

ICMJE DISCLOSURE FORM

Date: 22 february 2023

Your Name: Laurent Alric

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

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.	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, manuscript writing or educational events	___	
		GILEAD-JANSEN ABBVIE AMGEN	
6	Payment for expert testimony	GILEAD-JANSEN ABBVIE ALMYLAN SANOFI	
7	Support for attending meetings and/or travel	___ GILEAD-JANSEN ABBVIE	
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	

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



ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE 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

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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ICMJE DISCLOSURE 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

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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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

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

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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ICMJE DISCLOSURE 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

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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ICMJE DISCLOSURE FORM

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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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

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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.

ICMJE DISCLOSURE FORM

Date: 2/27/2023

Your Name: Zahaf amel

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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ICMJE DISCLOSURE FORM

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

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	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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	
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X 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: 22 FEB 2023

Your Name: ASSENAT Eric

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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ICMJE DISCLOSURE FORM

Date: 22 Feb 2023

Your Name: COMONT THibault

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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ICMJE DISCLOSURE 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

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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ICMJE DISCLOSURE 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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
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ICMJE DISCLOSURE FORM

Date: 24FEB2023

Your Name: QUANTIN

Manuscript Title: CCheckpoint 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)	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.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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	

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.