Date:	22 february	y 2023
Your Name:	Laurer	nt Alric
Manuscript Title:	<b>_ ):</b> CHeckpoir	nt Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patient
Manuscript num	ber (if known	JHEPR-D-23-00030R1

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	GILEAD-JANSEN ABBVIE	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	
	lectures, presentations,	
	speakers bureaus,	GILEAD-JANSEN ABBVIE
	manuscript writing or educational events	AMGEN
6	Payment for expert	GILEAD-JANSEN ABBVIE
O	testimony	ALMYLAN SANOFI
	testimony	THE WORKSTI
7	Support for attending	GILEAD-JANSEN
	meetings and/or travel	ABBVIE
8	Patents planned, issued or	None
	pending	
9	Participation on a Data	None
	Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary role	None
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment,	None
14	materials, drugs, medical	None
	writing, gifts or other	
	services	
13	Other financial or non-	None
	financial interests	

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.

Laurent Alric 22 feb 2023

Date: 23/02/2023

Your Name: FERREIRA DE MATOS Christophe

Manuscript Title: CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patients

Manuscript number (if known): JHEPR-D-23-00030R1

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	Nina	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
•	meetings and/or travel		
	,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

Please place an "X" next to the following statement to indicate your agreement:

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

Date:	2/25/2023
Your Name:	Stephane Dalle
Manuscript Title:	CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patients
Manuscript Number (if known):	JHEPR-D-23-00030R1

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3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/25/2023
Your Name:	Faure Stéphanie
Manuscript Title:	CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patients
Manuscript Number (if known):	JHEPR-D-23-00030R1

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2	Country			15
2	Grants or contracts from any entity (if not indicated in item #1 above).	$\boxtimes$	None	
		L		
3	Royalties or licenses		None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/25/2023
Your Name:	Dominique Larrey
Manuscript Title:	CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patients
Manuscript Number (if known):	JHEPR-D-23-00030R1

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3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/25/2023
Your Name:	Fanny LeBossé
Manuscript Title:	CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patients
Manuscript Number (if known):	JHEPR-D-23-00030R1

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2	Country			15
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		L		
3	Royalties or licenses		None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/25/2023
Your Name:	Lesage Candice
Manuscript Title:	CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patients
Manuscript Number (if known):	JHEPR-D-23-00030R1

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3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/25/2023
Your Name:	Alexandre Maria
Manuscript Title:	CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patients
Manuscript Number (if known):	JHEPR-D-23-00030R1

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3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
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Date:	2/25/2023
Your Name:	MEUNIER Lucy
Manuscript Title:	CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patients
Manuscript Number (if known):	JHEPR-D-23-00030R1

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6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
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Date:	2/25/2023
Your Name:	Rivet Valérian
Manuscript Title:	CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patients
Manuscript Number (if known):	JHEPR-D-23-00030R1

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/25/2023
Your Name:	Benjamin Riviere
Manuscript Title:	CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patients
Manuscript Number (if known):	JHEPR-D-23-00030R1

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8	Patents planned, issued or pending	None None	
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Date:	2/25/2023
Your Name:	Selves Janick
Manuscript Title:	CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patients
Manuscript Number (if known):	JHEPR-D-23-00030R1

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3	Royalties or licenses		None	

			cations/Comments (e.g., if payments were o you or to your institution)
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/25/2023
Your Name:	Philine Witkowski Durand Viel
Manuscript Title:	CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patients
Manuscript Number (if known):	JHEPR-D-23-00030R1

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.

		e all entities with whom you have this onship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠		e following statement to indicate your agreeme	

Date:		2/27/2023	2/27/2023			
Your Name:		Zahaf amel	Zahaf amel			
Manuscript Title:		CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter coho 117 patients	CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patients			
Ma	nuscript Number (if kr	JHEPR-D-23-00030R1				
content of your manuscript. "Rela affected by the content of the ma		ncy, we ask you to disclose all relationships/activities/interests listed below that are related to . "Related" means any relation with for-profit or not-for-profit third parties whose interests rehe manuscript. Disclosure represents a commitment to transparency and does not necessaring doubt about whether to list a relationship/activity/interest, it is preferable that you do so.	nted" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily			
epi	demiology of hyperten	activities/interests should be defined broadly. For example, if your manuscript pertains to the on, you should declare all relationships with manufacturers of antihypertensive medication, etioned in the manuscript.				
In item #1 below, report all support frame for disclosure is the past 36 n		support for the work reported in this manuscript without time limit. For all other items, the foast 36 months.	time			
		Specifications/Comments (e.g., if paym made to you or to your institution)	ents were			
		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.	None  Click the tab key to add additional rows.				
		Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	None				
3	Royalties or	None				

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			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠		e following statement to indicate your agreeme	

Date: _2023/02/22
Your Name: _PALASSIN Pascale
Manuscript Title:_ CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patients
Manuscript number (if known): JHEPR-D-23-00030R1

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	None	
2	Grants or contracts from any entity (if not indicated	Time frame: pastNone	36 months
3	in item #1 above).  Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	Nana	
13	other financial or non- financial interests	None	
	inialiciai iliterests		

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

Date:_22 FEB 2023	
Your Name: ASSENAT Eric	
Manuscript Title: CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patients	

Manuscript litte: Checkpoint inhibitor-induced liver injury (Chili): a multicenter conort of 117 patients

Manuscript number (if known): JHEPR-D-23-00030R1

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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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNoneXNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone
11	Stock or stock options	_XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

 I certify that I have answered every qu	estion and have not altered	d the wording of any o	of the questions on this
form.			

Date:_22 Feb 2023
Your Name:_COMONT THibault
Manuscript Title: CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patients
Manuscrint number (if known): IHEPR-D-23-00030R1

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		Time frame: Since the initia	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5		X_None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

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



Date: 22/02/2023

Your Name: Hountondji Lina

Manuscript Title: CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patients

Manuscript number (if known): JHEPR-D-23-00030

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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 initia	planning of the work
1	All support for the present	x_None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	x_None	
_		N.	
5		xNone	

	Payment or honoraria for		
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	xNone	
	financial interests		

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

Date:February 22, 2023				
Your Name:PAGEAUX Manuscript Title: CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patients				
Manuscript number (if known): JHEPR-D-23-00030R1				

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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	Time frame: Since the initial	planning of the work
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.	None	
	Time frame: past	36 months
Grants or contracts from any entity (if not indicated in item #1 above).	None	
Royalties or licenses	None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial  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.  Time frame: past  Grants or contracts from any entity (if not indicated in item #1 above).

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None
_	educational events	
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

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

Date:24FEB2023
Your Name:QUANTIN
Manuscript Title:_ CHeckpoint Inhibitor-induced Liver Injury (CHILI): a multicenter cohort of 117 patients
Manuscript number (if known): JHEPR-D-23-00030R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	-		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
40			
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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