

ICMJE DISCLOSURE FORM

Date: 08/06/2021

Your Name: Shira Zelber-Sagi

Manuscript Title: Non-alcoholic fatty liver disease: A patient guideline

Manuscript number (if known): JHEPR-D-21-00176

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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	
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	

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJJE DISCLOSURE FORM

Date: _____ 08 June 2021 _____

Your Name: _____ Shlomo Vinker _____

Manuscript Title: Non-alcoholic fatty liver disease: A patient guideline

Manuscript number (if known): JHEPR-D-21-00176

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Time frame: past 36 months			
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3	Royalties or licenses	____ None	
4	Consulting fees	____ None	
5	Payment or honoraria for	____ None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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	
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	

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ICMJJE DISCLOSURE FORM

Date: 09.06.2021

Your Name: Achim Kautz

Manuscript Title: Non-alcoholic fatty liver disease: A patient guideline

Manuscript number (if known): JHEPR-D-21-00176

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Intercept, Novartis	Payment was made to the institution
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	
5	Payment or honoraria for	<u>None</u>	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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	
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	

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ICMJE DISCLOSURE FORM

Date 9.6.2021

Your Name Dror Dicker

Manuscript number (if known): JHEPR-D-21-00176

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	BI, NOVONORDISK, SANOFI, Eli lilly
3	Royalties or licenses	X None	
4	Consulting fees	___ None	BI, NOVONORDISK, ASTRA-ZENCA
5	Payment or honoraria for lectures, presentations,	___ None	BI, NOVONORDISK, ASTRA-ZENCA

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	___ None	NOVONORDISK
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	BI, NOVONORDISK, ASTRA-ZENCA
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	EASO unpaid, EFIM unpaid,
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	NOVONORDISK
13	Other financial or non-financial interests	X None	

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

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ICMJE DISCLOSURE FORM

Date: 8 June 202 _____

Your Name: Jeffrey V Lazarus _____

Manuscript Title: Non-alcoholic fatty liver disease: a patient guideline

Manuscript number (if known):

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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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Gilead, MSD	
3	Royalties or licenses	None	
4	Consulting fees	AbbVie, Gilead, MSD	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AbbVie, Genfit, Gilead, Intercept, MSD	
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	
11	Stock or stock options	____ None	
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ICMJJE DISCLOSURE FORM

Date: 09.06.2021

Your Name: Rebecca Dorner

Manuscript Title: Non-alcoholic fatty liver disease: A patient guideline

Manuscript number (if known): JHEPR-D-21-00176

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Time frame: past 36 months			
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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	
5	Payment or honoraria for	<u>None</u>	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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	
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	

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ICMJE DISCLOSURE FORM

Date: 09/06/2021

Your Name: Mehmet Ungan

Manuscript Title: Non-alcoholic fatty liver disease: A patient guideline

Manuscript number (if known): JHEPR-D-21-00176

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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5		___ None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
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	
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	

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ICMJE DISCLOSURE FORM

Date: 8th June 2021

Your Name: Giulio Marchesini

Manuscript Title: Non-alcoholic fatty liver disease: A patient guideline

Manuscript number (if known): JHEPR-D-21-00176

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5		None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> Gilead <u> </u> Novartis <u> </u> Pfizer <u> </u> Astra-Zeneca	Advisory Boards on NASH. All payments were made to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

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ICMJE DISCLOSURE FORM

Date: 08/06/2021

Your Name: prof. dr. Sven Francque

Manuscript Title: Non-alcoholic fatty liver disease: A patient guideline

Manuscript number (if known): JHEPR-D-21-00176

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Gilead	
		Roche	
		Bristol-Meyers Squibb	
		Genfit	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	Roche	
		Gilead Sciences	

		Allergan	
		Abbvie	
		Bayer	
		Bristol-Meyers Squibb	
		Boehringer Ingelheim	
		Merck Sharp & Dohme	
		Janssen Pharmaceutica	
		Actelion	
		Astellas	
		Genfit	
		Inventiva	
		Intercept	
		Echosens	
		Genentech	
		Novo Nordisk	
		Novartis	
		Astra Zeneca	
		Galmed	
		Promethera	
		Coherus	
		Madrigal	
		Julius Clinical	
		NGM Bio	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Gilead Sciences	
		Genfit	
		Bayer	
		Abbvie	
		Intercept	
		Allergan	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input 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 type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input 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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