Date:_2021.06.05
Your Name:Ci Zhu
Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8 ⁺ T cells and alleviates hepatic
inflammation
Manuscript number (if known): JHEPAT-D-20-02655R1

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

4	Consulting fees	x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	x None	
6	educational events Payment for expert	x None	
0	testimony		
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x None	
	Auvisory Board		
10	Leadership or fiduciary role in other board, society,	x None	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		

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

Date: 08.06.2021 Your Name: Nicole Boucheron Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8^{*} T cells and alleviates hepatic inflammation Manuscript number (if known): JHEPAT-D-20-02655R1

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3	Royalties or licenses	X None	

4	Consulting fees	X None
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	lectures, presentations,	
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	manuscript writing or	
	educational events	
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8	Patents planned, issued or	X None
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	Advisory Board	
10	Leadership or fiduciary role	X None
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	X None
TT	Stock of Stock options	A None
12	Receipt of equipment,	X None
	materials, drugs, medical	
	writing, gifts or other	
	services	
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13	Other financial or non-	X None
	financial interests	
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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.

TZ) er

Date:	10.06.2021
Your Name:	André C. Müller
Manuscript Titl	e: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8 ⁺ T cells and alleviates hepatic
inflammation	

Manuscript number (if known): JHEPAT-D-20-02655R1

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		Time frame: past	36 months
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3	Royalties or licenses	x None	

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4	Consulting fees	_x None	
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5	Payment or honoraria for	x None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
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7	Support for attending	_x None	
	meetings and/or travel		
8	Patents planned, issued or	_x None	
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9	Participation on a Data	x None	
	Safety Monitoring Board or		
	Advisory Board		
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10	Leadership or fiduciary role	x None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
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12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Other financial or non-	y Nana	
13		x None	
	financial interests		

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

10.06.2021 In W' Maile

Date:_____June 10, 2021_____

Your Name:___Peter Májek____

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation

Manuscript number (if known): JHEPAT-D-20-02655R1

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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	<u> </u>	

4	Consulting fees	<u> </u>	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	<u> </u>	
9	Participation on a Data Safety Monitoring Board or	None	an angan manan sa sa ƙasar sa ƙasar sa
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u>	· · · · · · · · · · · · · · · · · · ·
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	X None	

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

NXZ

Date: 08/06/2021 Your Name: THIERRY

CLAUDEL

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation

Manuscript number (if known): JHEPAT-D-20-02655R1

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die g		Time frame: past	t 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 None	
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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony	None	
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7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
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9	Participation on a Data	Nono.	
3	Safety Monitoring Board or Advisory Board	None None	
	Advisory Board		
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10	Leadership or fiduciary role	X None	
	in other board, society,	N	
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	group, paid or unpaid		
11	Stock or stock options	X None	
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	materials, drugs, medical		
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13	Other financial or non-	X None	
	financial interests		

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

Thieng Claude

Date: 2021.06.07 Your Name: Emina Halilbasic Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation Manuscript number (if known): JHEPAT-D-20-02655R1

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

4	Consulting fees	x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None	
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	x None	
	group, paid or unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other		
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13	Other financial or non- financial interests	x None	

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

form.

Date: 11.06.2021 Your Name: Hatoon Baazim Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation Manuscript number (if known): JHEPAT-D-20-02655R1

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3	Royalties or licenses	x None	

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

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Her

June 8, 2021 ALEXANDER LERCHER Date: **Your Name**

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation

Manuscript number (if known): JHEPAT-D-20-02655R1

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u>	
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9	Participation on a Data	None None	
	Safety Monitoring Board or		
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	in other board, society,		
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	materials, drugs, medical		
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13	Other financial or non-	X None	
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Y I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 10.6.2021 Your Name: Csilla Viczenczová Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation Manuscript number (if known): JHEPAT-D-20-02655R1

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3	Royalties or licenses	x None	

4	Consulting fees	x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None	
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x None	
	Auvisory Board		
10	Leadership or fiduciary role in other board, society,	x None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		

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Vicen

Date	9/06/21 Daniela Hainberger 2: 24-Nor-Ursodeoxycholic acid reshar	es immunometabolism in CD8 ⁺ T cells and alleviates hepatic
inflammation	nber (if known): JHEPAT-D-20-02655R	

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	*	Time frame: pa	st 36 months
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3	Royalties or licenses	x None	

4	Consulting fees	x None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	x None	
	educational events	y Nene	
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	_x None	
10	Leadership or fiduciary role in other board, society,	_x None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_x None	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other services		
13	Other financial or non- financial interests	x None	

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09106121 Danik Hanly

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Date:	2	UKo	.21	
Date.	·).			

Your Name: TERESA PREGLED

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation

Manuscript number (if known): JHEPAT-D-20-02655R1

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		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	white all every the sounding of any of the questions of

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4	Consulting fees	X None	
5	Payment or honoraria for	X None	
	lectures, presentations,	-	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
'	Support for attending	None None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending	-S Hone	
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9	Participation on a Data	X None	
9	Participation on a Data	None None	
	Safety Monitoring Board or		
	Advisory Board		
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10	Leadership or fiduciary role	X None	
	in other board, society,	24	
	committee or advocacy	1	
	group, paid or unpaid		
11	Stock or stock options	X None	
		,	
12	Receipt of equipment,	None	
	materials, drugs, medical	and a second second	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	None None	
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Auso Pregler

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Date:	08.06 2021	
Your Name:	LISA SANDNER	
Manuscript Ti	itle: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8 ⁺ T cells and alleviates hepat	cic
inflammation		

Manuscript number (if known): JHEPAT-D-20-02655R1

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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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
n p n	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
a	Grants or contracts from any entity (if not indicated n item #1 above).	X None	
3 R	Royalties or licenses	X None	
a ir	any entity (if not indicated n item #1 above).		

Consulting fees	X None
Payment or honoraria for	X None
	X None
estimony	
Support for attending	X None
neetings and/or traver	
Patents planned issued or	X None
pending	
	None None
Safety Monitoring Board or Advisory Board	the second s
eadership or fiduciary role	X None
Stock or stock options	X None
Receipt of equipment	X None
services	
	V Nono
Other financial or non-	None None
Other financial or non- inancial interests	None
	Payment or honoraria for ectures, presentations, peakers bureaus, nanuscript writing or educational events Payment for expert estimony aupport for attending neetings and/or travel Patents planned, issued or bending Participation on a Data tafety Monitoring Board or Advisory Board eadership or fiduciary role n other board, society, committee or advocacy group, paid or unpaid tock or stock options Receipt of equipment, naterials, drugs, medical vriting, gifts or other

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

fila Sancher

Date: 8	of June	2021
Your Name	MARLIS	ALTENEDED

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation

Manuscript number (if known): JHEPAT-D-20-02655R1

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: Since the initia	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	
	a francisco Possial da cinema hana da	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None	

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	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non- financial interests	None	

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

Date:	8.6. 2021		

Your Name:______ Clexandro Franziska aulich

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation

Manuscript number (if known): JHEPAT-D-20-02655R1

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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	K None	

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	X None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	_★ None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_★ None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>★</u> None	
	· · · · · · · · · · · · · · · · · · ·		
12	Receipt of equipment, materials, drugs, medical	_★_ None	
	writing, gifts or other services		
13	Other financial or non-	1 None	
13	financial interests	<u> </u>	

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

Date: · KHAN Your Name:

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation

Manuscript number (if known): JHEPAT-D-20-02655R1

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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	

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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	tionshis/activity/interast, it is confurcted in that
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:

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

Date: 08Jun2021 Your Name: Patricia Hamminger Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation Manuscript number (if known): JHEPAT-D-20-02655R1

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		Name all entitles 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 initia	I planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article		· · · · · · · · · · · · · · · · · · ·
	processing charges, etc.)		
	No time limit for this item.		
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		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	× None	
6	Payment for expert testimony	None 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 None	
13	Other financial or non- financial interests	None	

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

Patricia Do A

13.06.2021

Date:

Manuscript number (if known): JHEPAT-D-20-02655R1

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		al planning of the work
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.	X None	
	Time frame: pa	ist 36 months
Grants or contracts from any entity (if not indicated in item #1 above).	None	
Royalties or licenses	X None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the init 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. Grants or contracts from any entity (if not indicated in item #1 above).

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-	Consulting fees	X None	
		VC Nana	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X_ None	
8 Pa	Patents planned, issued or	X None	
	pending		
)	Participation on a Data Safety Monitoring Board or Advisory Board	-X None	
LO	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
11	group, paid or unpaid Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
3	Other financial or non- financial interests	None None	

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

Nemetic Jelena

Date:	11	OUDANALOUA I	
Data	19.6.202	1	

A 1

Your Name: ANNA OGLADANOVA-REPIC

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation

Manuscript number (if known): JHEPAT-D-20-02655R1

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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.	None EUROPEAN UNION'S' HORIZON 2020 PROCHA	GRANT AGREEMENT No 683356- M FRISTART
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None FWF (AUSTRIAN SCIENCE FUND)	PROJECT NO. P34253
3	Royalties or licenses	None	

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	Vone None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non- financial interests	None None	

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

Date: 10 June 2021 Your Name: PHILIPP SCHATZLMAIER Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation Manuscript number (if known): JHEPAT-D-20-02655R1

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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
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 None	
3	Royalties or licenses	None	n an the shift known personned even and the effection and the

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

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

P. L

Date: 13.06.2021 Your Name: DONNER CLEMENS

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation

Manuscript number (if known): JHEPAT-D-20-02655R1

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

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4	Consulting fees	× None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None
6	Payment for expert testimony	Y 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	X None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
11	Stock or stock options	None None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	

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

13.06.2021

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Date:2021.06.11 Your Name: Claudia D. Fuchs Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation Manuscript number (if known): JHEPAT-D-20-02655R1

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

4	Consulting fees	x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None	
6	Payment for expert testimony	_x None	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_x None	
10	Leadership or fiduciary role in other board, society,	x None	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other services		
13	Other financial or non-	x None	
13	financial interests	_x None	

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



Date: June 8 th , 2021
Your Name: Tatjana Stojakovic, MD
Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8 ⁺ T cells and alleviates hepatic
inflammation
Manuscript number (if known): JHEPAT-D-20-02655R1

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	Time frame: Since the initial	planning of the work
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	Time frame: past	36 months
Grants or contracts from any entity (if not indicated in item #1 above).	_X None	
Royalties or licenses	_X None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial 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. Grants or contracts from any entity (if not indicated in item #1 above).

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

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

T. har

Date: 13.06.2021 Your Name: Hubert Scharnagl Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation Manuscript number (if known): JHEPAT-D-20-02655R1

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

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

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

Hubert S 13,06,21

form.

Date: 08.06.2027 Your Name: Shinya

Sakaguchi

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation

Manuscript number (if known): JHEPAT-D-20-02655R1

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.

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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)
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.	Time frame: Since the initial X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u>	
3	Royalties or licenses	None None	

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4	Consulting for a		
4	Consulting fees	X None	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		바라 가 성격하는 것은 가 있는 것은 것 같은 가 있는 것은 것을 하는 것은 것을 하는 것이다. 같이 많은 것은 것을 하는 것은 것을 하는 것이다. 같이 많은 것은 것은 것을 하는 것은 것이다.
6	Payment for expert	X None	
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7.	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	_∑o_None	
	pending		
	penuing		
9 .	Participation on a Data	<u> 🗴</u> None	
Ň	Safety Monitoring Board or		
÷	Advisory Board		
10	Leadership or fiduciary role	🔀 None	
	in other board, society,	,	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Pacoint of aquinment	V Nono	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
1	financial interests		
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702 Date: Your Name:

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	Kone	
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	>>> None	
	in item #1 above).		
3	Royalties or licenses	-X None	

4	Consulting fees	_A 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 None	
		1	
8	Patents planned, issued or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	A None	
10	Leadership or fiduciary role in other board, society, committee or advocacy	None None	
	group, paid or unpaid		
11	Stock or stock options	_X None	
		•	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
12	services Other financial or non-	Nana	
13	financial interests	X None	

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

Date:_____June 8th 2021

Your Name: _____ Dr. Andreas Bergthaler_

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation

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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
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.	European Research Council (ERC) grant #677006	
	Time frame: past	36 months
Grants or contracts from any entity (if not indicated in item #1 above).	None FWF Austrian Science Fund	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	Whom you have this relationship or indicate none (add rows as needed)All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)European Research Council (ERC) grant #677006No time limit for this item

3	Royalties or licenses	None	
		None related to the current manuscript.	
4	Consulting fees	None	
		None related to the current manuscript.	
5	Payment or honoraria for lectures, presentations,	None None None related to the current manuscript.	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony	None related to the current manuscript.	
7	Compare for attack	Nene	
7	Support for attending meetings and/or travel	None	
		None related to the current manuscript.	
8	Patents planned, issued or	None	
	pending	None related to the current manuscript.	
9	Participation on a Data	None	
5	Safety Monitoring Board or	None related to the current manuscript.	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,	None related to the current manuscript.	
	committee or advocacy		
11	group, paid or unpaid	None	
11	Stock or stock options	None related to the current manuscript.	
		1	
12	Receipt of equipment,	None	
	materials, drugs, medical	None related to the current manuscript.	
	writing, gifts or other		
12	services		
13	Other financial or non- financial interests	None None None None related to the current manuscript.	
	intalicial interests	None related to the current manuscript.	

 $x \underline{X}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date:____JUNE 8, 2021_____

Your Name: _____ Prof. Dr. Hannes Stockinger_

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation

Manuscript number (if known): JHEPAT-D-20-02655R1

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

4	Consulting fees	_X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	X None	
6	educational events	V None	
6	Payment for expert testimony	_X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X None	
	Advisory board		
10	Leadership or fiduciary role in other board, society,	_X None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock op tions	_X None	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

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

	0	
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	<u>X</u> 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 None
11	Stock or stock options	None None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None
13	Other financial or non- financial interests	-X None

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

Date: 10,6.2021

Your Name: WIJFRIED ELLME LOR

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation

Manuscript number (if known): JHEPAT-D-20-02655R1

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

Date:_____9/6/2021_____

Your Name: _____Michael Trauner__

Manuscript Title: Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8⁺ T cells and alleviates hepatic inflammation

Manuscript number (if known): JHEPAT-D-20-02655R1

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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
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	This project was funded by grants of the Austrian Science Foundation (FWF)	
	processing charges, etc.) No time limit for this item.	norUDCA and UDCA chemicals were kindly provided by Falk Pharma for unrestricted experimental use	
-			
		Time frame: past 36 month	IS
2	Grants or contracts from any entity (if not indicated in item #1 above).	Albireo, Alnylam, Cymabay, Falk Pharma, Gilead, Intercept, MSD Takeda and UltraGenyx	Research grants with payments to institution
3	Royalties or licenses	X None	

1			
4	Consulting fees	Albireo, BiomX, Boehringer Ingelheim, Falk Pharma GmbH, Genfit, Gilead, Intercept, Jannsen, MSD, Novartis, Phenex, Regulus and Shire	Personal payments for participation in advisory boards
5	Dourmont or honoraria for	Falls Foundation Cilcod Intercent	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	Falk Foundation, Gilead, Intercept and MSD	Personal payments for lectures at CME accredited educational events and satellite symposia
6	educational events Payment for expert	X None	
U	testimony		
7	Support for attending	Abbvie, Falk Pharma, Gilead and	Personal payments for conference registration,
	Support for attending meetings and/or travel	Intercept	travel and housing
8	Patents planned, issued or pending	Co-inventor of patents on the medical use of NorUDCA filed by the Medical Universities of Graz and Vienna	Invention made as university employee, personal payment as inventor bonus by the university
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
11	group, paid or unpaid Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	X None	

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Aiderel 5000 10/06/2027