

## ICMJE DISCLOSURE FORM

**Date:** 7/19/2023

**Your Name:** Leila Sofia Probst

**Manuscript Title:** Effects of the glucagon-like peptide-1 agonist dulaglutide on alcohol consumption in a randomized controlled trial

**Manuscript Number (if known):** 170419-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.

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

## ICMJE DISCLOSURE FORM

**Date:** 6/24/2023

**Your Name:** Sophie Monnerat

**Manuscript Title:** Effects of the glucagon-like peptide-1 agonist dulaglutide on alcohol consumption in a randomized controlled trial

**Manuscript Number (if known):** 170419-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.

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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 type="checkbox"/> None	
		The Swiss Society for Endocrinology contributed to travel costs for presenting this work at the European Congress of Endocrinology (ECE2023 in Istanbul) and the American Congress of Endocrinology (ENDO2023, Chicago)	Reimbursement to myself.
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	

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

# ICMJE DISCLOSURE FORM

**Date:** 6/27/2023

**Your Name:** Deborah R Vogt

**Manuscript Title:** Effects of the glucagon-like peptide-1 agonist dulaglutide on alcohol consumption in a randomized controlled trial

**Manuscript Number (if known):** 170419-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.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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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	

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"/> <b>None</b>	
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11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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

## ICMJE DISCLOSURE FORM

**Date:** 6/26/2023

**Your Name:** Sophia Lengsfeld

**Manuscript Title:** Effects of the glucagon-like peptide-1 agonist dulaglutide on alcohol consumption in a randomized controlled trial

**Manuscript Number (if known):** 170419-INS-CMED-1

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## ICMJE DISCLOSURE FORM

**Date:** 6/28/2023

**Your Name:** Thilo Burkard

**Manuscript Title:** Effects of the glucagon-like peptide-1 agonist dulaglutide on alcohol consumption in a randomized controlled trial

**Manuscript Number (if known):** 170419-INS-CMED-1

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

## ICMJE DISCLOSURE FORM

**Date:** 6/28/2023

**Your Name:** Andrea Meienberg

**Manuscript Title:** Effects of the glucagon-like peptide-1 agonist dulaglutide on alcohol consumption in a randomized controlled trial

**Manuscript Number (if known):** 170419-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.

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## ICMJE DISCLOSURE FORM

**Date:** 6/26/2023

**Your Name:** Cemile Bathelt

**Manuscript Title:** Effects of the glucagon-like peptide-1 agonist dulaglutide on alcohol consumption in a randomized controlled trial

**Manuscript Number (if known):** 170419-INS-CMED-1

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## ICMJE DISCLOSURE FORM

**Date:** 6/26/2023

**Your Name:** Mirjam Christ-Crain

**Manuscript Title:** Effects of the glucagon-like peptide-1 agonist dulaglutide on alcohol consumption in a randomized controlled trial

**Manuscript Number (if known):** 170419-INS-CMED-1

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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

**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:** 6/26/2023

**Your Name:** Bettina Winzeler

**Manuscript Title:** Effects of the glucagon-like peptide-1 agonist dulaglutide on alcohol consumption in a randomized controlled trial

**Manuscript Number (if known):** 170419-INS-CMED-1

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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			
<b>1</b>	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"/> <b>None</b>  <div style="border: 1px solid black; padding: 5px; min-height: 100px;">                     The study was funded by the Swiss National Foundation, Gottfried Julia Bangerter-Rhyner Foundation, Goldschmidt-Jacobson Foundation, Hemmi Foundation, University of Basel, University Hospital Basel, Swiss Academy of Medical Science                 </div>	Click the tab key to add additional rows.
Time frame: past 36 months			
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

		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	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></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"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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# Reporting checklist for randomised trial: Effects of the glucagon-like peptide-1 agonist dulaglutide on alcohol consumption in a randomized controlled trial

Based on the CONSORT guidelines.

		Reporting Item	Page Number
<b>Title and Abstract</b>			
Title	<a href="#">#1a</a>	Identification as a randomized trial in the title.	1
Abstract	<a href="#">#1b</a>	Structured summary of trial design, methods, results, and conclusions	2
<b>Introduction</b>			
Background and objectives	<a href="#">#2a</a>	Scientific background and explanation of rationale	3-4
Background and objectives	<a href="#">#2b</a>	Specific objectives or hypothesis	4
<b>Methods</b>			
Trial design	<a href="#">#3a</a>	Description of trial design (such as parallel, factorial) including allocation ratio.	12
Trial design	<a href="#">#3b</a>	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	n/a
Participants	<a href="#">#4a</a>	Eligibility criteria for participants	12
Participants	<a href="#">#4b</a>	Settings and locations where the data were collected	12
Interventions	<a href="#">#5</a>	The experimental and control interventions for each group with sufficient details to allow replication, including how and when they were actually administered	12-13
Outcomes	<a href="#">#6a</a>	Completely defined prespecified primary	12-13

and secondary outcome measures, including how and when they were assessed

Outcomes	<a href="#">#6b</a>	Any changes to trial outcomes after the trial commenced, with reasons	n/a
Sample size	<a href="#">#7a</a>	How sample size was determined.	<b>Main study protocol, p. 7</b>
Sample size	<a href="#">#7b</a>	When applicable, explanation of any interim analyses and stopping guidelines	n/a
Randomization - Sequence generation	<a href="#">#8a</a>	Method used to generate the random allocation sequence.	<b>12</b>
Randomization - Sequence generation	<a href="#">#8b</a>	Type of randomization; details of any restriction (such as blocking and block size)	<b>12</b>
Randomization - Allocation concealment mechanism	<a href="#">#9</a>	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	<b>Main study protocol, p. 7</b>
Randomization - Implementation	<a href="#">#10</a>	Who generated the allocation sequence, who enrolled participants, and who assigned participants to interventions	<b>Main study protocol, p. 7</b>
Blinding	<a href="#">#11a</a>	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how.	<b>Main study protocol, p. 7</b>
Blinding	<a href="#">#11b</a>	If relevant, description of the similarity of interventions	<b>12</b>
Statistical methods	<a href="#">#12a</a>	Statistical methods used to compare groups for primary and secondary outcomes	<b>13-14</b>
Statistical methods	<a href="#">#12b</a>	Methods for additional analyses, such as subgroup analyses and adjusted analyses	<b>13-14</b>

## Results

Participant flow diagram (strongly recommended)	<a href="#">#13a</a>	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	<b>28</b>
Participant flow	<a href="#">#13b</a>	For each group, losses and exclusions after randomization, together with reason	<b>n/a</b>
Recruitment	<a href="#">#14a</a>	Dates defining the periods of recruitment and follow-up	
Recruitment	<a href="#">#14b</a>	Why the trial ended or was stopped	<b>n/a</b>
Baseline data	<a href="#">#15</a>	A table showing baseline demographic and clinical characteristics for each group	<b>29</b>
Numbers analysed	<a href="#">#16</a>	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	<b>5</b>
Outcomes and estimation	<a href="#">#17a</a>	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	<b>5-6</b>
Outcomes and estimation	<a href="#">#17b</a>	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	<b>5-6</b>
Ancillary analyses	<a href="#">#18</a>	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	<b>5-6</b>
Harms	<a href="#">#19</a>	All important harms or unintended effects in each group (For specific guidance see CONSORT for harms)	<b>n/a</b>

## Discussion

Limitations	<a href="#">#20</a>	Trial limitations, addressing sources of	<b>10-11</b>
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		potential bias, imprecision, and, if relevant, multiplicity of analyses	
Generalisability	<a href="#">#21</a>	Generalisability (external validity, applicability) of the trial findings	<b>10-11</b>
Interpretation	<a href="#">#22</a>	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	<b>7-11</b>
<b>Other information</b>			
Registration	<a href="#">#23</a>	Registration number and name of trial registry	<b>14</b>
Protocol	<a href="#">#24</a>	Where the full trial protocol can be accessed, if available	<b>13</b>
Funding	<a href="#">#25</a>	Sources of funding and other support (such as supply of drugs), role of funders	<b>2</b>