

ICMJE DISCLOSURE FORM

Date: 2/3/2023

Your Name: Konrad Sawicki

Manuscript Title: Longitudinal Trajectories of Branched Chain Amino Acids Through Young Adulthood with Diabetes in Later Life

Manuscript Number (if known): 166956-INS-CMED-RV-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.

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Your Name: Hongyan Ning

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Your Name: Norrina Allen

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Your Name: Amisha Wallia

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Your Name: James Otvos

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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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Time frame: past 36 months								
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4	Consulting fees	<input type="checkbox"/> None <table border="1" data-bbox="386 260 1518 459"> <tr> <td>LabCorp</td> <td>Consulting fees paid on hourly basis of work performed after Labcorp employment terminated March 31, 2022</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		LabCorp	Consulting fees paid on hourly basis of work performed after Labcorp employment terminated March 31, 2022						
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 546 1518 648"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 890 1518 993"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1108 1518 1211"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1327 1518 1430"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1545 1518 1648"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1734 1518 1837"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1518 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 476 1518 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1" data-bbox="386 690 1518 791"> <tr> <td>Labcorp</td> <td>Employment – terminated 3/31/2022</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Labcorp	Employment – terminated 3/31/2022				
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Please place an “X” next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 2/3/2023

Your Name: Issam Ben-Sahra

Manuscript Title: Longitudinal Trajectories of Branched Chain Amino Acids Through Young Adulthood with Diabetes in Later Life

Manuscript Number (if known): 166956-INS-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 2/3/2023

Your Name: Elizabeth McNally

Manuscript Title: Longitudinal Trajectories of Branched Chain Amino Acids Through Young Adulthood with Diabetes in Later Life

Manuscript Number (if known): 166956-INS-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 2/3/2023

Your Name: Janet Snell-Bergeon

Manuscript Title: Longitudinal Trajectories of Branched Chain Amino Acids Through Young Adulthood with Diabetes in Later Life

Manuscript Number (if known): 166956-INS-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 2/3/2023

Your Name: John Wilkins

Manuscript Title: Longitudinal Trajectories of Branched Chain Amino Acids Through Young Adulthood with Diabetes in Later Life

Manuscript Number (if known): 166956-INS-CMED-RV-2

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 258 1518 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 476 1518 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 690 1518 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No	Recommendation	Page Number	Relevant Text in Manuscript
Title and abstract	1	(a) Indicate the study’s design with a commonly used term in the title or the abstract	2	Lines 56-58
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	2	Lines 62-70
Introduction				
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	5-6	Lines 126-154
Objectives	3	State specific objectives, including any prespecified hypotheses	6	Lines 148-154
Methods				
Study design	4	Present key elements of study design early in the paper	16-17	Lines 378-401
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	16-17	Lines 378-401
Participants	6	(a) Cohort study—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up Case-control study—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls Cross-sectional study—Give the eligibility criteria, and the sources and methods of selection of participants	16-17	Lines 378-401
		(b) Cohort study—For matched studies, give matching criteria and number of exposed and unexposed Case-control study—For matched studies, give matching criteria and the number of controls per case	7	Lines 181-184
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	20-21	Lines 478-493
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	17-18	Lines 404-426
Bias	9	Describe any efforts to address potential sources of bias		
Study size	10	Explain how the study size was arrived at		

Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	20-21	Lines 478-493
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	20-21	Lines 478-493
		(b) Describe any methods used to examine subgroups and interactions	18-19	Lines 441-461
		(c) Explain how missing data were addressed	19	Lines 454-461
		(d) <i>Cohort study</i> —If applicable, explain how loss to follow-up was addressed <i>Case-control study</i> —If applicable, explain how matching of cases and controls was addressed <i>Cross-sectional study</i> —If applicable, describe analytical methods taking account of sampling strategy	16	Lines 393-398
		(e) Describe any sensitivity analyses	9-10	239-240

Continued on next page

Results			Page Number	Relevant Text in Manuscript
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	17	Line 401
		(b) Give reasons for non-participation at each stage	19	447-461
		(c) Consider use of a flow diagram	7	173
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	7	172-180
		(b) Indicate number of participants with missing data for each variable of interest	7	181-184
		(c) <i>Cohort study</i> —Summarise follow-up time (eg, average and total amount)	16	378-392
Outcome data	15*	<i>Cohort study</i> —Report numbers of outcome events or summary measures over time	30, 33	DM at Y30 Exam
		<i>Case-control study</i> —Report numbers in each exposure category, or summary measures of exposure		
		<i>Cross-sectional study</i> —Report numbers of outcome events or summary measures		
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	31, 34	See table
		(b) Report category boundaries when continuous variables were categorized	31, 34	See caption
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	N/A	N/A
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	9-10	239-240
Discussion				
Key results	18	Summarise key results with reference to study objectives	11	264-275
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	14	331-346
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	14	331-346
Generalisability	21	Discuss the generalisability (external validity) of the study results	13	319-330
Other information				
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	2	79-86

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

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