

ICMJE DISCLOSURE FORM

Date: 5/20/2024

Your Name: Chiara Raggi

Manuscript Title: Altered fatty acid metabolism rewires cholangiocarcinoma stemness features

Manuscript Number (if known): JHEPR-D-23-00762

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input 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: 5/20/2024

Your Name: Tiziano Lottini

Manuscript Title: **Altered fatty acid metabolism rewires cholangiocarcinoma stemness features**

Manuscript Number (if known): JHEPR-D-23-00762

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Date: 5/20/2024

Your Name: Annarosa Arcangeli

Manuscript Title: **Altered fatty acid metabolism rewires cholangiocarcinoma stemness features**

Manuscript Number (if known): JHEPR-D-23-00762

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Your Name: Nadia Navari

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Your Name: Mirella Pastore

Manuscript Title: **Altered fatty acid metabolism rewires cholangiocarcinoma stemness features**

Manuscript Number (if known): JHEPR-D-23-00762

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Date: 5/20/2024

Your Name: Gennaro Agrimi

Manuscript Title: **Altered fatty acid metabolism rewires cholangiocarcinoma stemness features**

Manuscript Number (if known): JHEPR-D-23-00762

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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: 5/22/2024

Your Name: Richell Booijink

Manuscript Title: **Altered fatty acid metabolism rewires cholangiocarcinoma stemness features**

Manuscript Number (if known): JHEPR-D-23-00762

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: 5/22/2024

Your Name: Giulia Lori

Manuscript Title: **Altered fatty acid metabolism rewires cholangiocarcinoma stemness features**

Manuscript Number (if known): JHEPR-D-23-00762

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: 5/20/2024

Your Name: Cecilia Anceschi

Manuscript Title: **Altered fatty acid metabolism rewires cholangiocarcinoma stemness features**

Manuscript Number (if known): JHEPR-D-23-00762

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: 5/21/2024

Your Name: Caterina Mancini

Manuscript Title: **Altered fatty acid metabolism rewires cholangiocarcinoma stemness features**

Manuscript Number (if known): JHEPR-D-23-00762

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ICMJE DISCLOSURE FORM

Date: 5/22/2024

Your Name: Paola Ostano

Manuscript Title: **Altered fatty acid metabolism rewires cholangiocarcinoma stemness features**

Manuscript Number (if known): JHEPR-D-23-00762

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ICMJE DISCLOSURE FORM

Date: 5/20/2024

Your Name: [Maria Letizia Taddei

Manuscript Title: [Altered fatty acid metabolism rewires cholangiocarcinoma stemness features

Manuscript Number (if known): JHEPR-D-23-00762

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<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>									
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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	

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: 5/22/2024

Your Name: CATERINA PERALDO NEIA

Manuscript Title: **Altered fatty acid metabolism rewires cholangiocarcinoma stemness features**

Manuscript Number (if known): JHEPR-D-23-00762

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None						
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 390 1511 491"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

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ICMJE DISCLOSURE FORM

Date: 5/20/2024

Your Name: Jesper b andersen

Manuscript Title: **Altered fatty acid metabolism rewires cholangiocarcinoma stemness features**

Manuscript Number (if known): JHEPR-D-23-00762

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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: Click or tap to enter a date.

Your Name: Matteo Ramazzotti

Manuscript Title: Altered fatty acid metabolism rewires cholangiocarcinoma stemness features

Manuscript Number (if known): JHEPR-D-23-00762

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: 5/21/2024

Your Name: Stefano Rota

Manuscript Title: Altered fatty acid metabolism rewires cholangiocarcinoma stemness features

Manuscript Number (if known): JHEPR-D-23-00762

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: 5/20/2024

Your Name: Adriana Trapani

Manuscript Title: **Altered fatty acid metabolism rewires cholangiocarcinoma stemness features**

Manuscript Number (if known): JHEPR-D-23-00762

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<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>						
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None						
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 390 1511 491"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </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: 5/21/2024

Your Name: Elena Sacco

Manuscript Title: *Altered fatty acid metabolism rewires cholangiocarcinoma stemness features*

Manuscript Number (if known): JHEPR-D-23-00762

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: 5/22/2024

Your Name: Erica Pranzini

Manuscript Title: Altered fatty acid metabolism rewires cholangiocarcinoma stemness features

Manuscript Number (if known): JHEPR-D-23-00762

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: 5/22/2024

Your Name: Matteo Parri

Manuscript Title: Altered fatty acid metabolism rewires cholangiocarcinoma stemness features

Manuscript Number (if known): JHEPR-D-23-00762

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: 5/22/2024

Your Name: Benedetta Piombanti

Manuscript Title: Altered fatty acid metabolism rewires cholangiocarcinoma stemness features

Manuscript Number (if known): JHEPR-D-23-00762

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ICMJE DISCLOSURE FORM

Date: 5/22/2024

Your Name: Stefania Madiai

Manuscript Title: Altered fatty acid metabolism rewires cholangiocarcinoma stemness features

Manuscript Number (if known): JHEPR-D-23-00762

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112/13/2021ICMJE Disclosure Form								

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12	Receipt of	<input checked="" type="checkbox"/> None						

	equipment, materials, drugs, medical writing, gifts or other services							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 348 1511 453"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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ICMJE DISCLOSURE FORM

Date: 5/22/2024

Your Name: Ignazia Tusa

Manuscript Title: Altered fatty acid metabolism rewires cholangiocarcinoma stemness features

Manuscript Number (if known): JHEPR-D-23-00762

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 560 1490 663"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 768 1490 871"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 5/10/2024

Your Name: Fabrizia Carli

Manuscript Title: Altered fatty acid metabolism rewires cholangiocarcinoma stemness features

Manuscript Number (if known): JHEPR-D-23-00762

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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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	
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ICMJJE DISCLOSURE FORM

Date: 5/20/2024

Your Name: Elisabetta Rovida

Manuscript Title: **Altered fatty acid metabolism rewires cholangiocarcinoma stemness features**

Manuscript Number (if known): JHEPR-D-23-00762

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ICMJE DISCLOSURE FORM

Date: 5/10/2024

Your Name: Silvia Sabatini

Manuscript Title: Altered fatty acid metabolism rewires cholangiocarcinoma stemness features

Manuscript Number (if known): JHEPR-D-23-00762

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ICMJE DISCLOSURE FORM

Date: 5/20/2024

Your Name: Amalia Gastaldelli

Manuscript Title: Altered fatty acid metabolism rewires cholangiocarcinoma stemness features

Manuscript Number (if known): JHEPR-D-23-00762

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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	
		Boehringer Ingelheim	Personal honoraria
		Eli Lilly	Personal honoraria
		Novo Nordisk	Personal honoraria
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Eli Lilly	Personal honoraria
		Merck Sharp & Dohme,	Personal honoraria
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	
		Merck Sharp & Dohme,	Personal honoraria
		Boehringer Ingelheim	Personal honoraria
		Novo Nordisk	Personal honoraria
		Pfizer	Personal honoraria
		Metadeq	No honoraria
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" 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)
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: 5/22/2024

Your Name: Fabio Marra

Manuscript Title: **Altered fatty acid metabolism rewires cholangiocarcinoma stemness features**

Manuscript Number (if known): JHEPR-D-23-00762

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 checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">University of Florence</td> <td>Institution</td> </tr> <tr> <td>Italian Ministry of Research</td> <td>Institution</td> </tr> <tr> <td>Italian Government</td> <td>Institution</td> </tr> </table>	University of Florence	Institution	Italian Ministry of Research	Institution	Italian Government	Institution	
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4	Consulting fees	<input type="checkbox"/> None	
		AstraZeneca	Personal fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
		AstraZeneca	Personal fees
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	
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: 5/22/2024

Your Name: Monika Lewinska

Manuscript Title: **Altered fatty acid metabolism rewires cholangiocarcinoma stemness features**

Manuscript Number (if known): JHEPR-D-23-00762

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None						
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