

ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Erik H. Serné

Manuscript Title: Na metformine — tweedelijnsbehandeling voor type 2 diabetes met een laag cardiovasculair risico

Manuscript Number (if known): [Click or tap here to enter text.](#)

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								
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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 150px; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 5px;">ZonMW Effectiveness of Continuous Glucose Monitoring versus stepped Care starting with HypoAware, A Web-Based Psychoeducational Intervention, and adding CGM as needed, in Adult Type 1 Diabetes and Impaired Hypoglycemia Awareness: A Randomized Controlled Trial</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;">ZonMW Onderzoek naar de bihormonale pomp bij type 1 diabetes: de DARE studie</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	ZonMW Effectiveness of Continuous Glucose Monitoring versus stepped Care starting with HypoAware, A Web-Based Psychoeducational Intervention, and adding CGM as needed, in Adult Type 1 Diabetes and Impaired Hypoglycemia Awareness: A Randomized Controlled Trial		ZonMW Onderzoek naar de bihormonale pomp bij type 1 diabetes: de DARE studie			
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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 type="checkbox"/> None <table border="1"><tr><td>Health Investment</td><td>Diverse nascholingen voor Huisartsen, POH, DVK, Internisten naar aanleiding herziening richtlijn type 2 diabetes</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Health Investment	Diverse nascholingen voor Huisartsen, POH, DVK, Internisten naar aanleiding herziening richtlijn type 2 diabetes					
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6	Payment for expert testimony	<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>							
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 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>							
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr></table>							

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	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Clustervertegenwoordiger (NIV, NVK, NHG) binnen bestuur Nederlandse Diabetes Federatie	Vacatiegelden (geen gebruik van gemaakt)
		Lid van Rondetafel Diabeteszorg	Advisering binnen Rondetafel Diabeteszorg NDF-ZIN over doelmatige inzet nieuwe behandelingen
		Hoofdredacteur Nederlands Tijdschrift voor Diabetologie (Springer)	betaald
		Redactielid platform Diabetesgeneeskunde.nl (onafhankelijk niet-commercieel platform)	betaald

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.