Dat	e:		7/1/2022		
Your Name:			Andreas L. Birkenfeld		
Manuscript Title:			Exercise restores brain insulin sensitivity in	sedentary overweight and obese adults	
Ma	nuscript Number (if k	(nown):	161498-INS-CMED-1	_	
content of your manuscript. "Rela affected by the content of the ma			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi	-	nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		· · · · · · · · · · · · · · · · · · ·	ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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.	Federal	Ministry of Education and Research, n Center for Diabetes Research (grant:	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Federal German	Ministry of Education and Research, n Center for Diabetes Research (grant:	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Federal German 01GI09	Ministry of Education and Research, n Center for Diabetes Research (grant: 25)	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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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		
Plea 🖂	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.			

Date: Your Name: Manuscript Title:			7/1/2022		
			Andreas Fritsche		
		_	Exercise restores brain insulin sensitivity in	sedentary overweight and obese adults	
Maı	nuscript Number (if k	nown): _	161498-INS-CMED-1		
In the interest of transparency, we ask content of your manuscript. "Related" affected by the content of the manuscrindicate a bias. If you are in doubt about the author's relationships/activities/in epidemiology of hypertension, you should that medication is not mentioned in the			ed" means any relation with for-profit or nuscript. Disclosure represents a commitme about whether to list a relationship/activity s/interests should be defined broadly. For should declare all relationships with manufacture the manuscript.	es/interests listed below that are related to the ot-for-profit third parties whose interests may be ent to transparency and does not necessarily interest, it is preferable that you do so. example, if your manuscript pertains to the facturers of antihypertensive medication, even if without time limit. For all other items, the time	
			entities with whom you have this lip 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.	L	Ministry of Education and Research, Center for Diabetes Research (grant:	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Federal N German	Ministry of Education and Research, Center for Diabetes Research (grant:		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Federal N German	Ministry of Education and Research, Center for Diabetes Research (grant: 5) Time frame: past 36 month		

		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 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		
Plea 🖂	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.			

Date:		-	7/1/2022		
Your Name:		-	Louise Fritsche		
Manuscript Title:		-	Exercise restores brain insulin sensitivity in sedentary overweight and obese adults		
Mai	nuscript Number (if k	nown):	161498-INS-CMED-1		
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this hip 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	of the work	
1	All				
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.	Federal	Ministry of Education and Research, n Center for Diabetes Research (grant: 25)	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Federal Germar	Ministry of Education and Research, n Center for Diabetes Research (grant:		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Federal Germar 01GI092	Ministry of Education and Research, n Center for Diabetes Research (grant: 25)		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
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		
Plea 🖂	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.			

Date:		_	7/1/2022		
Your Name:		_	Thomas Goj		
Manuscript Title:		_	Exercise restores brain insulin sensitivity in	sedentary overweight and obese adults	
Maı	nuscript Number (if k	nown):	161498-INS-CMED-1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.			ted" means any relation with for-profit or no nuscript. Disclosure represents a commitmen about whether to list a relationship/activity, es/interests should be defined broadly. For ea is should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this hip 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		
1	All support for the present manuscript (e.g.,	l J	one		
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	L	Ministry of Education and Research, Center for Diabetes Research (grant: 25)	Click the tab key to add additional rows.	
	of study materials, medical writing, article processing charges, etc.) No time limit for	German	Center for Diabetes Research (grant:		
2	of study materials, medical writing, article processing charges, etc.) No time limit for	German 01GI092	Center for Diabetes Research (grant: 25)		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
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		
Plea 🖂	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.			

Dat	e:	-	7/1/2022		
Your Name:		-	Hans-Ulrich Häring		
Manuscript Title:		-	Exercise restores brain insulin sensitivity in sedentary overweight and obese adults		
Ma	nuscript Number (if k	nown):	161498-INS-CMED-1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned in the series of the s			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this thip 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	
			Time traine. Since the findar 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.	Federal	Ministry of Education and Research, n Center for Diabetes Research (grant:	Click the tab key to add additional rows.	
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2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Federal Germar 01GI092	Ministry of Education and Research, n Center for Diabetes Research (grant: 25)	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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:		7/1/2022			
Your Name:		Martin Heni	Martin Heni		
Manuscript Title:		Exercise restores brain insulin sensitivity in	sedentary overweight and obese adults		
Mar	nuscript Number (if k	nown): 161498-INS-CMED-1			
confl affe indic The epic that	tent of your manuscricted by the content of cate a bias. If you are author's relationship demiology of hyperters medication is not me	rency, we ask you to disclose all relationships/activities pt. "Related" means any relation with for-profit or not fithe manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity s/activities/interests should be defined broadly. For ension, you should declare all relationships with manufactioned in the manuscript. all support for the work reported in this manuscript we past 36 months.	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the facturers of antihypertensive medication, even if		
		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 Federal Ministry of Education and Research, German Center for Diabetes Research (grant: 01Gl0925)	Click the tab key to add additional rows.		
	uns item.				
	this item.	Time frame: past 36 month	s		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month None	s		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
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	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:			7/1/2022		
Your Name:			Miriam Hoene		
Manuscript Title:			Exercise restores brain insulin sensitivity in sedentary overweight and obese adults		
Mai	nuscript Number (if k	nown):	161498-INS-CMED-1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For e	/interest, it is preferable that you do so. example, if your manuscript pertains to the	
	: medication is not me	-		acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			ll entities with whom you have this ship 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	
				or 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.	Federa	one I Ministry of Education and Research, n Center for Diabetes Research (grant:	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Federa Germa	one I Ministry of Education and Research, n Center for Diabetes Research (grant:	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Federa Germa 01GI09	I Ministry of Education and Research, n Center for Diabetes Research (grant: 125)	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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:			7/1/2022		
Your Name:			Christoph Hoffmann		
Manuscript Title:			Exercise restores brain insulin sensitivity in sedentary overweight and obese adults		
Ma	nuscript Number (if k	nown):	161498-INS-CMED-1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each of the a should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
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			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Federal	Ministry of Education and Research, n Center for Diabetes Research (grant: 25)	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Federal German	Ministry of Education and Research, n Center for Diabetes Research (grant:		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Federal Germar 01GI09	Ministry of Education and Research, n Center for Diabetes Research (grant: 25)		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
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	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:			7/1/2022		
Your Name:			Stephanie Kullmann		
Manuscript Title:			Exercise restores brain insulin sensitivity in sedentary overweight and obese adults		
Mar	nuscript Number (if k	(nown):	161498-INS-CMED-1		
In the interest of transparency, w content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub		ipt. "Rela of the mar e in doubt os/activitie	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the		
-	medication is not m	-		acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		·	vithout time limit. For all other items, the time	
			l entities with whom you have this ship 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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	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.	Federal	I Ministry of Education and Research, n Center for Diabetes Research (grant: 25)	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Federal Germar	Ministry of Education and Research, n Center for Diabetes Research (grant:		
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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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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		
Plea 🖂	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.			

Date:		7/1/2022			
Your Name:		Jürgen Machann			
Manuscript Title:		Exercise restores brain insulin sensit	Exercise restores brain insulin sensitivity in sedentary overweight and obese adults		
Mai	nuscript Number (if k	nown): 161498-INS-CMED-1			
con affe indi The epic that	tent of your manuscricted by the content of cate a bias. If you are author's relationship demiology of hyperters medication is not me	pt. "Related" means any relation with for-prof f the manuscript. Disclosure represents a com in doubt about whether to list a relationship/ s/activities/interests should be defined broadly sion, you should declare all relationships with entioned in the manuscript.	activities/interests listed below that are related to the fit or not-for-profit third parties whose interests may be mitment to transparency and does not necessarily activity/interest, it is preferable that you do so. y. For example, if your manuscript pertains to the manufacturers of antihypertensive medication, even if acript without time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as ne	Specifications/Comments (e.g., if payments were eded) made to you or to your institution)		
		Time frame: Since the initial pla	anning of the work		
1	All support for the present manuscript (e.g., funding, provision	None Federal Ministry of Education and Research,			
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.	German Center for Diabetes Research (grant 01Gl0925)	Click the tab key to add additional rows.		
	of study materials, medical writing, article processing charges, etc.) No time limit for	·=	Click the tab key to add additional rows.		
2	of study materials, medical writing, article processing charges, etc.) No time limit for	01GI0925)	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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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		
Plea 🖂	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.			

Date:		7/1/2022			
Your Name: Manuscript Title:		Anja Moller	Anja Moller		
		Exercise restores brain insulin sensitivity in	sedentary overweight and obese adults		
Mar	nuscript Number (if k	nown): 161498-INS-CMED-1			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.		all support for the work reported in this manuscript w	ot-for-profit third parties whose interests may be not to transparency and does not necessarily //interest, it is preferable that you do so. Example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
		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	Time frame: Since the initial planning o ☐ None Federal Ministry of Education and Research,	of the work		
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.	German Center for Diabetes Research (grant: 01GI0925)	Click the tab key to add additional rows.		
	medical writing, article processing charges, etc.) No time limit for	· -			
2	medical writing, article processing charges, etc.) No time limit for	01GI0925)			

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
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		
Plea 🖂	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.			

Date:		7/1/2022	7/1/2022		
Your Name:		Andreas Niess	Andreas Niess		
Manuscript Title:		Exercise restores brain insulin sensitivity	n sedentary overweight and obese adults		
Mai	nuscript Number (if k	nown):161498-INS-CMED-1			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.		all support for the work reported in this manuscrip	not-for-profit third parties whose interests may be nent to transparency and does not necessarily ty/interest, it is preferable that you do so. r example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if		
		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 planni	g 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.	Federal Ministry of Education and Research, German Center for Diabetes Research (grant: 01Gl0925)	Click the tab key to add additional rows.		
		Time frame: past 36 mor	ths		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	⊠ None			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
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		
Plea 🖂	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.			

Date	e:	7/1,	/2022			
Your Name:		And	lreas Peter			
Manuscript Title:		Exe	Exercise restores brain insulin sensitivity in sedentary overweight and obese adults			
Mar	nuscript Number (if k	nown): <u>161</u>	498-INS-CM	ED-1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned			means any ipt. Disclosi ut whether the terests shou uld declare a manuscrip the work re	relation with for-profit or in ure represents a commitme to list a relationship/activith Id be defined broadly. For all relationships with manuth.	es/interests listed below that are related to the ot-for-profit third parties whose interests may be ent to transparency and does not necessarily y/interest, it is preferable that you do so. example, if your manuscript pertains to the facturers of antihypertensive medication, even if without time limit. For all other items, the time	
				nom you have this one (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time fran	ne: 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.		=	cation and Research, etes Research (grant:	Click the tab key to add additional rows.	
				Time frame: past 36 mont	ns	
2	Grants or	None				
	contracts from any entity (if not indicated in item #1 above).					

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
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		
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:			

Date	e:		7/1/2022		
Your Name:			Hubert Preissl		
Manuscript Title:			Exercise restores brain insulin sensitivity in sedentary overweight and obese adults		
Maı	nuscript Number (if k	nown):	161498-INS-CMED-1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned in			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each of the a should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship 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	of the work	
1	All support for the	[] N.			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Federal	Ministry of Education and Research, n Center for Diabetes Research (grant: 25)	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Federal German	Ministry of Education and Research, n Center for Diabetes Research (grant:		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Federal Germar 01GI09	Ministry of Education and Research, n Center for Diabetes Research (grant: 25)		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
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		
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:			

Date	e:		7/1/2022		
Your Name:			Patrick Schneeweiss		
Manuscript Title:			Exercise restores brain insulin sensitivity in sedentary overweight and obese adults		
Mar	nuscript Number (if k	(nown):	161498-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.					
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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	of the work	
	All support for the present manuscript (e.g., funding, provision	Federal	Ministry of Education and Research,		
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.	01GI09	n Center for Diabetes Research (grant: 25)	Click the tab key to add additional rows.	
	medical writing, article processing charges, etc.) No time limit for		·=		
	medical writing, article processing charges, etc.) No time limit for	01Gl09.	25)		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
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		
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:			

Date	e:	<u>-</u>	7/1/2022	
Your Name: Manuscript Title:		_	Ralf Veit	
		_	Exercise restores brain insulin sensitivity in	sedentary overweight and obese adults
Maı	nuscript Number (if k	nown):	161498-INS-CMED-1	
con affe indi The epic that	tent of your manuscricted by the content of cate a bias. If you are author's relationship demiology of hyperters medication is not me	ipt. "Rela of the man e in doubt os/activitie nsion, you entioned i all suppor	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For each should declare all relationships with manufaction the manuscript.	/interest, it is preferable that you do so.
			entities with whom you have this hip 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.	L L	Ministry of Education and Research, Center for Diabetes Research (grant:	Click the tab key to add additional rows.
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Federal German	Ministry of Education and Research, Center for Diabetes Research (grant:	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Federal German 01GI092	Ministry of Education and Research, center for Diabetes Research (grant: 25)	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
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		
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:			

Dat	e:	-	7/1/2022				
You	r Name:	-	Lore Wagner				_
Mai	nuscript Title:		Exercise restor	es brain insulin sensit	tivity in	sedentary overweight and obese adults	
Manuscript Number (if known):		161498-INS-CN	1ED-1			_	
con affe indi The epic that	tent of your manuscricted by the content of cate a bias. If you are author's relationship demiology of hyperters medication is not me	ipt. "Rela of the mar e in doubt as/activitie nsion, you entioned i	nted" means any nuscript. Disclos about whether es/interests shou a should declare in the manuscrip	relation with for-pro ure represents a con to list a relationship/ ald be defined broadl all relationships with ot.	ofit or no nmitmen activity, ly. For e n manufa	es/interests listed below that are related to the ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if ithout time limit. For all other items, the time	
				hom you have this none (add rows as ne	eeded)	Specifications/Comments (e.g., if payments were made to you or to your institution)	Ī
			Time frai	me: Since the initial pl	lanning o	of the work	
1	All support for the	[□] No	one				
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	L	Center for Diab	cation and Research, petes Research (grant		Click the tab key to add additional rows.	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	German	Center for Diab		t:		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Germar 01Gl092	Center for Diab	etes Research (grant	t:		

		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			
Plea 🖂	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.				

Date	e:	-	7/1/2022	
You	r Name:	<u>-</u>	Cora Weigert	
Manuscript Title:		<u>-</u>	Exercise restores brain insulin sensitivity in	sedentary overweight and obese adults
Mar	nuscript Number (if k	known):	161498-INS-CMED-1	
confaffe indi	tent of your manuscricted by the content of cate a bias. If you are author's relationship demiology of hyperters medication is not me	ript. "Relar of the man e in doubt os/activitie ension, you entioned i	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer about whether to list a relationship/activity, as/interests should be defined broadly. For ea should declare all relationships with manufa in the manuscript.	/interest, it is preferable that you do so.
			entities with whom you have this hip 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.	L	Ministry of Education and Research, Center for Diabetes Research (grant:	Click the tab key to add additional rows.
			Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item	[⊠] No	ne	
	#1 above).			

		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			
Plea 🖂	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.				



CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract			
	1a	Identification as a randomised trial in the title	NA
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	2
Introduction			
Background and	2a	Scientific background and explanation of rationale	3-4
objectives	2b	Specific objectives or hypotheses	4
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	14
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	14
Participants	4a	Eligibility criteria for participants	14
	4b	Settings and locations where the data were collected	18
nterventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	14
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	14
	6b	Any changes to trial outcomes after the trial commenced, with reasons	NA
Sample size	7a	How sample size was determined	NA
•	7b	When applicable, explanation of any interim analyses and stopping guidelines	NA
Randomisation:			NA
Sequence	8a	Method used to generate the random allocation sequence	
generation	8b	Type of randomisation; details of any restriction (such as blocking and block size)	NA
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	NA
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	NA
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those	NA

CONSORT 2010 checklist Page 1

		assessing outcomes) and how	
	11b	If relevant, description of the similarity of interventions	
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	17-18
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	17-18
Results			
Participant flow (a	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and	NA
diagram is strongly		were analysed for the primary outcome	
recommended)	13b	For each group, losses and exclusions after randomisation, together with reasons	14
Recruitment	14a	Dates defining the periods of recruitment and follow-up	NA
	14b	Why the trial ended or was stopped	NA
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	29
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was	NA
		by original assigned groups	
Outcomes and	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its	29
estimation		precision (such as 95% confidence interval)	
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	NA
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	5-9
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	NA
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	NA
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	10
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	10
Other information			
Registration	23	Registration number and name of trial registry	2
Protocol	24	Where the full trial protocol can be accessed, if available	2
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	

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

CONSORT 2010 checklist Page 2