RV-3

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3	Royalties or licenses	☒ **None**	

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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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 5/8/2023

Your Name: W. Kyle Simmons, Ph.D.

Manuscript Title: **Restriction of dietary fat, affects brain reward regions in adults with obesity in a randomized crossover trial**

Manuscript Number (if known): JCI Insight: 169759-INS-RG-RV-3

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3	Royalties or licenses	☒ **None**	

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6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 5/8/2023

Your Name: John E Ingeholm

Manuscript Title: **Restriction of dietary fat, affects brain reward regions in adults with obesity in a randomized crossover trial**

Manuscript Number (if known): JCI Insight: 169759-INS-RG-RV-3

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Time frame: past 36 months			
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3	Royalties or licenses	☒ None	

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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**	

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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**	

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John E Engelhardt
5/10/23

ICMJE DISCLOSURE FORM

Date: 5/8/2023

Your Name: Peter Herscovitch, M.D.

Manuscript Title: **Restriction of dietary fat, affects brain reward regions in adults with obesity in a randomized crossover trial**

Manuscript Number (if known): JCI Insight: 169759-INS-RG-RV-3

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		NIH Clinical Center (my employer under whom I contributed to this paper)	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Journal of Cerebral Blood Flow and Metabolism	Assoc Editor; $12,000 - $14,000 per year honorarium
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
		Only from my employer, the NIH Clinical Center	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None**	
		National Institute of Neurological Diseases and Stroke, NIH - DSMB	Started in April 2023, part of my job, no remuneration, we have not met yet
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		Society of Nuclear Medicine and Molecular Imaging	Grants and Awards Committee member, 2016-present; Committee on Fellows member, 2019-present; no remuneration
		U.S. Food and Drug Administration	Medical Imaging Drugs Advisory Committee member, 2015-present, no remuneration

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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**	

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ICMJE DISCLOSURE FORM

Date: 5/8/2023

Your Name: Alex Martin

Manuscript Title: **Restriction of dietary fat, affects brain reward regions in adults with obesity in a randomized crossover trial**

Manuscript Number (if known): JCI Insight: 169759-INS-RG-RV-3

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		National Institute of Mental Health, NIH US	
		ZIA MH002588	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
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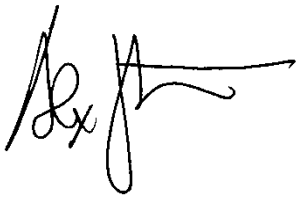

ICMJE DISCLOSURE FORM

Date: 5/8/2023

Your Name: Kevin Hall

Manuscript Title: **Restriction of dietary fat, affects brain reward regions in adults with obesity in a randomized crossover trial**

Manuscript Number (if known): JCI Insight: 169759-INS-RG-RV-3

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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**	

Pennington Biomedical Research Center	The Royal Society
American College of Sports Medicine	Icahn School of Medicine at Mount Sinai
Institute of Food Technologists	Obesity Medicine Association

Columbia-Cornell Obesity Course

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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.

Reporting checklist for randomised trial.

Based on the CONSORT guidelines.

Instructions to authors

Complete this checklist by entering the page numbers from your manuscript where readers will find each of the items listed below.

Your article may not currently address all the items on the checklist. Please modify your text to include the missing information. If you are certain that an item does not apply, please write "n/a" and provide a short explanation.

Upload your completed checklist as an extra file when you submit to a journal.

In your methods section, say that you used the CONSORTreporting guidelines, and cite them as:

Schulz KF, Altman DG, Moher D, for the CONSORT Group. CONSORT 2010 Statement: updated guidelines for reporting parallel group randomised trials

		Reporting Item	Page Number
Title and Abstract			
Title	#1a	Identification as a randomized trial in the title.	**1**
Abstract	#1b	Structured summary of trial design, methods, results, and conclusions	**1**
Introduction			
Background and objectives	#2a	Scientific background and explanation of rationale	**2**
Background and objectives	#2b	Specific objectives or hypothesis	**2, 9**
Methods			
Trial design	#3a	Description of trial design (such as parallel, factorial) including allocation ratio.	**17-18**
Trial design	#3b	Important changes to methods after trial commencement (such as eligibility criteria), with	**N/A no method changes.**

		reasons	
Participants	#4a	Eligibility criteria for participants	**17**
Participants	#4b	Settings and locations where the data were collected	**17-18**
Interventions	#5	The experimental and control interventions for each group with sufficient details to allow replication, including how and when they were actually administered	**19-21**
Outcomes	#6a	Completely defined prespecified primary and secondary outcome measures, including how and when they were assessed	**2**
Outcomes	#6b	Any changes to trial outcomes after the trial commenced, with reasons	**N/A no outcomes changes.**
Sample size	#7a	How sample size was determined.	**25-26**
Sample size	#7b	When applicable, explanation of any interim analyses and stopping guidelines	**N/A no interim analyses.**
Randomization - Sequence generation	#8a	Method used to generate the random allocation sequence. **Page 17.**	
Randomization - Sequence generation	#8b	Type of randomization; details of any restriction (such as blocking and block size) – **page 17**	
Randomization - Allocation concealment mechanism	#9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	**18**
Randomization - Implementation	#10	Who generated the allocation sequence, who enrolled participants, and who assigned participants to interventions	**18**

Blinding	#11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how.	**N/A no blinding.**
Blinding	#11b	If relevant, description of the similarity of interventions	**N/A**
Statistical methods	#12a	Statistical methods used to compare groups for primary and secondary outcomes	**25-27**
Statistical methods	#12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	**N/A**
Results			
Participant flow diagram (strongly recommended)	#13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	**Suppl. Figure 1**
Participant flow	#13b	For each group, losses and exclusions after randomization, together with reason	**Suppl Figure 1 & p18**
Recruitment	#14a	Dates defining the periods of recruitment and follow-up	**18**
Recruitment	#14b	Why the trial ended or was stopped	**N/A**
Baseline data	#15	A table showing baseline demographic and clinical characteristics for each group	**35 (Table 1)**
Numbers analysed	#16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	**18-19**
Outcomes and estimation	#17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	**Tables 2 & 3**
Outcomes and	#17b	For binary outcomes, presentation of both	**N/A no binary**

estimation		absolute and relative effect sizes is recommended	**outcomes.**
Ancillary analyses	#18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	**Exploratory results indicated p7 & Table 3**
Harms	#19	All important harms or unintended effects in each group (For specific guidance see CONSORT for harms)	**19**
Discussion			
Limitations	#20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	**15**
Generalisability	#21	Generalisability (external validity, applicability) of the trial findings	**15-16**
Interpretation	#22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	**9**
Registration	#23	Registration number and name of trial registry	**17**
Other information			
Interpretation	#22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	**9**
Registration	#23	Registration number and name of trial registry	**17**
Protocol	#24	Where the full trial protocol can be accessed, if available	**N/A**
Funding	#25	Sources of funding and other support (such as supply of drugs), role of funders	**28-29**