

## ICMJE DISCLOSURE FORM

**Date:** 6/1/2024

**Your Name:** Jessica Zucman-Rossi

**Manuscript Title:** **Development of Mutated  $\beta$ -catenin Gene Signature to identify CTNNB1 mutations from whole and spatial transcriptomic data in patients**

**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.

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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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

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**Your Name:** Theo Hirsch

**Manuscript Title:** **Development of Mutated  $\beta$ -catenin Gene Signature to identify CTNNB1 mutations from whole and spatial transcriptomic data in patients**

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

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**Your Name:** Evan R. Delgado

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**Manuscript Number (if known):** Click or tap here to enter text.

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**Date:** 6/7/2024

**Your Name:** Aaron Bell

**Manuscript Title:** Development of Mutated Beta-catenin Gene Signature to identify CTNNB1 mutations from whole and spatial transcriptomic data in patients

**Manuscript Number (if known):** JHEPR-D-24-00352

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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:** 6/7/2024

**Your Name:** Aatur D. Singhi

**Manuscript Title:** Development of Mutated b-catenin Gene Signature to identify CTNNB1 mutations from whole and spatial transcriptomic data in patients

**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:** 6/7/2024

**Your Name:** Brandon M. Lehrich

**Manuscript Title:** Development of Mutated Beta-catenin Gene Signature to identify CTNNB1 mutations from whole and spatial transcriptomic data in patients

**Manuscript Number (if known):** JHEPR-D-24-00352

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:** 6/7/2024

**Your Name:** Catherine Cao

**Manuscript Title:** Development of Mutated Beta-catenin Gene Signature to identify CTNNB1 mutations from whole and spatial transcriptomic data in patients

**Manuscript Number (if known):** JHEPR-D-24-00352

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## ICMJE DISCLOSURE FORM

**Date:** 6/7/2024

**Your Name:** Junyan Tao

**Manuscript Title:** Development of Mutated Beta-catenin Gene Signature to identify CTNNB1 mutations from whole and spatial transcriptomic data in patients

**Manuscript Number (if known):** JHEPR-D-24-00352

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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>	
<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:** 6/7/2024

**Your Name:** Long Pan

**Manuscript Title:** Development of Mutated  $\beta$ -catenin Gene Signature to identify CTNNB1 mutations from whole and spatial transcriptomic data in patients

**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:** 6/6/2024

**Your Name:** Satdarshan P Monga

**Manuscript Title:** Development of mutated beta-catenin gene signature to identify CTNNB1 mutations from while and spatial transcriptomic data in patients

**Manuscript Number (if known):** JHEPR-D-24-00352R1

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>8</b>	Patents planned, issued or pending	<input type="checkbox"/> <b>None</b>	
		U.S. Provisional Patent Application No. 63/634,189	Provisional Patent application
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<b>10</b>	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b>	
		Editor in Chief (Seminars in Liver Disease)	Paid to me

		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)
	society, committee or advocacy group, paid or unpaid		
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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:** 6/7/2024

**Your Name:** Minakshi Poddar

**Manuscript Title:** Development of Mutated Beta-catenin Gene Signature to identify CTNNB1 mutations from whole and spatial transcriptomic data in patients

**Manuscript Number (if known):** JHEPR-D-24-00352

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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:** 6/7/2024

**Your Name:** Silvia Liu

**Manuscript Title:** Development of Mutated beta-catenin Gene Signature to identify CTNNB1 mutations from whole and spatial transcriptomic data in patients

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

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NIH grants 1R01CA250227	Dr. Monga (PI), Dr. Liu (Co-I)										
<b>Time frame: past 36 months</b>											
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	<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>								
<b>3</b>	Royalties or licenses	<input type="checkbox"/> <b>None</b>	<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>								

		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)
<b>4</b>	Consulting fees	<input type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
<b>6</b>	Payment for expert testimony	<input type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b>	
<b>8</b>	Patents planned, issued or pending	<input type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b>	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	

		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 type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input 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 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:** 6/7/2024

**Your Name:** Sucha Singh

**Manuscript Title:** Development of Mutated Beta-catenin Gene Signature to identify CTNNB1 mutations from whole and spatial transcriptomic data in patients

**Manuscript Number (if known):** JHEPR-D-24-00352

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 checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; text-align: right;">Click the tab key to add additional rows.</p>						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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>									
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## ICMJE DISCLOSURE FORM

**Date:** 6/7/2024

**Your Name:** Yuqing Liu

**Manuscript Title:** Development of Mutated Beta-catenin Gene Signature to identify CTNNB1 mutations from whole and spatial transcriptomic data in patients

**Manuscript Number (if known):** JHEPR-D-24-00352

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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