

## ICMJE DISCLOSURE FORM

Date: 9/1/21

Your Name: Xiaojing Huang

Manuscript Title: Therapeutic abdominal radiation during childhood induces chronic adipose tissue dysfunction

Manuscript number (if known): 153586-JCI-CMED-PRESUB

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

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None	Pilot grant
		Rockefeller University Hospital	
		National Institute of General Medical Sciences	T32GM007739
		National Center for Advancing Translational Sciences	UL1TR001866
		National Cancer Institute	P30CA008748
		American Cancer Society	133831-CSDG-19-117-01-CPHPS
		American Diabetes Association	1-17-ACE-17
		private donor (Memorial Sloan Kettering Cancer Center)	
<b>Time frame: past 36 months</b>			
2		<input checked="" type="checkbox"/> None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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: 9/1/21

Your Name: Olivia Maguire

Manuscript Title: Therapeutic abdominal radiation during childhood induces chronic adipose tissue dysfunction

Manuscript number (if known): 153586-JCI-CMED-PRESUB

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: 9/1/21

Your Name: Jeanne Walker

Manuscript Title: Therapeutic abdominal radiation during childhood induces chronic adipose tissue dysfunction

Manuscript number (if known): 153586-JCI-CMED-PRESUB

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## ICMJE DISCLOSURE FORM

Date: 9/1/21

Your Name: Caroline Jiang

Manuscript Title: Therapeutic abdominal radiation during childhood induces chronic adipose tissue dysfunction

Manuscript number (if known): 153586-JCI-CMED-PRESUB

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## ICMJE DISCLOSURE FORM

Date: 9/1/21

Your Name: Thomas Carroll

Manuscript Title: Therapeutic abdominal radiation during childhood induces chronic adipose tissue dysfunction

Manuscript number (if known): 153586-JCI-CMED-PRESUB

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## ICMJE DISCLOSURE FORM

Date: 9/1/21

Your Name: Ji-Dung Luo

Manuscript Title: Therapeutic abdominal radiation during childhood induces chronic adipose tissue dysfunction

Manuscript number (if known): 153586-JCI-CMED-PRESUB

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## ICMJE DISCLOSURE FORM

Date: 9/1/21

Your Name: Emily Tonorezos

Manuscript Title: Therapeutic abdominal radiation during childhood induces chronic adipose tissue dysfunction

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## ICMJE DISCLOSURE FORM

Date: 9/1/21

Your Name: Danielle Novetsky Friedman

Manuscript Title: Therapeutic abdominal radiation during childhood induces chronic adipose tissue dysfunction

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2		___ None	

	Grants or contracts from any entity (if not indicated in item #1 above).	National Cancer Institute Sohn Foundation	U01 CA246659-A01 grant
		Society of MSK Research	Grant
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	UpToDate ENDO2021: Annual Meeting of the Endocrine Society	2014-Present March 2021
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	Agence Nationale de la Recherche (ANR), French Cohortes, Jury member	09/16/2019-09/18/2019 (Travel to Paris, France)
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
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Date: 9/1/21

Your Name: Paul Cohen

Manuscript Title: Therapeutic abdominal radiation during childhood induces chronic adipose tissue dysfunction

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STROBE Statement—Checklist of items that should be included in reports of *cohort studies*

	Item No	Recommendation
<b>Title and abstract</b>	1	<input checked="" type="checkbox"/> Indicate the study's design with a commonly used term in the title or the abstract <input checked="" type="checkbox"/> Provide in the abstract an informative and balanced summary of what was done and what was found
<b>Introduction</b>		
Background/rationale	2	<input checked="" type="checkbox"/> Explain the scientific background and rationale for the investigation being reported
Objectives	3	<input checked="" type="checkbox"/> State specific objectives, including any prespecified hypotheses
<b>Methods</b>		
Study design	4	<input checked="" type="checkbox"/> Present key elements of study design early in the paper
Setting	5	<input checked="" type="checkbox"/> Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection
Participants	6	<input checked="" type="checkbox"/> (a) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up <input checked="" type="checkbox"/> (b) For matched studies, give matching criteria and number of exposed and unexposed n/a
Variables	7	<input checked="" type="checkbox"/> Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable
Data sources/ measurement	8*	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Describe any efforts to address potential sources of bias
Study size	10	<input checked="" type="checkbox"/> Explain how the study size was arrived at
Quantitative variables	11	<input checked="" type="checkbox"/> Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why
Statistical methods	12	<input checked="" type="checkbox"/> Describe all statistical methods, including those used to control for confounding <input checked="" type="checkbox"/> (b) Describe any methods used to examine subgroups and interactions n/a <input checked="" type="checkbox"/> Explain how missing data were addressed <input checked="" type="checkbox"/> (d) If applicable, explain how loss to follow-up was addressed n/a <input checked="" type="checkbox"/> (e) Describe any sensitivity analyses n/a
<b>Results</b>		
Participants	13*	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Give reasons for non-participation at each stage <input checked="" type="checkbox"/> Consider use of a flow diagram
Descriptive data	14*	<input checked="" type="checkbox"/> Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders <input checked="" type="checkbox"/> Indicate number of participants with missing data for each variable of interest <input checked="" type="checkbox"/> Summarise follow-up time (eg, average and total amount)
Outcome data	15*	Report numbers of outcome events or summary measures over time
Main results	16	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> (b) Report category boundaries when continuous variables were categorized n/a <input checked="" type="checkbox"/> (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period n/a

Other analyses	17	✓ Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses
<b>Discussion</b>		
Key results	18	✓ Summarise key results with reference to study objectives
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
Interpretation	20	✓ Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	21	✓ Discuss the generalisability (external validity) of the study results
<b>Other information</b>		
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

\*Give information separately for exposed and unexposed groups.

**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 <http://www.strobe-statement.org>.