Click or tap here to enter text. Anne Vuuti

Click or tap to enter a date. 30.6.2023

content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub." The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.			Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study JHEPR-D-23-00377		
			Time frame: Since the initial plannin	g 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.	№ N	one	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).	N M	one		
3	Royalties or licenses	Ø N	one		

Date:

Your Name:

		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	
	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
3	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	
Viscolia Car	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
	Other financial or non-financial interests	None	

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

4

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

Date:	7/24/2023
Your Name:	Anne Penttilä
Manuscript Title:	Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study
Manuscript Number (if known):	JHEPR-D-23-00377

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)
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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	

			ifications/Comments (e.g., if payments were e 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 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	

			e all entities with whom you have this ionship 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: \[\text{			

Date:	7/1/2023
Your Name:	Juhani Dabek
Manuscript Title:	Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study
Manuscript Number (if known):	JHEPR-D-23-00377

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

Date:	7/24/2023
Your Name:	Rohit Loomba
Manuscript Title:	Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study
Manuscript Number (if known):	JHEPR-D-23-00377

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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	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).	Arrowhead Pharmaceuticals, Astrazeneca, Boehringer-Ingelheim, Bristol-Myers Squibb, Eli Lilly, Galectin Therapeutics, Galmed Pharmaceuticals, Gilead, Hanmi, Intercept, Inventiva, Ionis, Janssen, Madrigal Pharmaceuticals, Merck, NGM Biopharmaceuticals, Novo Nordisk, Pfizer, Sonic Incytes and Terns Pharmaceuticals.	

		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)
3	Royalties or licenses	None	
4	Consulting fees	□ None	
		Aardvark Therapeutics, Altimmune, Anylam/Regeneron, Amgen, Arrowhead Pharmaceuticals, AstraZeneca, Bristol-Myer Squibb, CohBar, Eli Lilly, Galmed, Gilead, Glympse bio, Hightide, Inipharma, Intercept, Inventiva, Ionis, Janssen Inc., Madrigal, Metacrine, Inc., NGM Biopharmaceuticals, Novartis, Novo Nordisk, Merck, Pfizer, Sagimet, Theratechnologies, 89 bio, Terns Pharmaceuticals and Viking Therapeutics.	
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	

		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)
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	
11	Stock or stock options	None 89bio and Sagimet Biosciences	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	□ None Co-founder of LipoNexus Inc.	
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:			7/3/2023	
Your Name:			An Tang	
Manuscript Title:			Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study	
Mar	nuscript Number (if l	known):	JHEPR-D-23-00377	
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epic	•	ension, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if
In item #1 below, report all suppo frame for disclosure is the past 36				ithout time limit. For all other items, the time
			l 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
	All support for the present	□ N	one	
	manuscript (e.g., funding, provision of study materials,	(FRQ-	de recherche du Québec en Santé S) and Fondation de l'association des ogistes du Québec	Clinical Research Scholarship – senior Salary Award (FRQS-FARQ #298509) to An Tang
	medical writing, article processing			Click the tab key to add additional rows.
	charges, etc.) No time limit for			click the tub key to dud additional rows.
	this item.			
			Time frame: past 36 month	S
2	Grants or contracts from	□ N	one	
	any entity (if not indicated in item #1 above).	Canadia #38938	an Institutes of Health Research (CIHR 35)	Not relevant to this manuscript.
		Onco-T	ech Project Grant	
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	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 Liver Imaging Reporting and Data System (LI-RADS)	Member of the LI-RADS Steering Committee, LI-RADS Quantitative Imaging Group, and LI-RADS International Working Group

		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 Siemens Healthcare	Equipment loan (ultrasound research scanner for two publicly funded research projects unrelated to the current manuscript).
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.			

3 12/13/2021 ICMJE Disclosure Form

Date:	7/23/2023
Your Name:	Claude B. Sirlin, MD
Manuscript Title:	Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study
Manuscript Number (if known):	JHEPR-D-23-00377

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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.

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		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 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 Grants: ACR, Bayer, GE, Gilead, Pfizer, Philips, Siemens Lab service agreements: Enanta, Gilead, ICON, Intercept, Nusirt, Shire, Synageva, Takeda	Payments to institution
3	Royalties or licenses	Medscape, Wolters Kluwer	Payments to institution

		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 Personal consulting: Altimmune, Ascelia Pharma AB, Blade, Boehringer, Epigenomics, Guerbet Institutional consulting agreements: AMRA, BMS, Exact Sciences, IBM-Watson, Pfizer	Personal consulting: payments to me Institutional consulting agreements: payments to institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Educational symposia, Japanese Society of Radiology, Stanford, MD Anderson	Payments to me
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	□ None Fundacion Santa Fe, CADI, Stanford, Jornada Paulista de Radiologia, Ascelia AB	Reimbursement to me and/or arrangement and payment for travel by listed entity
8	Patents planned, issued or pending	□ None Imaging-related patent	Planned
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	Chief Medical Officer, Livivos, through June 28, 2023 Advisor, Quantix Bio (unpaid, position is approved by University)	Own stock and stock options, position was approved by University through June 30, 2023 Unpaid, position is approved by University)

		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 Livivos	Stock and stock options		
12	Receipt of	□ None			
	equipment, materials, drugs, medical writing, gifts or other services	GE	Equipment loan for ultrasound machine (GE LOQIQ E10)		
13 Other financial or ☐ None non-financial					
	interests	Academic co-chair, Imaging Workstream, NIMBLE Project, FNIH	Payment to university		
Plea	Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	6/30/2023
Your Name:	Emilia Vartiainen
Manuscript Title:	Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study
Manuscript Number (if known):	JHEPR-D-23-00377

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

			ifications/Comments (e.g., if payments were e 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 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	

			e all entities with whom you have this ionship 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.			

Dat	te:		7/24/2023			
Your Name: Manuscript Title:			Hannele Yki-Järvinen			
			Marked Difference in Liver Fat as Measured Density Fat Fraction: A Meta-Analytic Comp	d by Histology Versus Magnetic Resonance Proton parative Study		
Ma	nuscript Number (if kı	nown):	JHEPR-D-23-00377			
cor affe	ntent of your manuscripected by the content o	pt. "Rela of the mar	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.			
epi	·	nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	tem #1 below, report a me for disclosure is the			rithout time limit. For all other items, the time		
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2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Academ Sigrid Ju	ny of Finland uselius and Novo Nordisk Foundations	Institution Institution		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	Academ Sigrid Ju	one ny of Finland uselius and Novo Nordisk Foundations Time frame: past 36 month	Institution Institution		
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	present 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	Academ Sigrid Ju	one ny of Finland uselius and Novo Nordisk Foundations Time frame: past 36 month one EU-IMI project	Institution Institution Institution		
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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 w made to you or to your institution)		
4	Consulting fees	□ None		
		Citrin Foundation	Member of scientific advisory board	
5	Payment or honoraria for	□ None		
	lectures,	Glaxo	Lecture fee	
	presentations,	Novo Nordisk	Lecture fee	
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert testimony	None ■		
7	Support for attending	⊠ None		
	meetings and/or travel			
	ci avei			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data Safety	□ None		
	Monitoring Board or	MSD, Eli Lilly, Novo Nordisk Hamni Pharmaceuticals	Advisory board	
	Advisory Board	Hamni Pharmaceuticais	Advisory board	
10	Leadership or fiduciary role in	□ None		
	other board,			
	society,			
	committee or advocacy group,			
	paid or unpaid			

			e all entities with whom you have this ionship 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:	7/1/2023	
Your Name:	ILKAY S. IDILMAN	
Manuscript Title:	Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study	
Manuscript Number (if known):	JHEPR-D-23-00377	
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		Time frame: past 36 month	IS
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			ifications/Comments (e.g., if payments were e 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 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	

			e all entities with whom you have this ionship 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:	6/30/2023
Your Name:	Johanna Arola
Manuscript Title:	Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study
Manuscript Number (if known):	JHEPR-D-23-00377

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	medical writing, article processing charges, etc.) No time limit for this item.		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	

			ifications/Comments (e.g., if payments were e 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 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	

			e all entities with whom you have this ionship 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: \[\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$			

Date:	6/30/2023
Your Name:	Jurgen Henk Runge
Manuscript Title:	Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study
Manuscript Number (if known):	JHEPR-D-23-00377

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			ifications/Comments (e.g., if payments were e 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	

			e all entities with whom you have this ionship 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: \[\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$			

Date:	6/30/2023
Your Name:	Jaap Stoker
Manuscript Title:	Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study
Manuscript Number (if known):	JHEPR-D-23-00377

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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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
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 President-elect European Society of Gastrointestinal and Abdominal Radiology (ESGAR)	No payment

			e all entities with whom you have this ionship 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:	6/30/2023
Your Name:	Kimmo Porthan
Manuscript Title:	Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study
Manuscript Number (if known):	JHEPR-D-23-00377

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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	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	

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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:	7/3/2023		
Your Name:	Musturay Karçaaltıncaba		
Manuscript Title:	Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study		
Manuscript Number (if known):	JHEPR-D-23-00377		
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4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None GE Healthcare Bayer	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	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:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	6/30/2023
Your Name:	Mari Lahelma
Manuscript Title:	Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study
Manuscript Number (if known):	JHEPR-D-23-00377

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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 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.			

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Date:	6/1/2023		
Your Name:	Michael Pavlides		
Manuscript Title:	Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study		
Manuscript Number (if k	Manuscript Number (if known): _ JHEPR-D-23-00377		
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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)		

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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	

		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	US Patent Application number 17972922
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

			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	Pers	None spectum	
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:			
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Date:	7/10/2023
Your Name:	Perttu Arkkila
Manuscript Title:	Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study
	· · · · · · · · · · · · · · · · · · ·
Manuscript Number (if known):	JHEPR-D-23-00377

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

Date:	7/25/2023		
Your Name:	Tiina Elina Lehtimäki		
Manuscript Title:	Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study		
Manuscript Number (if known): JHEPR-D-23-00377			
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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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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 have answered every question and have not altered the wording of any of the questions on this form.			

	ICMJE DISCLOSURE FORM				
Date:		7/5/2023			
Your Name:		Taru Tukiainen			
Manuscript Title:			Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study		
Man	uscript Number (if kn	own): _JHEPR-D-23-00377			
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are relationship or not-for-profit third parties whose interested by the content of the manuscript. Disclosure represents a commitment to transparency and does not need indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do a the content of the manuscript whether to list a relationship/activity/interest, it is preferable that you do a the content of the manuscript interests should be defined broadly. For example, if your manuscript pertains epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive 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 item frame for disclosure is the past 36 months.		ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if			
Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments as needed)			Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the in	itial planning	of the work	
	All support for the present	□ None			
	, , ,	Research Council of Finland		To institution	
	funding, provision of study materials,			Click the tab key to add additional rows.	
ı	medical writing, article processing				

charges, etc.) No time limit for this item. Time frame: past 36 months Royalties or licenses None None None None None

			cations/Comments (e.g., if payments were co 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 None	
7	Support for attending meetings and/or travel	None 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,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	7/24/2023		
Your Name:	Seppänen Wenla		
Manuscript Title:	Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study		
Manuscript Number (if known):	JHEPR-D-23-00377		
content of your manuscript. "Rela	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		

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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 ⊠	•	e following statement to indicate your agreeme	

Date:	8/14/2023
Your Name:	Sami Qadri
Manuscript Title:	Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study
Manuscript Number (if known):	JHEPR-D-23-00377

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