

ICMJE DISCLOSURE FORM

Date: 10/4/2023

Your Name: Palak Trivedi

Manuscript Title: Opinion paper on the diagnosis and treatment of progressive familial intrahepatic cholestasis

Manuscript Number (if known): JHEPR-D-23-00519

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
Time frame: Since the initial planning of the work											
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Albireo</td> <td style="width: 50%;">Travel support and advisory / honoraria fees</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Albireo	Travel support and advisory / honoraria fees			Click the tab key to add additional rows.				
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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%; margin-top: 10px;"> <tr> <td style="width: 50%;">Medical Research Foundation</td> <td rowspan="6" style="width: 50%; vertical-align: top;">Unrelated to this study PT has received grant support from the <u>Medical Research</u> Foundation, GlaxoSmithKline, PSC Support, LifeArc, Intercept Pharma, Dr Falk Pharma, Gilead Sciences, and Bristol Myers Squibb.</td> </tr> <tr> <td>GlaxoSmithKline</td> </tr> <tr> <td>PSC Support</td> </tr> <tr> <td>LifeArc</td> </tr> <tr> <td>Gilead Sciences</td> </tr> <tr> <td>Bristol Myers Squibb</td> </tr> <tr> <td>Intercept Pharma</td> </tr> </table>	Medical Research Foundation	Unrelated to this study PT has received grant support from the <u>Medical Research</u> Foundation, GlaxoSmithKline, PSC Support, LifeArc, Intercept Pharma, Dr Falk Pharma, Gilead Sciences, and Bristol Myers Squibb.	GlaxoSmithKline	PSC Support	LifeArc	Gilead Sciences	Bristol Myers Squibb	Intercept Pharma	
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4	Consulting fees	<input type="checkbox"/> None	
		GSK	
		Dr. Falk	
		Pliant Pharma	
		Cymabay	
		Albireo/Ipsen ChemoMab	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Advanz pharma	Institution
		Albireo / Ipsen	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Chief Investigator for UK-PSC	
		BASL SIG Chair for Immune-mediated and cholestatic liver disease	

		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	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> 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.

ICMJE DISCLOSURE FORM

Date: 12th May

Your Name: Patrick McKiernan

Manuscript Title: Opinion paper on the diagnosis and treatment of progressive familial intrahepatic cholestasis

Manuscript Number (if known): JHEPR-D-23-00519

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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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.	<input type="checkbox"/> None	
		Langland provided editorial and medical writing assistance for the preparation of the manuscript	
		Two meetings of the expert committee (including travel expenses) were organised and funded by Albireo Pharma, an Ipsen company	
		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).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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4	Consulting fees	<input type="checkbox"/> None	
		Albireo Pharma	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		From Albireo Pharma for lecture at Swedish Liver week, Gothenburg. February 2023.	
		From Albireo Pharma for Hepatology educational meeting, John Radcliffe Hospital. Oxford December 2022	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		From Albireo Pharma for AASLD annual meeting Washington DC November 2022	
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: 9/6/2021

Your Name: GIRARD Muriel

Manuscript Title: Opinion paper on the diagnosis and treatment of progressive familial intrahepatic cholestasis

Manuscript Number (if known): JHEPR-D-23-00519

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4	Consulting fees	<input type="checkbox"/> None	
		Mirum	
		Albireo	
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 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	
		Mirum	
		Albireo	
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: 8/30/2021

Your Name: Jesús Quintero Bernabeu

Manuscript Title: Opinion paper on the diagnosis and treatment of progressive familial intrahepatic cholestasis

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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4	Consulting fees	<input type="checkbox"/> None	
		Albireo Pharma	Intercept Pharmaceuticals
		Mirum Pharmaceuticals	
		Alexion Pharma – Astra Zeneca Rare Diseases	
		Orphanan	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Albireo Pharma	
		Mirum Pharmaceuticals	
		Alexion Pharma – Astra Zeneca Rare Diseases	
		Orphanan	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Albireo Pharma	
		Mirum Pharmaceuticals	
		Alexion Pharma – Astra Zeneca Rare Diseases	
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	
		Albireo Pharma	Intercept Pharmaceuticals
		Mirum Pharmaceuticals	
		Alexion Pharma – Astra Zeneca Rare Diseases	
		Orphanan	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Spanish Society of Pediatric Gastroenterology Hepatology and Nutrition – Hepatology Working Group	
		European Society of Pediatric Gastroenterology Hepatology and Nutrition – Hepatology Committee	

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ICMJE DISCLOSURE FORM

Date: 8/22/2023

Your Name: Giuseppe Indolfi

Manuscript Title: Opinion paper on the diagnosis and treatment of progressive familial intrahepatic cholestasis

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 9/12/2023

Your Name: PD Dr. med. Eberhard Lurz

Manuscript Title: Opinion paper on the diagnosis and treatment of progressive familial intrahepatic cholestasis

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 80%; height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 80%; height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

		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	<input type="checkbox"/> None	
		Consulting for Mirum pharmaceuticals, Albireo/Ipsen, Takeda	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Lecture honorarium for Mirum pharmaceuticals, Albireo/Ipsen	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
		Payment by Albireo/Ipsen at the GBA Germany during the licencing progress for Odevixibat as an invited expert.	
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	
		Advisory boards for Takeda, Mirum pharmaceuticals and Albireo/Ipsen	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
		Deputy Speaker for the German speaking society for pediatric gastroenterology, hepatology and nutrition (GPGE)	

		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	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Medical writing support as stated above for current manuscript by Albireo/Ipsen	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.