Date:	1/15/2024	
Your Name:	MOECKLI Beat	
Manuscript Title:	Maternal obesity increases the risk for hepatocellular carcinoma in offspring through the transmission of an altered gut microbiome	
Manuscript Number (if known):	JHEPR-D-23-00673	

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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 the work
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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	
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 □ □ □ □ □ □	

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

Date:	1/15/2024
Your Name:	DELAUNE Vaihere
Manuscript Title:	Maternal obesity increases the risk for hepatocellular carcinoma in offspring through the transmission of an altered gut microbiome
Manuscript Number (if known):	JHEPR-D-23-00673

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

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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:		

Date:	1/15/2024	
Your Name:	GILBERT Benoît	
Manuscript Title:	Maternal obesity increases the risk for hepatocellular carcinoma in offspring through the transmission of an altered gut microbiome	
Manuscript Number (if known):	JHEPR-D-23-00673	

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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	
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 	

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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:		

Date:	1/15/2024	
Your Name:	PELOSO Andrea	
Manuscript Title:	Maternal obesity increases the risk for hepatocellular carcinoma in offspring through the transmission of an altered gut microbiome	
Manuscript Number (if known):	JHEPR-D-23-00673	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Image: 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 □ □ □ □ □ □ □ □	
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	

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

Date:	1/15/2024
Your Name:	OLDANI Graziano
Manuscript Title:	Maternal obesity increases the risk for hepatocellular carcinoma in offspring through the transmission of an altered gut microbiome
Manuscript Number (if known):	_JHEPR-D-23-00673

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	any entity (if not indicated in item #1 above).		
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	
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/15/2024	
Your Name:	EL HAJJI Sofia	
Manuscript Title:	Maternal obesity increases the risk for hepatocellular carcinoma in offspring through the transmission of an altered gut microbiome	
Manuscript Number (if known):	JHEPR-D-23-00673	

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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	
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	
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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:		

Date:	1/15/2024	
Your Name:	SLITS Florence	
Manuscript Title:	Maternal obesity increases the risk for hepatocellular carcinoma in offspring through the transmission of an altered gut microbiome	
Manuscript Number (if known):	_JHEPR-D-23-00673	

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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 	

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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:		

Date:	1/15/2024	
Your Name:	RODRIGUES RIBEIRO Joana	
Manuscript Title:	Maternal obesity increases the risk for hepatocellular carcinoma in offspring through the transmission of an altered gut microbiome	
Manuscript Number (if known):	JHEPR-D-23-00673	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Image: 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)
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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	
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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:		

Date:	1/15/2024	
Your Name:	MERCIER Ruben	
Manuscript Title:	Maternal obesity increases the risk for hepatocellular carcinoma in offspring through the transmission of an altered gut microbiome	
Manuscript Number (if known):	_JHEPR-D-23-00673	

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3	Royalties or licenses	☑ None □ □ □ □	

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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 □ □ □ □ □ □	

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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:		

Date:	1/15/2024	
Your Name:	GLEYZOLLE Adrien	
Manuscript Title:	Maternal obesity increases the risk for hepatocellular carcinoma in offspring through the transmission of an altered gut microbiome	
Manuscript Number (if known):	JHEPR-D-23-00673	

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8	Patents planned, issued or pending	⊠ None	
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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, 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:		

Date:	1/15/2024	
Your Name:	RUBBIA-BRANDT Laura	
Manuscript Title:	Maternal obesity increases the risk for hepatocellular carcinoma in offspring through the transmission of an altered gut microbiome	
Manuscript Number (if known):	JHEPR-D-23-00673	

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		Time frame: past 36 months	5
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)
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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 □ □ □ □ □ □	

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

Date:	1/15/2024
Your Name:	GEX Quentin
Manuscript Title:	Maternal obesity increases the risk for hepatocellular carcinoma in offspring through the transmission of an altered gut microbiome
Manuscript Number (if known):	JHEPR-D-23-00673

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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	
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Manuscript Number (if known):	JHEPR-D-23-00673	

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