ICMJE DISCLOSURE FORM

Date: 7/4/2022

Marja-Riitta Taskinen

Manuscript Title: Postprandial metabolism of apolipoproteins B48, B100, C-III and E in humans heterozygous for APOC3 Loss-of-Function mutations

Manuscript Number (if known): 160607-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.

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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 |
| | No time limit for this item. |
| **Time frame: past 36 months** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). |
| ☐ | None |
| | Novo Nordisk Foundation Grant |
| | The Finnish Foundation for Cardiovascular Research Grant |
| | Sigrid Juselius Foundation Grant |
| | Amgen Grant |
| 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 \[Novartis Personal\] \[Novo Nordisk Personal\] \[Akcea Personal\] \[Amgen Personal\] |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None \[Novartis Personal\] \[Akcea Personal\] \[Amgen Personal\] \[Novo Nordisk Personal\] \[Mylan Personal\] |
| 6 | Payment for expert testimony                                                                      | ☒ None \[None\] \[Novartis\] \[Akcea\] \[Amgen\] |
| 7 | Support for attending meetings and/or travel                                                     | ☐ None \[Novartis Personal\] \[Amgen Personal\] \[Akcea Personal\] |
| 8 | Patents planned, issued or pending                                                               | ☒ None \[None\] \[Novartis\] \[Amgen\] \[Akcea\] |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                | ☐ None \[Novartis Personal\] \[Akcea Personal\] \[Amgen Personal\] \[Chiesi Pharma Personal\] \[Eli Lilly Personal\] \[Novo Nordisk Personal\] |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None \[None\] \[Novartis\] \[Akcea\] \[Amgen\] \[Chiesi Pharma\] \[Eli Lilly\] \[Novo Nordisk\] |
|   | 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: 7/4/2022
Your Name: Elias Björnson
Manuscript Title: Postprandial metabolism of apolipoproteins B48, B100, C-III and E in humans heterozygous for APOC3 Loss-of-Function mutations
Manuscript Number (if known): 160607-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.) 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                                                                                 |
|                |                                                                                             |                                                                                      |

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 |

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ICMJE DISCLOSURE FORM

Date: 7/4/2022

Your Name: Niina Matikainen

Manuscript Title: Postprandial metabolism of apolipoproteins B48, B100, C-III and E in in humans heterozygous for APOC3 Loss-of-Function mutations

Manuscript Number (if known): 160607-INS-CMED-1

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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, | ☒ None                                                                          |
| medical writing, article processing charges, etc.)                                         |                                                                                 |
| **No time limit for this item.**                                                            |                                                                                 |
|                                                                                             | Click the tab key to add additional rows.                                       |
| **Time frame: past 36 months**                                                              |                                                                                 |
| **2** Grants or contracts from any entity (if not indicated in item #1 above).             | ☒ None                                                                          |
|                                                                                             |                                                                                 |
|                                                                                             |                                                                                 |
| **3** Royalties or licenses                                                                 | ☒ None                                                                          |
|                                                                                             |                                                                                 |
|                                                                                             |                                                                                 |
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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                | ☒ None                                                                           |
|   |                                                                                                 |                                                                                 |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                           |
|   |                                                                                                 |                                                                                 |
| 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: 7/4/2022

Your Name: Sanni Söderlund

Manuscript Title: Postprandial metabolism of apolipoproteins B48, B100, C-III and E in in humans heterozygous for APOC3 Loss-of-Function mutations

Manuscript Number (if known): 160607-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 |
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| Time frame: Since the initial planning of the work |
| **2** Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
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| | |
| Time frame: past 36 months |
| **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                                                                           |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                           |
|   |                                                                                                 |                                                                                |
| 6 | Payment for expert testimony                                                                    | ☒ None                                                                           |
|   |                                                                                                 |                                                                                |
| 7 | Support for attending meetings and/or travel                                                    | ☒ None                                                                           |
|   |                                                                                                 |                                                                                |
| 8 | Patents planned, issued or pending                                                                | ☒ None                                                                           |
|   |                                                                                                 |                                                                                |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                  | ☒ None                                                                           |
|   |                                                                                                 |                                                                                |
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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 |
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| **13** Other financial or non-financial interests | ☒ None |
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ICMJE DISCLOSURE FORM

Date: 7/4/2022

Your Name: Joel Rämo

Manuscript Title: Postprandial metabolism of apolipoproteins B48, B100, C-III and E in in humans heterozygous for APOC3 Loss-of-Function mutations

Manuscript Number (if known): 160607-INS-CMED-1

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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) |
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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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ICMJE DISCLOSURE FORM

Date: 7/4/2022

Your Name: Mari Ainola

Manuscript Title: Postprandial metabolism of apolipoproteins B48, B100, C-III and E in humans heterozygous for APOC3 Loss-of-Function mutations

Manuscript Number (if known): 160607-INS-CMED-1

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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 |
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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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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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ICMJE DISCLOSURE FORM

Date: 7/4/2022

Your Name: Antti Hakkarainen

Manuscript Title: Postprandial metabolism of apolipoproteins B48, B100, C-III and E in in humans heterozygous for APOC3 Loss-of-Function mutations

Manuscript Number (if known): 160607-INS-CMED-1

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| **Time frame: past 36 months**                                                              |
| 2. Grants or contracts from any entity (if not indicated in item #1 above).                 | ☒ None                                                                               |
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| 3. Royalties or licenses                                                                     | ☒ None                                                                               |
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| 6 | Payment for expert testimony ☒ None |                                                                                   |
| 7 | Support for attending meetings and/or travel ☒ None |                                                                                   |
| 8 | Patents planned, issued or pending ☒ None |                                                                                   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board ☒ None |                                                                                   |
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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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X X X

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

Date: 7/4/2022

Your Name: Carina Sihlbom

Manuscript Title: Postprandial metabolism of apolipoproteins B48, B100, C-III and E in in humans heterozygous for APOC3 Loss-of-Function mutations

Manuscript Number (if known): 160607-INS-CMED-1

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| | [ ] | [ ] 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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| 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 |
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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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ICMJE DISCLOSURE FORM

Date: 7/4/2022

Your Name: Annika Thorsell

Manuscript Title: Postprandial metabolism of apolipoproteins B48, B100, C-III and E in humans heterozygous for APOC3 Loss-of-Function mutations

Manuscript Number (if known): 160607-INS-CMED-1

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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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| Item | Description | Specification/Comments (e.g., if payments were made to you or to your institution) |
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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 |            |

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| 2    | Grants or contracts from any entity (if not indicated in item #1 above). |            |
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| 3    | Royalties or licenses |            |
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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                                                                            |
|   |                                                                                          |                                                                                  |
|   | 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:** 7/4/2022  
**Your Name:** Linda Andersson  
**Manuscript Title:** Postprandial metabolism of apolipoproteins B48, B100, C-III and E in in humans heterozygous for APOC3 Loss-of-Function mutations  
**Manuscript Number (if known):** 160607-INS-CMED-1

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| **Time frame: Since the initial planning of the work** | |
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| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None | |

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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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| 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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| 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: 7/4/2022

Your Name: Per-Olof Bergh

Manuscript Title: Postprandial metabolism of apolipoproteins B48, B100, C-III and E in in humans heterozygous for APOC3 Loss-of-Function mutations

Manuscript Number (if known): 160607-INS-CMED-1

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Time frame: Since the initial planning of the work

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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 | |
| Stock or stock options | None |
|------------------------|------|
| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| Other financial or non-financial interests | None |

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

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

Date: 7/4/2022

Your Name: Marcus Henricsson

Manuscript Title: Postprandial metabolism of apolipoproteins B48, B100, C-III and E in in humans heterozygous for APOC3 Loss-of-Function mutations

Manuscript Number (if known): 160607-INS-CMED-1

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| | [] | [Click the tab key to add additional rows.] |
| **Time frame: past 36 months** |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| | [] |
| **3** | Royalties or licenses | ☒ None |
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|   |                                                                                                  |                                                                                   |
| 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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| 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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| 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.
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**Date:** 7/4/2022

**Your Name:** Stefano Romeo

**Manuscript Title:** Postprandial metabolism of apolipoproteins B48, B100, C-III and E in in humans heterozygous for APOC3 Loss-of-Function mutations

**Manuscript Number (if known):** 160607-INS-CMED-1

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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                                                                               |
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| **Time frame: past 36 months**                                                            |                                                                                      |
| 2   Grants or contracts from any entity (if not indicated in item #1 above).               | ☒ None                                                                               |
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| 3   Royalties or licenses                    | ☒ None                                                                               |
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| 4 | Consulting fees<br>☒ None |  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events<br>☒ None |  |
| 6 | Payment for expert testimony<br>☒ None |  |
| 7 | Support for attending meetings and/or travel<br>☒ None |  |
| 8 | Patents planned, issued or pending<br>☒ None |  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board<br>☒ None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid<br>☒ 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 \(\square\) None                                                      |                                                                                      |
|    |                                                                                              |                                                                                      |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services \(\square\) None |                                                                                      |
|    |                                                                                              |                                                                                      |
| 13 | Other financial or non-financial interests \(\square\) None                                   |                                                                                      |
|    |                                                                                              |                                                                                      |

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Date: 7/4/2022

Your Name: Martin Adiels

Manuscript Title: Postprandial metabolism of apolipoproteins B48, B100, C-III and E in in humans heterozygous for APOC3 Loss-of-Function mutations

Manuscript Number (if known): 160607-INS-CMED-1

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| 3 | Royalties or licenses | None |
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|   |                                                                                   |                                                                                 |
| 6 | Payment for expert testimony                                                      | ☒ None                                                                          |
|   |                                                                                   |                                                                                 |
| 7 | Support for attending meetings and/or travel                                      | ☒ None                                                                          |
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| 8 | Patents planned, issued or pending                                                | ☒ None                                                                          |
|   |                                                                                   |                                                                                 |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                | ☒ 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                                                                            |
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|    |                                  |                                                                                  |
| 13 | **Other financial or non-financial interests** | ☒ None                                                                            |
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**Date:** 7/4/2022
**Your Name:** Samuli Ripatti
**Manuscript Title:** Postprandial metabolism of apolipoproteins B48, B100, C-III and E in in humans heterozygous for APOC3 Loss-of-Function mutations
**Manuscript Number (if known):** 160607-INS-CMED-1

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| | Click the tab key to add additional rows. |
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| | |
| **Time frame: past 36 months** |
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| 6 | Payment for expert testimony ☒ None                                                      |                                                                                 |
| 7 | Support for attending meetings and/or travel ☒ None                                      |                                                                                 |
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**ICMJE DISCLOSURE FORM**

**Date:** 7/4/2022  
**Your Name:** Markku Laakso  
**Manuscript Title:** Postprandial metabolism of apolipoproteins B48, B100, C-III and E in in humans heterozygous for APOC3 Loss-of-Function mutations  
**Manuscript Number (if known):** 160607-INS-CMED-1

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No time limit for this item. | ☒ None  
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| **Royalties or licenses** | ☒ None  
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events ☒ None |                                                                                   |
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| 6 | Payment for expert testimony ☒ None |                                                                                   |
|   |                                                                                                 |                                                                                   |
| 7 | Support for attending meetings and/or travel ☒ None |                                                                                   |
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| 8 | Patents planned, issued or pending ☒ None |                                                                                   |
|   |                                                                                                 |                                                                                   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board ☒ 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:** 7/4/2022

**Chris J Packard**

**Manuscript Title:** Postprandial metabolism of apolipoproteins B48, B100, C-III and E in in humans heterozygous for APOC3 Loss-of-Function mutations

**Manuscript Number (if known):** 160607-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.

| 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.) No time limit for this item. | ☒ None |
| | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| | Pfizer | Grant |
| **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) |
|---|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                          | ☐ None                                                                               |
|   | Amgen                                                                                     | Personal                                                                             |
|   | Amarin                                                                                   | Personal                                                                             |
|   | MSD                                                                                      | Personal                                                                             |
|   | Dalcor                                                                                   | Personal                                                                             |
|   | Novartis                                                                                 | Personal                                                                             |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None                                                                               |
|   | Daiichi-Sankyo                                                                           | Personal                                                                             |
|   | Novartis                                                                                 | Personal                                                                             |
|   | Amarin                                                                                   | Personal                                                                             |
| 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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|    |                                                                             |                                                                                 |
| 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: 7/4/2022

Your Name: Jan Borén

Manuscript Title: Postprandial metabolism of apolipoproteins B48, B100, C-III and E in humans heterozygous for APOC3 Loss-of-Function mutations

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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.                                           |
| **Time frame: past 36 months**                                                               |                                                                                     |
| 2. Grants or contracts from any entity (if not indicated in item #1 above).                  | ☐ None                                                                               |
| NovoNordisk Foundation                                                                       | Grant                                                                               |
| Swedish Heart-Lung Foundation                                                               | Grant                                                                               |
| Swedish Research Council                                                                    | Grant                                                                               |
| Knut and Alice Wallenberg Foundation                                                        | Grant                                                                               |
| Sahlgrenska Hospital ALF                                                                     | Grant                                                                               |
| 3. Royalties or licenses                                                                     | ☒ None                                                                               |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events □ None | Novartis Personal<br>Akcea Personal<br>Amgen Personal<br>Novo Nordisk Personal<br>Pfizer Personal |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board ☒ None | Novartis Personal<br>Akcea Personal<br>Amgen Personal |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid ☒ None | | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services ◒ None |
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| Item No | Recommendation |
|---------|----------------|
| Title and abstract 1 | (a) Indicate the study’s design with a commonly used term in the title or the abstract  
(b) Provide in the abstract an informative and balanced summary of what was done and what was found  |
| Introduction 2 | Explain the scientific background and rationale for the investigation being reported |
| Objectives 3 | State specific objectives, including any prespecified hypotheses |
| Methods 4 | Present key elements of study design early in the paper |
| Setting 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection |
| Participants 6 | (a) Cohort study—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up  
Case-control study—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls  
Cross-sectional study—Give the eligibility criteria, and the sources and methods of selection of participants  
(b) Cohort study—For matched studies, give matching criteria and number of exposed and unexposed  
Case-control study—For matched studies, give matching criteria and the number of controls per case |
| Variables 7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable |
| Data sources/measurement 8 | For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group |
| Bias 9 | Describe any efforts to address potential sources of bias |
| Study size 10 | Explain how the study size was arrived at |
| Quantitative variables 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why |
| Statistical methods 12 | (a) Describe all statistical methods, including those used to control for confounding  
(b) Describe any methods used to examine subgroups and interactions  
(c) Explain how missing data were addressed  
(d) Cohort study—If applicable, explain how loss to follow-up was addressed  
Case-control study—If applicable, explain how matching of cases and controls was addressed  
Cross-sectional study—If applicable, describe analytical methods taking account of sampling strategy  
(e) Describe any sensitivity analyses |

Continued on next page
**Results**

| Participants | 13* | (a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed all completed |  
| Descriptive data | 14* | (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders |  
| (b) Indicate number of participants with missing data for each variable of interest |  
| (c) Cohort study—Summarise follow-up time (eg, average and total amount) |  
| Outcome data | 15* | Cohort study—Report numbers of outcome events or summary measures over time |  
| Case-control study—Report numbers in each exposure category, or summary measures of exposure |  
| Cross-sectional study—Report numbers of outcome events or summary measures |  
| Main results | 16 | (a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included |  
| (b) Report category boundaries when continuous variables were categorized |  
| (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period |  
| Other analyses | 17 | Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses |  

**Discussion**

| Key results | 18 | Summarise key results with reference to study objectives | page 7-11 |  
| Limitations | 19 | Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias | page 10 |  
| Interpretation | 20 | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence | page 11 |  
| Generalisability | 21 | Discuss the generalisability (external validity) of the study results | page 11 |  

**Other information**

| Funding | 22 | Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based | page 14 |  

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.*

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLOS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.