ICMJE DISCLOSURE FORM

Date: ______________March 15, 2021______________________________

Your Name: __________Daniel Gero______________________________

Manuscript Title: Microstructural changes in human ingestive behavior after Roux-en-Y gastric bypass during liquid meals
Manuscript number (if known): Reference: 136842-INS-CMED-TR-2

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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                                                                            |

|   | **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                                                                            |
| 4 | Consulting fees                                                                                 | __None                                                                            |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 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   |
| 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:

_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:_____________March 15, 2021____________________________________________________
Your Name:________ Bálint File ___________________________________________________

Manuscript Title: Microstructural changes in human ingestive behavior after Roux-en-Y gastric bypass during liquid meals
Manuscript number (if known): Reference: 136842-INS-CMED-TR-2

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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. | Hungarian Brain Research Program Grant (Grant No. 2017-1.2.1-NKP-2017-00002) |

Time frame: Since the initial planning of the work

|   |   |
|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). |
|   | __None |

Time frame: past 36 months
|   | 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, society, committee or advocacy group, paid or unpaid | None |
| 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:_____________March 15, 2021__________________________________________________________

Your Name:_________Daniela Alceste________________________________________________________

Manuscript Title: Microstructural changes in human ingestive behavior after Roux-en-Y gastric bypass during liquid meals

Manuscript number (if known): Reference: 136842-INS-CMED-TR-2

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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 |
| **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 |
| 4 | Consulting fees | None |
|   |                                                                                   |     |
|---|-----------------------------------------------------------------------------------|-----|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript   | None |
|   | writing or educational events                                                    |     |
| 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| None |
|   | paid or unpaid                                                                     |     |
|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:_____________March 15,2021____________________________________________________
Your Name:_______Lukas Frick________________________________________________________

Manuscript Title: Microstructural changes in human ingestive behavior after Roux-en-Y gastric bypass
during liquid meals
Manuscript number (if known): Reference: 136842-INS-CMED-TR-2

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relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current
manuscript only.

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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) |
|----|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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.**                                                |
|    | **Time frame: Since the initial planning of the work**                                           |                                                                                   |
|    | **None**                                                                                            |                                                                                   |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).                          | **None**                                                                           |
| 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, society, committee or advocacy group, paid or unpaid |
|   | None |
| 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 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:_____________  March 15,2021____________________________________________________
Your Name:______ Michele Serra____________________________________________________
Manuscript Title: Microstructural changes in human ingestive behavior after Roux-en-Y gastric bypass during liquid meals
Manuscript number (if known):  Reference: 136842-INS-CMED-TR-2

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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. | |

|   | 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 |
| 4 | Consulting fees | ____ None |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 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   |
| 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:____________ March 15, 2021 ________________________________

Your Name:______ Aiman E. M. Ismaeil _______________________________

Manuscript Title: Microstructural changes in human ingestive behavior after Roux-en-Y gastric bypass during liquid meals

Manuscript number (if known): Reference: 136842-INS-CMED-TR-2

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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**

**Time frame: past 36 months**

|   |                                                                                     | 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                                                                          |
| 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 |
|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: ______________ March 15, 2021 ________________________________
Your Name: ______ Robert E Steinert ______________________________

Manuscript Title: Microstructural changes in human ingestive behavior after Roux-en-Y gastric bypass during liquid meals

Manuscript number (if known): Reference: 136842-INS-CMED-TR-2

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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.** | |

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

|   | Grants or contracts from any entity (if not indicated in item #1 above). | Olga Mayenfisch Foundation |
|---|--------------------------------------------------------------------------|---------------------------|
| 2 | ___None |

**Time frame: past 36 months**

|   | Royalties or licenses | ___None |
|---|----------------------|---------|
|   | 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 |
| 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 | Employed by D.S.M Nutritional Products |

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ICMJE DISCLOSURE FORM

Date:_____________ March 15, 2021 ________________________________

Your Name: ______ Alan C Spector ________________________________

Manuscript Title: Microstructural changes in human ingestive behavior after Roux-en-Y gastric bypass during liquid meals

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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                                                                 |
| 4 | Consulting fees | ___None                                                                 |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | 23 March 2018: Interdisciplinary Mind and Brain Seminar, University of Pennsylvania, Philadelphia, PA.  
27 March 2018: Neuroscience Program, Beckman Institute, University of Illinois, Urbana-Champaign, IL  
14 May 2018: Bohan Seminar, University of Kansas Medical Center, Kansas City, KS.  
12 November 2018: Symposium, Pennington Research Center, LSU, Baton Rouge, LA.  
12 November 2020: Symposium, Neuroscience Institute, University of Texas San Antonio | Received honoraria for talks on experimental work conducted in my laboratory studying the effect of RYGB on taste and feeding in rodents. |
|---|---|---|
|   | Payment for expert testimony | None |
|   | Support for attending meetings and/or travel | 2018: Neuroscience Program, Beckman Institute, University of Illinois, Urbana-Champaign, IL  
14 May 2018: Bohan Seminar, University of Kansas Medical Center, Kansas City, KS.  
4 December 2018: Symposium, Pennington Research Center, LSU, Baton Rouge, LA. |
|   | 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 |
| 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:_____________ March 15, 2021 ________________________________

Your Name:______ Marco Bueter ____________________________________

Manuscript Title: Microstructural changes in human ingestive behavior after Roux-en-Y gastric bypass during liquid meals

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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. | University of Zurich Assistant Professorship Grant |
|   |                                                                                                     |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                           | Swiss National Science Foundation Grant number 32003B_182309                   |
|   |                                                                                                     | Olga Mayenfisch Foundation                                                      |
| 3 | Royalties or licenses                                                                              | __None                                                                          |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Question                                                                 | Answer |
|---|--------------------------------------------------------------------------|--------|
| 4 | Consulting fees                                                         | None   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,     |        |
|   |   manuscript writing or educational events                              |        |
|   |   Johnson & Johnson                                                      |        |
|   |   Medtronic                                                             |        |
| 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                                        |        |
|   |   Swiss Society for the Study of Obesity and Metabolic Diseases (SMOB)   |        |
|   |   Vice President 2017 - 2021                                            |        |
| 11| Stock or stock options                                                  | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other | None   |
|   |   services                                                               |        |
| 13| Other financial or non-financial interests                               | None   |

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