

ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Man-Fung Yuen

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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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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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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		AbbVie	Consultant
		AiCuris	
		Aligos Therapeutics	
		Antios Therapeutics	
		Arbutus Biopharma	
		Arrowhead Pharmaceuticals	
		Assembly Biosciences	
		Clear B Therapeutics	
		Dicerna Pharmaceuticals	
		Finch Therapeutics	
		Fujirebio Incorporation	
		GlaxoSmithKline	
		Gilead Sciences	
		Immunocore	
		Janssen	
		Roche	
		Sysmex Corporation	
		Tune Therapeutics	
		Vir Biotechnology	
		Visirna Therapeutics	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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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.

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Date: 8/7/2023

Your Name: Scott Fung

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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Your Name: Xiaoli Ma

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Date: 8/7/2023

Your Name: Tuan T Nguyen

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	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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.

ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Tarek Hassanein

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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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		DURECT Corporation Enanta Pharmaceuticals Galectin Therapeutics Gilead Sciences Grifols Intercept Pharmaceuticals Janssen Merck Mirum Novartis Novo Nordisk Nucorion Pharmaceuticals Pfizer Salix Pharmaceuticals Sonic Incytes Terns Pharmaceuticals Valeant	Current grant and research support							
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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	
		AbbVie	Advisory committee or review panel
		Bristol-Myers Squibb	
		Gilead Sciences	
		Mallinckrodt Pharmaceuticals	
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		Ogranovo	
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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Hie-Won Hann

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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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		National Advisory Board	Serves on

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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Magdy Elkhatab

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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

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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Ronald G Nahass

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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.

ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: James S Park

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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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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: 8/7/2023

Your Name: Ira M Jacobson

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Walid S Ayoub

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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

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

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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: 8/7/2023

Your Name: Steven-Huy Han

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Edward J Gane

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Katie Zomorodi

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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

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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Ran Yan

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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

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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Julie Ma

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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

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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Steven J Knox

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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

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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Luisa M Stamm

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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

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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Maurizio Bonacini

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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

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

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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: 8/7/2023

Your Name: Frank Weilert

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Alnoor Ramji

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Michael Bennett

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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

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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Natarajan Ravendhran

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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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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: 8/7/2023

Your Name: Sing Chan

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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

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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Douglas T Dieterich

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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

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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Paul Yien Kwo

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">AbbVie</td><td style="width: 50%;">Advisor</td></tr> <tr><td>Aligos Therapeutics</td><td></td></tr> <tr><td>Antios Therapeutics</td><td></td></tr> <tr><td>Enanta Pharmaceuticals</td><td></td></tr> </table>	AbbVie	Advisor	Aligos Therapeutics		Antios Therapeutics		Enanta Pharmaceuticals								
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		Gilead Sciences Janssen	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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.

ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Eugene R Schiff

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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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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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3	Royalties or licenses	<input type="checkbox"/> None	
		Schiff Diseases of the Liver , 12 th edition	Royalties
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 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,	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Ho S Bae

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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

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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Jacob Lalezari

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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

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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Kosh Agarwal

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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

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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: 8/7/2023

Your Name: Mark S Sulkowski

Manuscript Title: Safety and off-treatment response of patients with chronic hepatitis B virus infection receiving long-term open-label vebicorvir

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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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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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 checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="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 style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.	
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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; margin-top: 5px;"> <tr><td style="width: 60%;">AbbVie</td><td rowspan="6" style="vertical-align: top;">Grant support</td></tr> <tr><td>Assembly Biosciences</td></tr> <tr><td>GlaxoSmithKline</td></tr> <tr><td>Janssen</td></tr> <tr><td>National Institutes of Health</td></tr> <tr><td>Vir Biotechnology</td></tr> </table>	AbbVie	Grant support	Assembly Biosciences	GlaxoSmithKline	Janssen	National Institutes of Health	Vir Biotechnology
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