

## ICMJE DISCLOSURE FORM

**Date:** 7/3/2022

**Your Name:** Catherine POSTIC

**Manuscript Title:** O-GlcNAc transferase acts as a critical nutritional node for the control of liver homeostasis

**Manuscript Number (if known):** JHEPR-D-22-00686R1

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

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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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
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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:** 7/3/2022

**Your Name:** Paula ORTEGA-PRIETO

**Manuscript Title:** O-GlcNAc transferase acts as a critical nutritional node for the control of liver homeostasis

**Manuscript Number (if known):** JHEPR-D-22-00686R1

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**Date:** 7/3/2022

**Your Name:** Fadila BENHAMED

**Manuscript Title:** O-GlcNAc transferase acts as a critical nutritional node for the control of liver homeostasis

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## ICMJE DISCLOSURE FORM

**Date:** 7/3/2022

**Your Name:** Marion REGNIER

**Manuscript Title:** O-GlcNAc transferase acts as a critical nutritional node for the control of liver homeostasis

**Manuscript Number (if known):** JHEPR-D-22-00686R1

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

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:** 7/3/2022

**Your Name:** Michèle CAUZAC

**Manuscript Title:** O-GlcNAc transferase acts as a critical nutritional node for the control of liver homeostasis

**Manuscript Number (if known):** JHEPR-D-22-00686R1

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.

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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:** 7/3/2022

**Your Name:** Patrick PAGESY

**Manuscript Title:** O-GlcNAc transferase acts as a critical nutritional node for the control of liver homeostasis

**Manuscript Number (if known):** JHEPR-D-22-00686R1

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:** 7/3/2022

**Your Name:** Jeremie GAUTHERON

**Manuscript Title:** O-GlcNAc transferase acts as a critical nutritional node for the control of liver homeostasis

**Manuscript Number (if known):** JHEPR-D-22-00686R1

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## ICMJE DISCLOSURE FORM

**Date:** 7/3/2022

**Your Name:** Julie MAGUSTO

**Manuscript Title:** O-GlcNAc transferase acts as a critical nutritional node for the control of liver homeostasis

**Manuscript Number (if known):** JHEPR-D-22-00686R1

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
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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:** 7/3/2022

**Your Name:** Isadora CALVACANTE

**Manuscript Title:** O-GlcNAc transferase acts as a critical nutritional node for the control of liver homeostasis

**Manuscript Number (if known):** JHEPR-D-22-00686R1

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.

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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:** 7/3/2022

**Your Name:** Mélanie MONTABORD

**Manuscript Title:** O-GlcNAc transferase acts as a critical nutritional node for the control of liver homeostasis

**Manuscript Number (if known):** JHEPR-D-22-00686R1

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:** 7/3/2022

**Your Name:** Rachel ONIFARASOANIAINa

**Manuscript Title:** O-GlcNAc transferase acts as a critical nutritional node for the control of liver homeostasis

**Manuscript Number (if known):** JHEPR-D-22-00686R1

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## ICMJE DISCLOSURE FORM

**Date:** 7/3/2022

**Your Name:** Maryline FAVIER

**Manuscript Title:** O-GlcNAc transferase acts as a critical nutritional node for the control of liver homeostasis

**Manuscript Number (if known):** JHEPR-D-22-00686R1

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 7/3/2022

**Your Name:** Natasa Pavlovic

**Manuscript Title:** O-GlcNAc transferase acts as a critical nutritional node for the control of liver homeostasis

**Manuscript Number (if known):** JHEPR-D-22-00686R1

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								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Association Française pour l'Etude du Foie</td> <td>ANR RHU QUID NASH</td> </tr> <tr> <td>ANR-20-CE14-0038 IMAGINE</td> <td>INSERM</td> </tr> <tr> <td>ANR-20-CE14-HEPATOMORPHIC</td> <td><small>Click the tab key to add additional rows.</small></td> </tr> </table>	Association Française pour l'Etude du Foie	ANR RHU QUID NASH	ANR-20-CE14-0038 IMAGINE	INSERM	ANR-20-CE14-HEPATOMORPHIC	<small>Click the tab key to add additional rows.</small>
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>						
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