Date:	5/22/2023
Your Name:	Silvia Affo
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease
Manuscript Number (if known):	JHEPAT-D-22-02322R1
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.
The author's relationships/activiti	ies/interests should be defined broadly. For example, if your manuscript pertains to the

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.

that medication is not mentioned in the manuscript.

epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if

Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the None present manuscript (e.g., funding, provision of study materials, Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Grants or  $\boxtimes$ None contracts from any entity (if not indicated in item #1 above). Royalties or None licenses

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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	

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

SilviaAffo

Date:	6/9/2023	
Your Name:	Beatriz Aguilar-Bravo	
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease	
Manuscript Number (if known):	JHEPAT-D-22-02322R1	

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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	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□     □	
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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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 [⊠]		t to the following statement to indicate your agreem answered every question and have not altered the w	

Date:	5/22/2023
Your Name:	Peiseler, Moritz
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease
Manuscript Number (if known):	JHEPAT-D-22-02322R1

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		Time frame: past 36 month	ns
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 None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 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	
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:	5/22/2023	
Your Name:	Raquel A. Martinez Garcia de la Torre	
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease	
Manuscript Number (if known):	JHEPAT-D-22-02322R1	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Instituto de Salud Carlos III	
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 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 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:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	6/7/2023
Your Name:	Anna Moles
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic
•	liver disease
Manuscript Number (if known):	JHEPAT-D-22-02322R1

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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	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□     □	
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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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:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	6/8/2023
Your Name:	Celia Martínez Sánchez
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease
Manuscript Number (if known):	JHEPAT-D-22-02322R1

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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	

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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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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:	6/7/2023
Your Name:	DELIA BLAYA
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease
Manuscript Number (if known):	JHEPAT-D-22-02322R1

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3	Royalties or licenses	None	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□     □	
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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13	Other financial or non-financial interests	None	
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Date:	6/7/2023
Your Name:	Elisa Pose
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic
•	liver disease
Manuscript Number (if known):	JHEPAT-D-22-02322R1

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□     □	
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	
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Date:	5/22/2023
Your Name:	Jordi Pedragosa
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease
Manuscript Number (if known):	JHEPAT-D-22-02322R1

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6	Payment for expert testimony	□     □	
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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13	Other financial or non-financial interests	None	
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Date:	05/22/2023
Your Name:	Lozano , Juan-José
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease
Manuscript Number (if known):	JHEPAT-D-22-02322R1

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1	All support for the present manuscript	x	None	
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	study materials, medical writing, article processing charges, etc.) No time limit for this item.			
			Time frame: past 36 me	onths
2	2 Grants or contracts	x	None	
	from any entity (if not	<u> </u>		
	indicated in			
	item #1 above).			

1 12/13/2021 ICMJE Disclosure Form

		have thi	l entities with whom you s relationship or indicate dd rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	x Noi	ne	
4	Consulting fees	x No	ne	
5	Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events	x Noi	ne	
6	Payment for expert testimony	× Noi	1e	
7	Support for attending meetings and/or travel	× Noi	ne	
8	Patents planned, issued or pending	x Noi	ne	
9	9 Participation on a Data Safety Monitoring Board or Advisory Board	x Noi	ne	
1 0	Leadership or fiduciary role in other board, society,	x Noi	ne	

2 12/13/2021 ICMJE Disclosure Form

		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)
	committee or advocacy group, paid or unpaid		
1	Stock or stock options	x None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None	
1 3	Other financial or non-financial interests	x 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.



Dr Juan-José Lozano

Date:	6/6/2023
Your Name:	Laura Sererols Viñas
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease
Manuscript Number (if known):	JHEPAT-D-22-02322R1

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
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7	Support for attending meetings and/or travel	None	
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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:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	6/6/2023
Your Name:	Laura Zanatto
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease
Manuscript Number (if known):	JHEPAT-D-22-02322R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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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)
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	

		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	Image: square of the square o		
13	Other financial or non-financial interests	⊠ None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Sannestandto

Date:	6/9/2023
Your Name:	Mar Coll
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease
Manuscript Number (if known):	JHEPAT-D-22-02322R1

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	

		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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□     □	
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:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	5/24/2023	
Your Name:	María Fernández-Fernández	
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease	
Manuscript Number (if known):	JHEPAT-D-22-02322R1	

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3	Royalties or licenses	None	

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

Date:	5/23/2023
Your Name:	Paula Cantallops Vilà
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease
Manuscript Number (if known):	JHEPAT-D-22-02322R1

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		Time frame: past 36 month	S
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3	Royalties or licenses	None	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□     □	
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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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:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			6/6/2023		
Your Name:			Paul Kubes		
Ma	nuscript Title:		Ductular reaction-associated neutrophils pr liver disease	omote biliary epithelium proliferation in chronic	
Ma	nuscript Number (if k	nown):	JHEPAT-D-22-02322R1		
content of your manuscript. "Rela affected by the content of the ma		ipt. "Rel of the ma e in doub	ated" means any relation with for-profit or no inuscript. Disclosure represents a commitmen of about whether to list a relationship/activity	/interest, it is preferable that you do so.	
epi		nsion, yo		acturers of antihypertensive medication, even if	
				ithout time limit. For all other items, the time	
			Il entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			<del>-</del>	made to you or to your institution)	
1		relation	ship or indicate none (add rows as needed)	made to you or to your institution)	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	relation	ship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)  of the work  Click the tab key to add additional rows.	

#1 above).

Royalties or

licenses

□ 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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□     □	
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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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:	5/24/2023
Your Name:	Paloma Ruiz Blázquez
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease
Manuscript Number (if known):	JHEPAT-D-22-02322R1

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		Time frame: past 36 months	S
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3	Royalties or licenses	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 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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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:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	6/9/2023
Your Name:	Pau Sancho-Bru
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease
Manuscript Number (if known):	JHEPAT-D-22-02322R1

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□     □	
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	
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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:	6/6/2023
Your Name:	Woo-Yong Lee
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease
Manuscript Number (if known):	JHEPAT-D-22-02322R1

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□     □	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	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:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	5/22/2023
Your Name:	Xènia Almodóvar
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease
Manuscript Number (if known):	JHEPAT-D-22-02322R1

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		Time frame: past 36 month	ns
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3	Royalties or licenses	None	

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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	
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	
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3 12/13/2021 ICMJE Disclosure Form

Date:			5/22/2023		
Your Name:			Anna M. Planas		
Manuscript Title:			Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease		
Mai	nuscript Number (if I	known):	JHEPAT-D-22-02322R1		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" 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 t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if		
that	t medication is not m	entioned	in the manuscript.		
In item #1 below, report all suppo frame for disclosure is the past 36				ithout time limit. For all other items, the time	
			ll entities with whom you have this ship 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	
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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.	N N	one	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	N N	one  Time frame: past 36 month		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Ministe 10.130 making			

		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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□     □	
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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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:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:		-	5/23/2023		
Your Name:		<u>-</u>	Dr. Pere Ginès		
Manuscript Title:			Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease		
Mar	nuscript Number (if k	known):	JHEPAT-D-22-02322R1		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		ript. "Rela of the mar e in doubt os/activitie ension, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.  ies/interests should be defined broadly. For example, if your manuscript pertains to the su should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
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			Time frame: past 36 months	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	L 1	Mallinckrodt, Grifols, Ferring.		
3	Royalties or licenses	⊠ No	one		

		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	Grifols SA, Ferring Pharmaceuticals, Gilead, Intercept, Martin Pharmaceuticals, Promethera, Sequana, RallyBio, and Behring.	
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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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:	6/6/2023	
Your Name:	Jordi Gratacós Glnès	
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease	
Manuscript Number (if known):	JHEPAT-D-22-02322R1	

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3	Royalties or licenses		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)
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
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7	Support for attending meetings and/or travel	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	
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:	5/19/2023
Your Name:	Silvia Ariño
Manuscript Title:	Ductular reaction-associated neutrophils promote biliary epithelium proliferation in chronic liver disease
Manuscript Number (if known):	JHEPAT-D-22-02322R1

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