

ICMJE DISCLOSURE FORM

Date: 1/10/2023

Your Name: Alessandro Cherubini

Manuscript Title: Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH

Manuscript Number (if known): JHEPR-D-22-00665

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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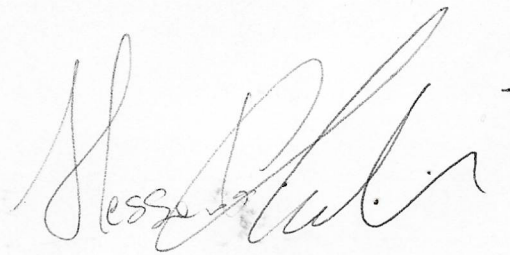
	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: right; font-size: small; color: #ccc;">Click the tab key to add additional rows.</div>
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
3	Royalties or licenses	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
4	Consulting fees	<input checked="" type="checkbox"/> 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)
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 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 checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> 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)						
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
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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.



XICMJE DISCLOSURE FORM

Date: 1/9/2023

Your Name: [Paola Dongiovanni]

Manuscript Title: [Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH]

Manuscript Number (if known): JHEPR-D-22-00665

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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	

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Bob Doups

ICMJE DISCLOSURE FORM

Date: 1/9/2023

Your Name: Hongxue Shi

Manuscript Title: Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH

Manuscript Number (if known): JHEPR-D-22-00665

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Date: 1/9/2023

Your Name: Jamal Ibdah

Manuscript Title: Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH

Manuscript Number (if known): JHEPR-D-22-00665

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Date: 1/9/2023

Your Name: Marica Meroni

Manuscript Title: Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH

Manuscript Number (if known): JHEPR-D-22-00665

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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	

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.

Marcus Merai

ICMJE DISCLOSURE FORM

Date: 1/9/2023

Your Name: Mary Moore

Manuscript Title: Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH

Manuscript Number (if known): JHEPR-D-22-00665

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: 1/9/2023

Your Name: Elizabeth J. Parks

Manuscript Title: Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH

Manuscript Number (if known): JHEPR-D-22-00665

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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11	Stock or stock options	<input type="checkbox"/> None	
		Sagimet Biosciences	I have shares in this company
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:

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Elizabeth O Parker

January 11, 2023

ICMJE DISCLOSURE FORM

Date: 1/9/2023

Your Name: R. Scott Rector

Manuscript Title: Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH

Manuscript Number (if known): JHEPR-D-22-00665

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ICMJE DISCLOSURE FORM

Date: 1/9/2023

Your Name: Luisa Ronzoni

Manuscript Title: Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH

Manuscript Number (if known): JHEPR-D-22-00665

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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%;"></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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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 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.

Luisa Ronzoni

ICMJE DISCLOSURE FORM

Date: 1/9/2023

Your Name: Ira Tabas

Manuscript Title: Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH

Manuscript Number (if known): JHEPR-D-22-00665

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.

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Time frame: Since the initial planning of the work									
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Time frame: past 36 months									
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4	Consulting fees	<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%;"></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>									
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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%;"></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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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	
		Received research funding (unrestricted) from Takeda Pharmaceuticals, but not for this project	payment o Columbia

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: 9/1/2023

Your Name: Luca Valenti

Manuscript Title: Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH

Manuscript Number (if known): JHEPR-D-22-00665-R1

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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		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	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<small>Click the tab key to add additional rows.</small>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		<input type="text" value="Gilead Sciences"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

Commented [MA1]: This is conflicting. Please specify the entity on the left column and add any comments on the right. This applies to all other cases.

		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 type="checkbox"/> None Gilead, Pfizer, Astra Zeneca, Novo Nordisk, Intercept pharmaceuticals, Diatech Pharmacogenetics, IONIS, Boehringer Ingelheim	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None MSD, Gilead, AlfaSigma, AbbVie, Viatrix	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None Gilead Science	
8	Patents planned, issued or pending	<input type="checkbox"/> None Takeda	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None Intercept, Pfizer, Gilead, Novo Nordisk, Boeringher Ingelheim	
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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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	

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ICMJE DISCLOSURE FORM

Date: 1/9/2023

Your Name: Xiaobo Wang

Manuscript Title: Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH

Manuscript Number (if known): JHEPR-D-22-00665

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