| 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) |
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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, medical writing, article processing charges, etc.) No time limit for this item. | x None | |
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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 | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or | x None | |
| 6 | educational events Payment for expert | x None | |
| 0 | testimony | | |
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| 7 | Support for attending meetings and/or travel | x None | |
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| | | | |
| 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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| 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 | |
| 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 |
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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 |
| 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 | _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 | | |
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| 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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| | | N | |
| 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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| | | | |
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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 | | |
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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.

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

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

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| | | Time frame: Since the initia | al 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 | |
| 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 | |
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| 7 | Support for attending | X None | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
| | 10 | | |
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| 9 | Participation on a Data | Nono. | |
| 3 | Safety Monitoring Board or Advisory Board | None None | |
| | | | |
| | Advisory Board | | |
| 10 | | N.C. | |
| 10 | Leadership or fiduciary role | X None | |
| | in other board, society, | N | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
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| 12 | Receipt of equipment, | None None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | i i i i i i i i i i i i i i i i i i i |
| 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.

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

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 initial | planning of the work |
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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 | |
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| 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 | |
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| 12 | Receipt of equipment, materials, drugs, medical | x None | |
| | writing, gifts or other | | |
| 12 | services Other financial or non | y Nono | |
| 13 | Other financial or non- financial interests | x 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.

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 | |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | x None | |
| 6 | Payment for expert testimony | x None | |
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| 7 | Support for attending meetings and/or travel | x None | |
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| 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 | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy | x None | |
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| 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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_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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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| 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 DOC FELLOWSHIP OF THE AVISHAN ACADENY OF SOLENCES | THE AUSTRIAN ACADENY DE SAENCES FUNDED KY STUARY DURING MY PLD from 2018-2020 PAYMENTS WERE MADE TO MY INSTITUTE (CEMP) |
| | | 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 | <u> </u> | |

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| | educational events | | |
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| 11 | Stock or stock options | _★_ None | |
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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 | |
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| | | | |
| 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 | |
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| | | | |
| 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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_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Vicen

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

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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia | Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work |
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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 | |
| | * | Time frame: pa | st 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 | |
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| | all see and an and | | |
| 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 | |
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| 8 | Patents planned, issued or pending | x None | |
| | | al Markadi Calence | and the second |
| 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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_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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

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 <u>current</u> <u>manuscript only</u>.

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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) |
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| | | Time frame: Since the initia | al 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: 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 | |
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| | lectures, presentations, | - | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | X None | |
| | testimony | | |
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| 7 | Support for attending | X None | |
| ' | Support for attending | None None | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | X None | |
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| 9 | Participation on a Data | X None | |
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| 10 | Leadership or fiduciary role | X None | |
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| | committee or advocacy | 1 | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
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| 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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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

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) |
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| | | 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 |
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| Payment or honoraria for | X None |
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| eadership or fiduciary role | X None |
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| Stock or stock options | X None |
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| Other financial or non- | None None |
| Other financial or non- inancial interests | None |
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| | 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

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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) |
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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 | |
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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.

| 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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| 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 | K None | |

| 4 | Consulting fees | 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 | |
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| 7 | Support for attending meetings and/or travel | X None | |
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| 8 | Patents planned, issued or pending | None | |
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| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | _★ None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
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| 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> | |
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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.

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: 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 | |

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| 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

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 <u>current</u> <u>manuscript only</u>.

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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) |
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| | | 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.) | | |
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| 2 | Grants or contracts from any entity (if not indicated | 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

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) |
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| 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 | |
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| 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 | |
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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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|---|--|--|---|
| | | 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 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

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) |
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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, 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 | |
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| 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) |
|---|---|--|---|
| | | 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. | | |
| | | 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 | |

1/2

| 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

2/2

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

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 <u>current</u> <u>manuscript only</u>.

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) |
|---|--|--|---|
| 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 initialx 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 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 |

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 |
| 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 |
| 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

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 <u>current</u> <u>manuscript only</u>.

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) |
|---|--|--|---|
| 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 initialx None | planning of the work |
| 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 | |
| | , | | |
| 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.

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.

| | | 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 | |
| | | | |
| | | | |
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| 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 | |
| Ŭ | testimony | <u> </u> | |
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| · · · | Company Company and the second | | |
| 7. | Support for attending | X None | |
| | meetings and/or travel | | |
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| 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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- 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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702 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

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, | 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

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 <u>current</u> <u>manuscript only</u>.

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

prober Roython

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

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) |
|---|--|--|---|
| 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 initialXNone | |
| | | 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.

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|----|--|---------------|
| 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

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. | 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

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 | 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 | |
| | | | |
| | | | |

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

Aiderel 5000 10/06/2027