

## ICMJE DISCLOSURE FORM

Date: 2021.06.05

Your Name: Ci Zhu

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8<sup>+</sup> 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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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)
<b>Time frame: Since the initial planning of the work</b>			
1	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>	__x__ None	
<b>Time frame: past 36 months</b>			
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	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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. *Ci Zhu*

## ICMJE DISCLOSURE FORM

Date: 08.06.2021

Your Name: Nicole Boucheron

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

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

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3	Royalties or licenses	X None	

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## ICMJE DISCLOSURE FORM

Date: 10.06.2021

Your Name: André C. Müller

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

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

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10.06.2021



## ICMJE DISCLOSURE FORM

Date: June 10, 2021

Your Name: Peter Májek

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

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

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ICMJE DISCLOSURE FORM

Date: 08/06/2021

Your Name: THIERRY CLAUDEL

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

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

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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*Therese Clancy*

## ICMJE DISCLOSURE FORM

Date: 2021.06.07

Your Name: Emina Halilbasic

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

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

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## ICMJE DISCLOSURE FORM

Date: 11.06.2021

Your Name: Hatoon Baazim

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8<sup>+</sup> 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	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: June 8, 2021

Your Name: ALEXANDER CERCHER

Manuscript Title: **24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8<sup>+</sup> T cells and alleviates hepatic inflammation**

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

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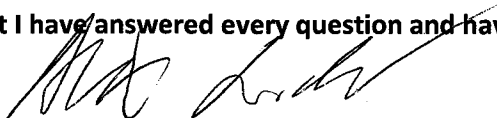
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		DOC FELLOWSHIP OF THE AUSTRIAN ACADEMY OF SCIENCES	THE AUSTRIAN ACADEMY OF SCIENCES FUNDED MY SALARY DURING MY PhD from 2018-2020
			PAYMENTS WERE MADE TO MY INSTITUTE (CeMH)
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>8</u> None	
3	Royalties or licenses	<u>0</u> None	

4	Consulting fees	<u>0</u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>X</u> None	
6	Payment for expert testimony	<u>X</u> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non-financial interests	<u>X</u> None	

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X 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:** 10.6.2021

**Your Name:** Csilla Viczenczová

**Manuscript Title:** 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8<sup>+</sup> T cells and alleviates hepatic inflammation

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

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## ICMJE DISCLOSURE FORM

Date: 09/06/21

Your Name: Daniela Hainberger

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

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

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09/06/21 *Daniela Mainby*

### ICMJE DISCLOSURE FORM

Date: 3.06.21  
 Your Name: TERESA PREGLEJ  
 Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8<sup>+</sup> 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)
<b>Time frame: Since the initial planning of the work</b>			
1	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"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

*Arise Propler*

**ICMJE DISCLOSURE FORM**

Date: 08.06.2021

Your Name: LISA SANDNER

Manuscript Title: **24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8<sup>+</sup> 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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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.

*Lisa Sanchez*



ICMJE DISCLOSURE FORM

Date: 8<sup>th</sup> of June 2021

Your Name: MARLIS ALTENEDER

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8<sup>+</sup> 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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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: 8.6.2021

Your Name: Alexandro Francisco Avila

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

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

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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: 09/06/2021

Your Name: MATARA KHAN

Manuscript Title: **24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8<sup>+</sup> 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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

09/05/2021

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	
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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.

## ICMJE DISCLOSURE FORM

**Date:** 08Jun2021

**Your Name:** Patricia Hamming

**Manuscript Title:** 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8<sup>+</sup> 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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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:

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

*Patricia Long*



ICMJE DISCLOSURE FORM

Date: 13.06.2021

Your Name: ROMANA JELINA

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

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

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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.

*Neelkic Jeleu*

### ICMJE DISCLOSURE FORM

Date: 11.6.2024  
 Your Name: ANNA OHRADANOVA-REPIC  
 Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8<sup>+</sup> 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.) <b>No time limit for this item.</b>	None	
		<u>EUROPEAN UNION'S HORIZON 2020 PROGRAM</u>	<u>GRANT AGREEMENT No 683356 - FESMART</u>
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
		<u>FWF (AUSTRIAN SCIENCE FUND)</u>	<u>PROJECT No. P 34253</u>
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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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.

*Arash Sepiti*

## ICMJE DISCLOSURE FORM

Date: 10 June 2021

Your Name: PHILIPP SCHATZLMAIER

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8<sup>+</sup> 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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<del>X</del> None	
3	Royalties or licenses	<del>X</del> None	

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P. Li

ICMJE DISCLOSURE FORM

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

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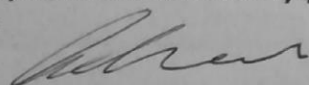
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

  
13.06.2021

2/2



## ICMJE DISCLOSURE FORM

Date: 2021.06.11

Your Name: Claudia D. Fuchs

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8<sup>+</sup> 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)
<b>Time frame: Since the initial planning of the work</b>			
1	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>	_x_ None	
<b>Time frame: past 36 months</b>			
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	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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: June 8<sup>th</sup>, 2021 \_\_\_\_\_

Your Name: Tatjana Stojakovic, MD \_\_\_\_\_

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8<sup>+</sup> 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.

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)
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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: 13.06.2021

Your Name: Hubert Scharnagl

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8<sup>+</sup> 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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<b>Time frame: past 36 months</b>			
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	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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

*Hubert S 13.06.21*

form.

**ICMJE DISCLOSURE FORM**

Date: 08.06.2021

Your Name: Shinya Sakaguchi

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8<sup>+</sup> 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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1	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"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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.

坂口新也



ICMJE DISCLOSURE FORM

Date: 06-08-2021  
 Your Name: Thomas WEICHHART

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8<sup>+</sup> 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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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: \_\_\_\_\_ June 8<sup>th</sup> 2021

Your Name: \_\_\_\_\_ Dr. Andreas Bergthaler \_\_\_\_\_

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8<sup>+</sup> 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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<b>Time frame: Since the initial planning of the work</b>			
1	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>	European Research Council (ERC) grant #677006	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
		FWF Austrian Science Fund	

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

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

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

A handwritten signature in black ink, appearing to read "Andrew Baptista". The signature is written in a cursive style with a long horizontal stroke at the end.

## ICMJE DISCLOSURE FORM

Date:    JUNE 8, 2021   

Your Name:    Prof. Dr. Hannes Stockinger   

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

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

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The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

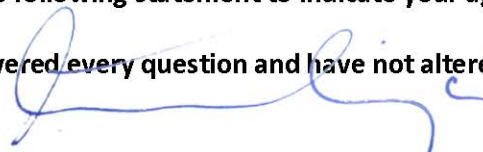
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	__X__ None	
<b>Time frame: past 36 months</b>			
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	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
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:

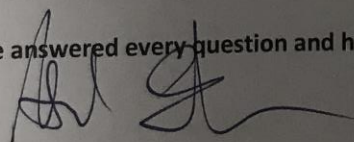
I certify that I have answered every question and have not altered the wording of any of the questions on this form.



4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
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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: 10.6.2021

Your Name: WILFRIED ELLMEIER

Manuscript Title: 24-Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8<sup>+</sup> 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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1	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"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

## ICMJE DISCLOSURE FORM

Date: 9/6/2021

Your Name: Michael Trauner

Manuscript Title: Nor-Ursodeoxycholic acid reshapes immunometabolism in CD8<sup>+</sup> 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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<b>Time frame: Since the initial planning of the work</b>			
1	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>	This project was funded by grants of the Austrian Science Foundation (FWF)  norUDCA and UDCA chemicals were kindly provided by Falk Pharma for unrestricted experimental use	
<b>Time frame: past 36 months</b>			
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	<u> X </u> None	

4	Consulting fees	Albireo, BiomX, Boehringer Ingelheim, Falk Pharma GmbH, Genfit, Gilead, Intercept, Janssen, MSD, Novartis, Phenex, Regulus and Shire	Personal payments for participation in advisory boards
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Falk Foundation, Gilead, Intercept and MSD	Personal payments for lectures at CME accredited educational events and satellite symposia
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	Abbvie, Falk Pharma, Gilead and Intercept	Personal payments for conference registration, 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 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 checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input 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.

*Richard Tan*  
10/06/2021