

ICMJE DISCLOSURE FORM

Date: 7/25/2023

Your Name: Christoph Schramm

Manuscript Title: Accuracy of controlled attenuation parameter (CAP) measurement for the detection of steatosis in autoimmune liver diseases

Manuscript Number (if known): JHEPR-D-23-00130

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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		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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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%;">Galapagos</td><td>Institution</td></tr> <tr><td>Roche</td><td>Institution</td></tr> <tr><td>BiomX</td><td>Institution</td></tr> </table>	Galapagos	Institution	Roche	Institution	BiomX	Institution	
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4	Consulting fees	<input type="checkbox"/> None	
		Agomab	personal
		Chemomab	personal
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Falk Foundation	personal
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Falk	Institution
		Pliant	personal
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		IPSCSG secretary	unpaid
		ERN RARE-LIVER management board member	unpaid

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 7/25/2023

Your Name: Ansgar W. Lohse

Manuscript Title: Accuracy of controlled attenuation parameter (CAP) measurement for the detection of steatosis in autoimmune liver diseases

Manuscript Number (if known): JHEPR-D-23-00130

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		Genfit SA	
		Roche	
		MSD	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Falk Foundation	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 7/24/2023

Your Name: Katja Fuessel

Manuscript Title: Accuracy of controlled attenuation parameter (CAP) measurement for the detection of steatosis in autoimmune liver diseases

Manuscript Number (if known): JHEPR-D-23-00130

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Your Name: Claudia Kroll

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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Your Name: Marcial Sebode

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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: 7/26/2023

Your Name: Silja Steinmann

Manuscript Title: Accuracy of controlled attenuation parameter (CAP) measurement for the detection of steatosis in autoimmune liver diseases

Manuscript Number (if known): JHEPR-D-23-00130

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		European Association for the Study of the Liver (EASL)	Travel bursary for attendance of the EASL Congress 2023
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 7/25/2023

Your Name: Sören Alexander Weidemann

Manuscript Title: Accuracy of controlled attenuation parameter (CAP) measurement for the detection of steatosis in autoimmune liver diseases

Manuscript Number (if known): JHEPR-D-23-00130

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: 7/26/2021

Your Name: Hartl Johannes

Manuscript Title: Accuracy of controlled attenuation parameter (CAP) measurement for the detection of steatosis in autoimmune liver diseases

Manuscript Number (if known): JHEPR-D-23-00130

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