ICMJE DISCLOSURE FORM

Date: 6/19/2022

Your Name: Alycia Lee

Manuscript Title: Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

Manuscript Number (if known): 159863-INS-CMED-1

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.

| Item | 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) |
|------|---------------------------------------------------------------------------------|------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None | Time frame: Since the initial planning of the work |
|      | No time limit for this item. | | |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None | Time frame: past 36 months |
| 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.
ICMJ Disclosure Form

Date: June 15th 2020

Your Name: Anne-Marie Østergaard Grinsted Jensen

Manuscript Title: Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

Manuscript Number (if known): 159863-INS-CMED-1

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** | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☐ None |
| | When I was a medical student at university of Copenhagen, I worked as a pregraduate research assistant for one year in 2018/2019. Primarily involved in recruiting participants | I was paid from a scholarship |
| | | 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.
ICMJE DISCLOSURE FORM

Date: 6/1/2021

Your Name: Claus Thorn Ekstrøm

Manuscript Title: Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

Manuscript Number (if known): 159863-INS-CMED-1

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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| 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                                                                                   |
|    |                                                                                          |                                                                                      |
|    |                                                                                          |                                                                                      |
| 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                                                                               |
|   |                                                              |                                                                                     |
| 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                                                                            |

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:** 6/2/2022

**Your Name:** Claas-Frederik Johannsen

**Manuscript Title:** Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

**Manuscript Number (if known):** 159863-INS-CMED-1

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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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br>No time limit for this item. | ☒ None<br>Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| 3 | Royalties or licenses | ☒ None |

Time frame: Since the initial planning of the work

Time frame: 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) |
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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 |
|   | Stock or stock options | 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 | ☒ 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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☒ 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: 6/3/2022

Your Name: Gerda Thomsen

Manuscript Title: Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

Manuscript Number (if known): 159863-INS-CMED-1

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

3  12/13/2021  ICMJE Disclosure Form
# ICMJE DISCLOSURE FORM

**Date:**
6/3/2022

**Your Name:**
Gitte Moos Knudsen

**Manuscript Title:**
Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

**Manuscript Number (if known):**
159863-INS-CMED-1

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** | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) |
| ☒ | 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) |
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| 4 | Consulting fees                                                                                 | ☒ None                                                                            |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None | Sage Biogen | Personal honorarium |
|   |                                                                                                  |                                                                                   | H. Lundbeck | Personal honorarium |
|   |                                                                                                  |                                                                                   | Sanos       | Personal honorarium |
| 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                                                                            |
|   |                                                                                                  |                                                                                   | President ECNP | Unpaid |
|   |                                                                                                  |                                                                                   | Chair for SIAB in HBP | Personal honorarium |
| | 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.
ICMJE DISCLOSURE FORM

Date: 6/2/2022

Your Name: Helene Benveniste

Manuscript Title: Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

Manuscript Number (if known): 159863-INS-CMED-1

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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| 1 | **All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)**<br>**No time limit for this item.** | ☒ None |
|   | Time frame: Since the initial planning of the work                                                                 | Click the tab key to add additional rows.                                           |
| 2 | **Grants or contracts from any entity (if not indicated in item #1 above).** | ☒ None |
|   | Time frame: past 36 months                                                                                       |
| 3 | **Royalties or licenses**                                                                                        | ☒ None |

Click the tab key to add additional rows.
|   | 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) |
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| 4 | Consulting fees                                                                                  | ☒ None                                                                            |
|   |                                                                                                 |                                                                                  |
|   |                                                                                                 |                                                                                  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None                                                                            |
|   | Wash U Seminar, St. Louis, USA                                                                  |                                                                                  |
|   |                                                                                                 |                                                                                  |
| 6 | Payment for expert testimony                                                                    | ☒ None                                                                            |
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|   |                                                                                                 |                                                                                  |
| 7 | Support for attending meetings and/or travel                                                     | ☒ None                                                                            |
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|   |                                                                                                 |                                                                                  |
| 8 | Patents planned, issued or pending                                                               | ☒ None                                                                            |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                               | ☒ 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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|---|---|---|
| 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:**  6/2/2022  
**Your Name:** Henrik Enghusen Poulsen  
**Manuscript Title:** Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial  
**Manuscript Number (if known):** 159863-INS-CMED-1

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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| **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: Since the initial planning of the work*

|   |   |   |
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*Click the tab key to add additional rows.*

| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |

*Time frame: past 36 months*

|   |   |   |
|---|---|---|
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| **3** | Royalties or licenses | ☒ None |

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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) |
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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                                                                   |                                                                                   |
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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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|   |                                                                                                  |                                                                                   |

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☒ 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: 6/2/2022

Your Name: Jens Juul Holst

Manuscript Title: Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

Manuscript Number (if known): 159863-INS-CMED-1

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

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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| Time frame: Since the initial planning of the work | Time frame: 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) |
| ☒ None | |
| ☐ None | Novo Nordisk Foundation |
| ☒ 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 |
|   | Novo Nordisk A/S | |
| 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 |
|   | Antag Therapeutics A/S | |
|   | Bainan Biotech A/S | |
|   | 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: 13072022

Your Name: Julian Macoveanu

Manuscript Title: Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

Manuscript Number (if known): 159863-INS-CMED-1

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|------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None |
|      | NO TIME LIMIT FOR THIS ITEM.                                                               | Click the tab key to add additional rows.                                          |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above).                   | ☒ None |
| 3    | Royalties or licenses                                                                     | ☒ None |

Time frame: Since the initial planning of the work

Time frame: 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) |
|---|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | Consulting fees | ☒ None |
|   | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None |
|   | Lundbeck A/S | Payment to me for one presentation |
| 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:

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ICMJE DISCLOSURE FORM

Date: 6/14/2022

Your Name: Kamilla Miskowiak

Manuscript Title: Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

Manuscript Number (if known): 159863-INS-CMED-1

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 |
| 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) |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) |
| ☒ | None |
| | |
| | |
| | Click the tab key to add additional rows. |
| Time frame: 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) |
| 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  |
|   | Lundbeck  |
|   | Janssen  |
| 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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Date: 6/2/2022

Your Name: Marianne Lerbæk Bergmann

Manuscript Title: Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

Manuscript Number (if known): 159863-INS-CMED-1

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

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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| **Time frame: 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 |
| | | |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| | | |
| 3 | Royalties or licenses | ☒ None |
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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) |
|---|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 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                                                                           |

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| 13 | Other financial or non-financial interests                                       | ☒ None                                                                           |

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**ICMJE DISCLOSURE FORM**

**Date:** 6/10/2022  
**Your Name:** Mathias Ebbesen Jensen  
**Manuscript Title:** Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial  
**Manuscript Number (if known):** 159863-INS-CMED-1

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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|   | | Click the tab key to add additional rows. |
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| 3 | Royalties or licenses | ☒ None |
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| 4 | Consulting fees                                                                                | ☒ 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                                                                            |
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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)
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13 | Other financial or non-financial interests | ☒ None

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Date: 6/13/2022

Your Name: Matthew P. Gillum

Manuscript Title: Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

Manuscript Number (if known): 159863-INS-CMED-1

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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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Date: 6/1/2021

Your Name: Mette Kruse Klausen

Manuscript Title: Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

Manuscript Number (if known): 159863-INS-CMED-1

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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|   | 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) |
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|   |                                                                                              | Time frame: Since the initial planning of the work                                  |
|   | No time limit for this item.                                                                  |                                                                                   |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | ☒ None                                                                 |
|   |                                                                                              | Time frame: past 36 months                                                         |
| 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 |
|    | | |

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☒ 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:** 6/3/2022  
**Your Name:** Niklas Rye Jørgensen  
**Manuscript Title:** Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial  
**Manuscript Number (if known):** 159863-INS-CMED-1

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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|   | 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) |
|---|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 1 | **All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)**<br>**No time limit for this item.** | ☒ None  
|   |                                                                                           | Click the tab key to add additional rows. |

**Time frame: Since the initial planning of the work**

| 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                                                                          |
|     | ☐ None                                                                                     |                                                                                 |
| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                          |
|     | ☐ None                                                                                     |                                                                                 |
| 6   | Payment for expert testimony                                                                | ☐ None                                                                          |
|     | ☒ None                                                                                     | Leo Pharma Expert statement on bone safety in relation to clinical trial         |
| 7   | Support for attending meetings and/or travel                                                 | ☒ None                                                                          |
|     | ☐ None                                                                                     |                                                                                 |
| 8   | Patents planned, issued or pending                                                           | ☒ None                                                                          |
|     | ☐ None                                                                                     |                                                                                 |
| 9   | Participation on a Data Safety Monitoring Board or Advisory Board                           | ☒ None                                                                          |
|     | ☐ None                                                                                     |                                                                                 |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                          |
|     | ☐ 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.
ICMJE DISCLOSURE FORM

Date: 6/6/2022

Your Name: Nina le Dous

Manuscript Title: Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

Manuscript Number (if known): 159863-INS-CMED-1

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** | |
| 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 |
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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 |
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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) |
|---|---------------------------------------------------------------------------------|------------------------------------------------------------------|
| 4 | Consulting fees                                                                 | ☒ 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.
ICMJE DISCLOSURE FORM

Date: 6/15/2022

Your Name: Victoria Alberte Zeeman

Manuscript Title: Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

Manuscript Number (if known): 159863-INS-CMED-1

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) |
|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1 | **All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)**<br>**No time limit for this item.** | ☒ None                                                                                     |
| 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
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12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services
| ☒ None
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|  
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|  
13 | Other financial or non-financial interests
| ☒ None
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Please place an “X” next to the following statement to indicate your agreement:

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

Date: 6/2/2022

Your Name: Nora D Volkow

Manuscript Title: Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

Manuscript Number (if known): 159863-INS-CMED-1

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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| #  | 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) |
|----|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None | Time frame: Since the initial planning of the work |
|    | No time limit for this item. | | |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None | Time frame: past 36 months |
| 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                                                                            |
|   |                                                                                           |                                                                                  |
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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 | ☒ 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:**
June 3, 2022

**Your Name:**
Patrick MacDonald Fisher

**Manuscript Title:**
Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

**Manuscript Number (if known):**
159863-INS-CMED-1

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 |
| | | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| 3 | Royalties or licenses | ☒ None |

**Time frame: 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) |
|   | 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.
ICMJE DISCLOSURE FORM

Date: 6/9/2022

Your Name: Sabine Vollstädt-Klein

Manuscript Title: Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

Manuscript Number (if known): 159863-INS-CMED-1

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) |
|---|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None | Time frame: Since the initial planning of the work |
|   |                                                                                           |                                                                                   |
|   |                                                                                           |                                                                                   |
|   |                                                                                           | Click the tab key to add additional rows.                                        |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                    | ☐ None                                                                             | Time frame: past 36 months |
|   | Several grants from the German research foundation |                                                                                   |
|   |                                                                                           |                                                                                   |
| 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                                                                             | Chairwoman of the Standards Committee of ISAC (International Society for Applied Chess) |
|   | 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.
**ICMJE DISCLOSURE FORM**

**Date:** 6/2/2022  
**Your Name:** Ulrik Becker  
**Manuscript Title:** Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial  
**Manuscript Number (if known):** 159863-INS-CMED-1

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) |
|---|:--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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                                                                                      |
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|   |                                                                                       | Click the tab key to add additional rows.                                         |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).               | ☒ None                                                                                      |
|   |                                                                                       |                                                                                   |
|   |                                                                                       |                                                                                   |
| 3 | Royalties or licenses                                                                  | ☒ None                                                                                      |
|   |                                                                                       |                                                                                   |
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**Time frame:** Since the initial planning of the work  
**Time frame:** 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) |
|---|-----------------------------------------------------|--------------------------------------------------------------------------------|
| 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.
ICMJE DISCLOSURE FORM

Date: 6/2/2022

Your Name: Tina Vilsbøll

Manuscript Title: Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

Manuscript Number (if known): 159863-INS-CMED-1

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

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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| 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 |
| | Boeing, Eli Lilly, Novo Nordisk | To my institution |
| | |  |
| 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                                                                          |
|   | Amgen, Astra Zeneca, BMS, Boehringer, Eli Lilly, Gilead, GSK, Mundipharma, MSD, Novo Nordisk, SunPharmaceuticals | Personal fee                                                                   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None                                                                          |
|   | Amgen, Astra Zeneca, BMS, Boehringer, Eli Lilly, Gilead, GSK, Mundipharma, MSD, Novo Nordisk, SunPharmaceuticals | Personal fee                                                                   |
| 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.
ICMJE DISCLOSURE FORM

Date: 6/22/2022
Your Name: Marco Møller
Manuscript Title: Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial
Manuscript Number (if known): 159863-INS-CMED-1

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** |  |
| 1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ 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                                                                                |
|   | ☐ None                                                                                           |                                                                                     |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                                |
|   | ☐ None                                                                                           |                                                                                     |
| 6 | Payment for expert testimony                                                                      | ☒ None                                                                                |
|   | ☐ None                                                                                           |                                                                                     |
| 7 | Support for attending meetings and/or travel                                                      | ☒ None                                                                                |
|   | ☐ None                                                                                           |                                                                                     |
| 8 | Patents planned, issued or pending                                                                | ☒ None                                                                                |
|   | ☐ None                                                                                           |                                                                                     |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                 | ☒ None                                                                                |
|   | ☐ None                                                                                           |                                                                                     |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                                |
|   | ☐ 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.
ICMJE DISCLOSURE FORM

Date: 6/23/2022

Your Name: Anders Fink-Jensen

Manuscript Title: Exenatide once weekly for alcohol use disorder - a randomized, placebo-controlled clinical trial

Manuscript Number (if known): 159863-INS-CMED-1

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** |
| 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 |
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| | | |
| | | |
| **Time frame: past 36 months** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None |
| | I have received a university-initiated unrestricted grant (running budget plus trial medicine (the glp-1 receptor agonist semaglutide)) from Novo Nordisk A/S investigating the effects of semaglutide on antipsychotic treated patients with schizophrenia and prediabetes. |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 3 | Royalties or licenses | ☒ 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, | ☒ 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.
| Section/Topic       | Item No | Checklist item                                                                 | Reported on page No |
|--------------------|---------|--------------------------------------------------------------------------------|---------------------|
| Title and abstract | 1a      | Identification as a randomised trial in the title                             | 1                   |
|                    | 1b      | Structured summary of trial design, methods, results, and conclusions        | 4-5                 |
|                    |         | (for specific guidance see CONSORT for abstracts)                            |                     |
| Introduction       | 2a      | Scientific background and explanation of rationale                           | 6-7                 |
| Background and     | 2b      | Specific objectives or hypotheses                                             | 6-7                 |
| objectives         |         |                                                                                |                     |
| Methods            | 3a      | Description of trial design (such as parallel, factorial) including allocation | 20                  |
| Trial design       | 3b      | Important changes to methods after trial commencement (such as eligibility   | 24                  |
|                    |         | criteria), with reasons                                                       | + Supplementary     |
|                    |         |                                                                                | Table 12            |
| Participants       | 4a      | Eligibility criteria for participants                                         | 17                  |
|                    | 4b      | Settings and locations where the data were collected                          | 17                  |
|                    |         |                                                                                | + Supplementary     |
|                    |         |                                                                                | Table 10            |
| Interventions      | 5       | The interventions for each group with sufficient details to allow replication,| 21                  |
|                    |         | including how and when they were actually administered                      |                     |
| Outcomes           | 6a      | Completely defined pre-specified primary and secondary outcome measures,      | 21-23               |
|                    |         | including how and when they were assessed                                    | + Supplementary     |
|                    | 6b      | Any changes to trial outcomes after the trial commenced, with reasons        | -                   |
|                    |         |                                                                                |                     |
| Sample size        | 7a      | How sample size was determined                                                | 23                  |
|                    | 7b      | When applicable, explanation of any interim analyses and stopping guidelines  | 23                  |
| Randomisation:     | 8a      | Method used to generate the random allocation sequence                        | 21                  |
| Sequence generation| 8b      | Type of randomisation; details of any restriction (such as blocking and block | 21                  |
| Allocation         | 9       | Mechanism used to implement the random allocation sequence (such as          | 21                  |
|                    |         | sequentially numbered containers),                                           |                     |
| Concealment mechanism | Describing any steps taken to conceal the sequence until interventions were assigned |
|-----------------------|----------------------------------------------------------------------------------|
| Implementation        | Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions |
| Blinding              | If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how |
| Statistical methods    | If relevant, description of the similarity of interventions |
|                       | Statistical methods used to compare groups for primary and secondary outcomes |
|                       | Methods for additional analyses, such as subgroup analyses and adjusted analyses |

**Results**

| Participant flow | For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome |
|------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Blinding         | If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how |
| Statistical methods | Statistical methods used to compare groups for primary and secondary outcomes |
|                   | Methods for additional analyses, such as subgroup analyses and adjusted analyses |

**Participant flow**

- For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome.

**Blinding**

- If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how.

**Statistical methods**

- Statistical methods used to compare groups for primary and secondary outcomes.
- Methods for additional analyses, such as subgroup analyses and adjusted analyses.

**Recruitment**

- Dates defining the periods of recruitment and follow-up
- Why the trial ended or was stopped

**Baseline data**

- A table showing baseline demographic and clinical characteristics for each group.

**Numbers analysed**

- For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups.

**Outcomes and estimation**

- For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval).
- For binary outcomes, presentation of both absolute and relative effect sizes is recommended.

**Ancillary analyses**

- Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory.

**Harms**

- All important harms or unintended effects in each group (for specific guidance see CONSORT for harms).

**Discussion**

- Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses
- Generalisability (external validity, applicability) of the trial findings
- Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence

**Other information**

- Registration number and name of trial registry
- Where the full trial protocol can be accessed, if available

**CONSORT 2010 checklist**
Funding | 25 | Sources of funding and other support (such as supply of drugs), role of funders

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see [www.consort-statement.org](http://www.consort-statement.org).