

USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 2/12/2025

Your Name: Alison Sexton Ward

Manuscript Title: Lifetime Social Returns from Expanding Access to Anti-Obesity Medications

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In the interest of transparency, the Schaeffer Center Quality Assurance team 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.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
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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.

USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 2/12/2025

Your Name: Bryan Tysinger

Manuscript Title: Lifetime Social Returns from Expanding Access to Anti-Obesity Medications

[Click or tap here to enter text.](#)

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4	Consulting fees	<input type="checkbox"/> None	
		American Institutes for Research	Payment to me for scientific advising
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		National Conference of Insurance Legislators	Honoraria for lecture on value of prevention
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 type="checkbox"/> None	
		International Journal of Microsimulation	Unpaid board member

		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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Date: 2/12/2025

Your Name: PhuongGiang Nguyen

Manuscript Title: Lifetime Social Returns from Expanding Access to Anti-Obesity Medications

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Date: 2/12/2025

Your Name: Darius Lakdawalla

Manuscript Title: Lifetime Social Returns from Expanding Access to Anti-Obesity Medications

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		Amgen	Personal consulting fees
		Eli Lilly & Company	Personal consulting fees
		Genentech	Personal consulting fees
		Gilead	Personal consulting fees
		GRAIL	Personal consulting fees
		Mylan	Personal consulting fees
		Perrigo	Personal consulting fees
		Pfizer	Personal consulting fees
Sorrento Therapeutics	Personal consulting fees		
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Partners Healthcare	2024 NORCH Symposium
		RAND	Technical Expert Panel
		ISPOR	2024 ISPOR Short Course
6	Payment for expert testimony	<input type="checkbox"/> None	
		Mylan	
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Date: 2/13/2025

Your Name: Dana Goldman

Manuscript Title: Lifetime Social Returns from Expanding Access to Anti-Obesity Medications

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2	<p>Grants or contracts from any entity (if not indicated in item #1 above).</p> <p><input type="checkbox"/> None</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 5px;"> American Heart Association, Alexion, Amgen, Biomarin, Blue Cross Blue Shield of Arizona, Blue Cross Blue Shield of Massachusetts, BMS, BrightFocus, Bristol Myers Squibb, California Hospital Association, Cedars-Sinai Health System, Charles Koch Foundation, CommonSpirit, Edwards Lifesciences, Gates Ventures, Genentech, Gilead Sciences, Incyte, Johnson & Johnson, Lilly, National Institute on Aging, National Institute of Diabetes and Digestive and Kidney Diseases, Novartis, Pfizer, RA Capital, and Roche. </td> <td style="width: 40%;"></td> </tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	American Heart Association, Alexion, Amgen, Biomarin, Blue Cross Blue Shield of Arizona, Blue Cross Blue Shield of Massachusetts, BMS, BrightFocus, Bristol Myers Squibb, California Hospital Association, Cedars-Sinai Health System, Charles Koch Foundation, CommonSpirit, Edwards Lifesciences, Gates Ventures, Genentech, Gilead Sciences, Incyte, Johnson & Johnson, Lilly, National Institute on Aging, National Institute of Diabetes and Digestive and Kidney Diseases, Novartis, Pfizer, RA Capital, and Roche.						
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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)						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <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 type="checkbox"/> None <table border="1"> <tr><td>National Railway Labor Conference</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	National Railway Labor Conference						
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <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"> <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 type="checkbox"/> None <table border="1"> <tr><td>Edwards Lifesciences and GRAIL</td><td>Paid scientific advisor</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Edwards Lifesciences and GRAIL	Paid scientific advisor					
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10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> </table>							

		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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input type="checkbox"/> None	
		EntityRisk	Hold equity
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.