Date:	1/29/2023
Your Name:	Raj Vuppalanchi
Manuscript Title:	A Composite score using quantitative magnetic resonance cholangiopancreatography predicts clinical outcomes in primary sclerosing cholangitis
Manuscript Number (if known):	JHEPR-D-22-00417

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.

		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 plann	ning of the work
1	All support for the present	[⊠] None	
	manuscript (e.g.,		
	funding, provision of study		Click the tab key to add additional rows.
	materials, medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 mg	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	

3	Royalties or licenses	None None
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
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 None
10	Leadership or fiduciary role in other board, society, committee or	[⊠] None

	advocacy group, paid or unpaid		
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:		

Date:	1/30/2023
Your Name:	
Manuscript Title:	A Composite score using quantitative magnetic resonance cholangiopancreatography predicts clinical outcomes in primary sclerosing cholangitis
Manuscript Number (if known):	JHEPR-D-22-00417

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		Time frame: Since the initial planning	of the work
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		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 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)
4	Consulting fees	None Non	
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	

		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)
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: \[\begin{align*} \Boxed{I} \text{ certify that I have answered every question and have not altered the wording of any of the questions on this form.} \]		

Date:	1/30/2023
Your Name:	Alison Telford
Manuscript Title:	A Composite score using quantitative magnetic resonance cholangiopancreatography predicts clinical outcomes in primary sclerosing cholangitis
Manuscript Number (if known):	JHEPR-D-22-00417

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		Time frame: Since the initial planning	of the work
1	All support for the present	[⊠] None	
	manuscript (e.g., funding, provision		
	of study		Click the tab key to add additional rows.
	materials, medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Employment	Perspectum Ltd

3	Royalties or licenses	None ■ Mone ■ Mo
4	Consulting fees	None ■ None None
5	Payment or honoraria for	⊠ None
	lectures,	
	presentations,	
	speakers	
	bureaus, manuscript writing or educational events	
6	Payment for	None
0	expert testimony	None
	expert testimony	
7	Support for	None
	attending	
	meetings and/or travel	
	traver	
8	Patents planned, issued or	[⊠] None
	pending	
9	Participation on a Data Safety	None
	Monitoring Board or	
	Board or Advisory Board	
	AUVISOLY DUALU	
10	Leadership or fiduciary role in	None
	other board,	
	society, committee or	
	committee of	

	advocacy group, paid or unpaid		
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:		

Date:	1/30/2023
Your Name:	Liam Young
Manuscript Title:	A Composite score using quantitative magnetic resonance cholangiopancreatography predicts clinical outcomes in primary sclerosing cholangitis
Manuscript Number (if known):	JHEPR-D-22-00417

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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	[⊠] None	
	manuscript (e.g., funding, provision		
	of study		Click the tab key to add additional rows.
	materials, medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Employment	Perspectum Ltd.

3	Royalties or licenses	None Non
4	Consulting fees	None ■ None Non
5	Payment or honoraria for	None Non
	lectures, presentations,	
	speakers	
	bureaus,	
	manuscript	
	writing or	
	educational	
	events	
6	Payment for expert testimony	[⊠] None
		<u> </u>
7	Support for attending	None Non
	meetings and/or travel	
	tiavei	
8	Patents planned, issued or	None
	pending	\ <u> </u>
_		
9	Participation on a Data Safety	None
	Monitoring Board or	
	Advisory Board	
	Advisory bourd	
10	Leadership or fiduciary role in	None
	other board,	
	society,	
	committee or	

	advocacy group,	
	paid or unpaid	
11	Stock or stock options	[⊠] None
12	Receipt of equipment, materials, drugs,	[⊠] None
	medical writing,	
	gifts or other	
	services	
13	Other financial or non-financial	□ None
	interests	
Plea	ise place an "X" ne	kt to the following statement to indicate your agreement:
	I certify that I have	e answered every question and have not altered the wording of any of the questions on this form.

Date:	1/26/2023	
Your Name:	Sofia Mouchti	
Manuscript Title:	A Composite score using quantitative ma clinical outcomes in primary sclerosing c	agnetic resonance cholangiopancreatography predicts holangitis
Manuscript Number (if	known): JHEPR-D-22-00417	
content of your manusc affected by the content indicate a bias. If you are The author's relationshi epidemiology of hyperte that medication is not m	of the manuscript. Disclosure represents a committee in doubt about whether to list a relationship/active ps/activities/interests should be defined broadly. For ension, you should declare all relationships with mannentioned in the manuscript.	not-for-profit third parties whose interests may be ment to transparency and does not necessarily rity/interest, it is preferable that you do so. or example, if your manuscript pertains to the nufacturers of antihypertensive medication, even if
name for disclosure is a	ic past so months.	
	Name all entities with whom you have this	Specifications/Comments (e.g., if payments

		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	g of the work
1	All support for the present	[□] None	
	manuscript (e.g.,	Employment	Perspectum Ltd.
	funding, provision		
	of study		Click the tab key to add additional rows.
	materials, medical writing,		
	article processing		
	charges, etc.)		
	No time limit for		
	this item.		
		Time frame: past 36 mor	ths
2	Grants or contracts from	[⊠] None	
	any entity (if not		
	indicated in item		
	#1 above).		

3	Royalties or licenses	None ■ Mone ■ Mo
4	Consulting fees	None ■ None None
5	Payment or honoraria for	⊠ None
	lectures,	
	presentations,	
	speakers	
	bureaus, manuscript writing or educational events	
6	Payment for	None
0	expert testimony	None
	expert testimony	
7	Support for	None
	attending	
	meetings and/or travel	
	traver	
8	Patents planned, issued or	[⊠] None
	pending	
9	Participation on a Data Safety	None
	Monitoring Board or	
	Board or Advisory Board	
	AUVISOLY DUALU	
10	Leadership or fiduciary role in	None
	other board,	
	society, committee or	
	committee of	

	advocacy group, paid or unpaid	
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		et to the following statement to indicate your agreement:

Date:	1/30/2023
Your Name:	Carlos Ferreira
Manuscript Title:	A Composite score using quantitative magnetic resonance cholangiopancreatography predicts clinical outcomes in primary sclerosing cholangitis
Manuscript Number (if known):	IHEDR-D-22-00417

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		Time frame: Since the initial plant	ning 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	Click the tab key to add additional rows.
		Time frame: past 36 m	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Employment	Perspectum Ltd.
3	Royalties or licenses	None None	
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	

7	Support for attending meetings and/or	
	travel	
8	Patents planned, issued or pending	□ None
	pending	
9	Participation on a Data Safety	None
	Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role in	[⊠] None
	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	
12		
13	Other financial or non-financial	
	interests	
Plea	Please place an "X" next to the following statement to indicate your agreement:	
	I certify that I have	e answered every question and have not altered the wording of any of the questions on this form.
4 4	·	<u> </u>

Date:	1/26/2023
Your Name:	Carla Kettler
Manuscript Title:	A Composite score using quantitative magnetic resonance cholangiopancreatography predicts clinical outcomes in primary sclerosing cholangitis
Manuscript Number (if known):	JHEPR-D-22-00417

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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.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 mon	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	

3	Royalties or licenses	None
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	[⊠] None

	advocacy group, paid or unpaid	
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.		

Date:	1/26/2023
Your Name:	Mark Gromski
Manuscript Title:	A Composite score using quantitative magnetic resonance cholangiopancreatography predicts clinical outcomes in primary sclerosing cholangitis
Manuscript Number (if known):	JHEPR-D-22-00417

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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.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	Olympus America Cook Medical	Research contract – pancreatobiliary endoscopy Research contract – pancreatobiliary endoscopy

3	Royalties or licenses	None		
4	Consulting fees	□ None		
		Boston Scientific		Related to pancreatobiliary endoscopy
5	Payment or	None		
	honoraria for lectures,	Г		
	presentations,			
	speakers			
	bureaus,			
	manuscript 			
	writing or educational			
	events			
•				
6	Payment for expert testimony	$oxed{oxed}$ None		
	expert testimony			
7	Support for attending	[⊠] None		
	meetings and/or travel			
_		[-]		
8	Patents planned, issued or	[⊠] None		
	pending			
9	Participation on a Data Safety	[⊠] None		
	Monitoring			
	Board or Advisory Board			
	AUVISUI Y DUdi U			
10	Leadership or fiduciary role in	$oxed{oxed}$ None		
	other board,			
	society,			
	committee or			

	advocacy group, paid or unpaid	
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:		

Date:	1/26/2023
Your Name:	Fatih Akisik
Manuscript Title:	A Composite score using quantitative magnetic resonance cholangiopancreatography predicts clinical outcomes in primary sclerosing cholangitis
Manuscript Number (if known):	JHEPR-D-22-00417

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		Time frame: past 36 mont	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	

3	Royalties or licenses	None ■ Mone ■ Mo
4	Consulting fees	None ■ None None
5	Payment or honoraria for	⊠ None
	lectures,	
	presentations,	
	speakers	
	bureaus, manuscript writing or educational events	
6	Payment for	None
0	expert testimony	None
	expert testimony	
7	Support for	None
	attending	
	meetings and/or travel	
	traver	
8	Patents planned, issued or	[⊠] None
	pending	
9	Participation on a Data Safety	None
	Monitoring Board or	
	Board or Advisory Board	
	AUVISOLY DUALU	
10	Leadership or fiduciary role in	None
	other board,	
	society, committee or	
	committee or	

	advocacy group, paid or unpaid	
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.		

Date:	1/24/2023
Your Name:	Naga Chalasani
Manuscript Title:	A Composite score using quantitative magnetic resonance cholangiopancreatography predicts clinical outcomes in primary sclerosing cholangitis
Manuscript Number (if known):	JHEPR-D-22-00417

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		Time frame: past 36 mont	hs		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None DSM Exact Sciences Galectin			
	,				

3	Royalties or licenses	None ■ None None ■ None None	
4	Consulting fees	□ None	
		GSK plc	
		Boeringher-Ingleheim	
		Zydus Lifesciences Ltd Galectin	
		Altimmune	
		Ely Lilly	
		Foresite	
5	Payment or honoraria for	None Non	
	lectures,		
	presentations, speakers		
	bureaus,		
	manuscript		
	writing or		
	educational		
	events		
6	Payment for expert testimony	[⊠] None	
7	Support for attending	[⊠] None	
	meetings and/or		
	travel		
8	Patents planned, issued or	[⊠] None	
	pending		
9	Participation on a Data Safety	□ None	
	N.A. '1. '	Abbvie	
	Monitoring		
	Board or	Madrigal Pharmaceuticals	

	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-financial interests			
		Equity ownership in Avant Sante, LLC and RestUp, LLC, healthcare start-up companies		
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.			