

ICMJE DISCLOSURE FORM

Date: 4/25/2024

Your Name: Mengying Li

Manuscript Title: Plasma cathepsin D as an early indicator for alcohol-related liver disease

Manuscript Number (if known): JHEPR-D-23-01254

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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Your Name: Tom Houben

Manuscript Title: Plasma cathepsin D as an early indicator for alcohol-related liver disease

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Your Name: Albert V. Bitorina

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Your Name: Dennis M. Meesters

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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: 4/25/2024

Your Name: Mads Israelsen

Manuscript Title: Plasma cathepsin D as an early indicator for alcohol-related liver disease

Manuscript Number (if known): JHEPR-D-23-01254

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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ICMJE DISCLOSURE FORM

Date: 4/25/2024

Your Name: Maria Kjaergaard

Manuscript Title: Plasma cathepsin D as an early indicator for alcohol-related liver disease

Manuscript Number (if known): JHEPR-D-23-01254

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 checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Siemens Healthcare	Speakers fee
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, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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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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ICMJE DISCLOSURE FORM

Date: 4/25/2024

Your Name: Ger Koek

Manuscript Title: Plasma cathepsin D as an early indicator for alcohol-related liver disease

Manuscript Number (if known): JHEPR-D-23-01254

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ICMJE DISCLOSURE FORM

Date: 4/25/2024

Your Name: Tim Hendriks

Manuscript Title: Plasma cathepsin D as an early indicator for alcohol-related liver disease

Manuscript Number (if known): JHEPR-D-23-01254

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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: 4/25/2024

Your Name: Jef Verbeek

Manuscript Title: Plasma cathepsin D as an early indicator for alcohol-related liver disease

Manuscript Number (if known): JHEPR-D-23-01254

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.

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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 checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></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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ICMJE DISCLOSURE FORM

Date: 4/25/2024

Your Name: Aleksander Krag

Manuscript Title: Plasma cathepsin D as an early indicator for alcohol-related liver disease

Manuscript Number (if known): JHEPR-D-23-01254

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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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: 50%;">EU Horizon 2020</td> <td>Coordinator of Galaxy, EU funded under grant agreement No 668031</td> </tr> <tr> <td>EU Horizon 2020</td> <td>PI in LiverScreen, EU funded under grant agreement No 847989</td> </tr> <tr> <td>EU Horizon 2020</td> <td>PI in MicrobPredict, EU funded under grant agreement No 825694.</td> </tr> <tr> <td>EU Horizon 2020</td> <td>PI in IHMCSA, EU funded under grant agreement No 964590</td> </tr> <tr> <td>Novo Nordisk Foundation</td> <td>PI in MicrobLiver, A Challenge Grant, grant number NNF15OC0016692 from the Novo Nordisk Foundation</td> </tr> <tr> <td>Innovationfund Denmark</td> <td>Research funding, Innoexplorer</td> </tr> <tr> <td>Danish National Research Foundation</td> <td>PI in ATLAS, Centre of Excellence</td> </tr> <tr> <td>Region of Southern Denmark</td> <td>Center grant for Elite Research Centre FLASH</td> </tr> </table>	EU Horizon 2020	Coordinator of Galaxy, EU funded under grant agreement No 668031	EU Horizon 2020	PI in LiverScreen, EU funded under grant agreement No 847989	EU Horizon 2020	PI in MicrobPredict, EU funded under grant agreement No 825694.	EU Horizon 2020	PI in IHMCSA, EU funded under grant agreement No 964590	Novo Nordisk Foundation	PI in MicrobLiver, A Challenge Grant, grant number NNF15OC0016692 from the Novo Nordisk Foundation	Innovationfund Denmark	Research funding, Innoexplorer	Danish National Research Foundation	PI in ATLAS, Centre of Excellence	Region of Southern Denmark	Center grant for Elite Research Centre FLASH
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		AstraZeneca	Prevalence and severity of NAFLD in Denmark
3	Royalties or licenses	<input type="checkbox"/> None	
		Gyldendal	Medicinsk compendium, coauthor (Textbook of internal medicine)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Norgine	Lectures 2019, 2020
		Siemens	Lectures, speaker's bureau 2019, 2020
		Nordic Bioscience	Lecture 2021
		NovoNordisk	Lecture 2023
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 type="checkbox"/> None	
		Region of Southern Denmark	Biomarker - pending/planned
		University of Southern Denmark	Biomarker- pending/planned
9	Participation on a Data Safety	<input type="checkbox"/> 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)								
	Monitoring Board or Advisory Board	<table border="1"> <tr><td>Norgine</td><td>Advisory board meeting 2020</td></tr> <tr><td>Siemens</td><td>Advisory board meeting 2019, 2020, 2023</td></tr> <tr><td>Novo Nordisk</td><td>Advisory Board 2023</td></tr> <tr><td>B&I</td><td>Advisory Board 2023</td></tr> </table>	Norgine	Advisory board meeting 2020	Siemens	Advisory board meeting 2019, 2020, 2023	Novo Nordisk	Advisory Board 2023	B&I	Advisory Board 2023	
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Siemens	Advisory board meeting 2019, 2020, 2023										
Novo Nordisk	Advisory Board 2023										
B&I	Advisory Board 2023										
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr><td>Secretary General European Association for the Study of The Liver (EASL) 2023-2025</td><td>Non for profit organization</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Secretary General European Association for the Study of The Liver (EASL) 2023-2025	Non for profit organization							
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1"> <tr><td>Norgine</td><td>Rifaximin for an investigator-initiated study, part of Galaxy, an EU funded project under grant agreement No 668031</td></tr> <tr><td>Siemens</td><td>ELF test for an investigator-initiated study</td></tr> <tr><td>Echosence</td><td>Fibroscan for an investigator-initiated study, part of LiverScreen, an EU funded project under grant agreement No 847989</td></tr> <tr><td>NordicBioscience</td><td>ECM markers for investigator-initiated studies</td></tr> </table>	Norgine	Rifaximin for an investigator-initiated study, part of Galaxy, an EU funded project under grant agreement No 668031	Siemens	ELF test for an investigator-initiated study	Echosence	Fibroscan for an investigator-initiated study, part of LiverScreen, an EU funded project under grant agreement No 847989	NordicBioscience	ECM markers for investigator-initiated studies	
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13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1"> <tr><td>Board member and co-founder Evido</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Board member and co-founder Evido								
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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: 4/25/2024

Your Name: Maja Thiele

Manuscript Title: Plasma cathepsin D as an early indicator for alcohol-related liver disease

Manuscript Number (if known): JHEPR-D-23-01254

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	
		Boehringer Ingelheim, Astra Zeneca, Novo Nordisk, GSK	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Echosens, Siemens Healthcare, Takeda, Norgine, Madrigal, Tillotts Pharma	
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, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Board member for Alcohol & Society	Non-governmental organization
		Co-founder and board member for Evido	

		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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ICMJE DISCLOSURE FORM

Date: 4/25/2024

Your Name: Ronit Shiri-Sverdlov

Manuscript Title: Plasma cathepsin D as an early indicator for alcohol-related liver disease

Manuscript Number (if known): JHEPR-D-23-01254

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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.