ICMJE DISCLOSURE FORM

Date: 7/23/2024

Your Name: Yi Zhang

Manuscript Title: FTO variant is associated with changes in BMI, ghrelin and brain function following bariatric surgery

Manuscript Number (if known): 175967-INS-CMED-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.

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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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ICMJE DISCLOSURE FORM

Date: 7/23/2024

Your Name: Yang Hu

Manuscript Title: FTO variant is associated with changes in BMI, ghrelin and brain function following bariatric surgery

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ICMJE DISCLOSURE FORM

Date: 7/23/2024

Your Name: Wenchao Zhang

Manuscript Title: FTO variant is associated with changes in BMI, ghrelin and brain function following bariatric surgery

Manuscript Number (if known): 175967-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 7/23/2024

Your Name: Peter Manza

Manuscript Title: FTO variant is associated with changes in BMI, ghrelin and brain function following bariatric surgery

Manuscript Number (if known): 175967-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 7/23/2024

Your Name: Nora D. Volkow

Manuscript Title: FTO variant is associated with changes in BMI, ghrelin and brain function following bariatric surgery

Manuscript Number (if known): 175967-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 7/23/2024

Your Name: Lijuan Sun

Manuscript Title: FTO variant is associated with changes in BMI, ghrelin and brain function following bariatric surgery

Manuscript Number (if known): 175967-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 7/23/2024

Your Name: Juan Yu

Manuscript Title: FTO variant is associated with changes in BMI, ghrelin and brain function following bariatric surgery

Manuscript Number (if known): 175967-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 7/23/2024

Your Name: Jia Wang

Manuscript Title: FTO variant is associated with changes in BMI, ghrelin and brain function following bariatric surgery

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ICMJE DISCLOSURE FORM

Date: 7/23/2024

Your Name: Guanya Li

Manuscript Title: FTO variant is associated with changes in BMI, ghrelin and brain function following bariatric surgery

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ICMJE DISCLOSURE FORM

Date: 7/23/2024

Your Name: Gene-Jack Wang

Manuscript Title: FTO variant is associated with changes in BMI, ghrelin and brain function following bariatric surgery

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Date: 7/23/2024

Your Name: Gang Ji

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

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

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

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.