

ICMJE DISCLOSURE FORM

Date: 06/09/2021

Your Name: Alex Bofill

Manuscript Title: A multicenter analysis of the role of prophylactic transfusion in patients with cirrhosis and esophageal varices undergoing EBL

Manuscript number (if known): JHEPR-D-21-00157R2

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for 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	
13	Other financial or non-financial interests	None	

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

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

ICMJE DISCLOSURE FORM

Date: JULY 18, 2021

Your Name: ANDRES CARDENAS

Manuscript Title: A multicenter analysis of the role of prophylactic transfusion of blood products in patients with cirrhosis and esophageal varices undergoing endoscopic band ligation

Manuscript number (if known): JHEPR-D-21-00157

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_____	grant support by Mallinckrodt and Boston Scientific Corp.
3	Royalties or licenses	_____	UPTODATE.COM

4	Consulting fees	___	AC is a consultant for Mallinckrodt Pharmaceuticals, Boston Scientific Corp, Shionogi Inc, SOBI, B. Braun
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___	Mallinckrodt Pharmaceuticals, Shionogi Inc, SOBI, B. Braun
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	participated on Advisory Boards for Mallinckrodt Pharmaceuticals and SOBI and has received
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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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: 07/09/2021

Your Name: Salvador Machlab

Manuscript Title A multicenter analysis of the role of prophylactic transfusion in patients with cirrhosis and esophageal varices undergoing EBL

Manuscript number (if known): JHEPR-D-21-00157R2

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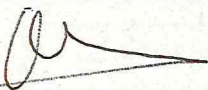
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3	Royalties or licenses	None	
4	Consulting fees	None	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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 S. Appleby

ICMJE DISCLOSURE FORM

Date: 08/OCTOBER/2021
 Your Name: PABLO RUIZ COLOMINAS
 Manuscript Title: A multicenter analysis of the role of prophylactic transfusion in patients with cirrhosis and esophageal varices undergoing EBL
 Manuscript number (if known): JHEPR-D-21-00157R2

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 10/08/2021

Your Name: Alejandro Fernandez-Simon

Manuscript Title: *A multicenter analysis of the role of prophylactic transfusion in patients with cirrhosis and esophageal varices undergoing EBL* _

Manuscript number (if known): JHEPR-D-21-00157R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: past 36 months			
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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	

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ICMJJE DISCLOSURE FORM

Date: _____ septembre 6
2021 _____

Your Name: _____ annabel
blasi _____

Manuscript Title: _____ A multicenter analysis of the role of prophylactic
transfusion in patients with cirrhosis and esophageal varices undergoing EBL
JHEPR-D-21-00157R2

Manuscript number (if known): _____ JHEPR-D-21-
00157R2 _____

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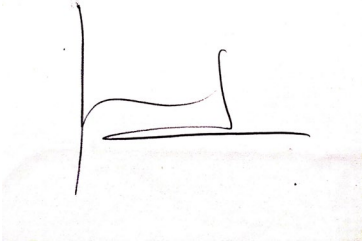
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Time frame: past 36 months			
2		_____ None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<u> </u> None	
4	Consulting fees	<u> </u> None	
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7	Support for attending meetings and/or travel	<u> </u> None	
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13	Other financial or non-financial interests	<u> </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: 7th September 2021

Your Name: Diana Horta Sangenis

Manuscript Title: _____ A multicenter analysis of the role of prophylactic transfusion in patients with cirrhosis and esophageal varices undergoing EBL

Manuscript number (if known): JHEPR-D-21-00157R2

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> x </u> None	
3	Royalties or licenses	<u> x </u> None	
4	Consulting fees	<u> x </u> 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: September/07/2021

Your Name: Geovanny Hernandez Cely

Manuscript Title: A multicenter analysis of the role of prophylactic transfusion in patients with cirrhosis and esophageal varices undergoing EBL

Manuscript number (if known): JHEPR-D-21-00157R2

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ICMJE DISCLOSURE FORM

Date: 08-09-2021

Your Name: João Pedro da Costa-Seixas

Manuscript Title: A multicenter analysis of the role of prophylactic transfusion in patients with cirrhosis and esophageal varices undergoing EBL

Manuscript number (if known): JHEPR-D-21-00157R2

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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	
7	Support for attending meetings and/or travel	Norgine	Funding for attending ESGE days 2021
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10		None	

	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
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ICMJE DISCLOSURE FORM

Date: 12/9/2021

Your Name: _ Joaquim Profitós Font

Manuscript Title: A multicenter analysis of the role of prophylactic transfusion in patients with cirrhosis and esophageal varices undergoing EBL

Manuscript number (if known): JHEPR-D-21-00157R2

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ICMJE DISCLOSURE FORM

Date: September 7th, 2021

Your Name: Raquel Risco Martínez

Manuscript Title: A multicenter analysis of the role of prophylactic transfusion in patients with cirrhosis and esophageal varices undergoing EBL

Manuscript number (if known): JHEPR-D-21-00157R2

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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: 8/09/2021

Your Name: Jordi Sánchez Delgado

Manuscript Title: A multicenter analysis of the role of prophylactic transfusion in patients with cirrhosis and esophageal varices undergoing EBL

Manuscript number (if known): JHEPR-D-21-00157R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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

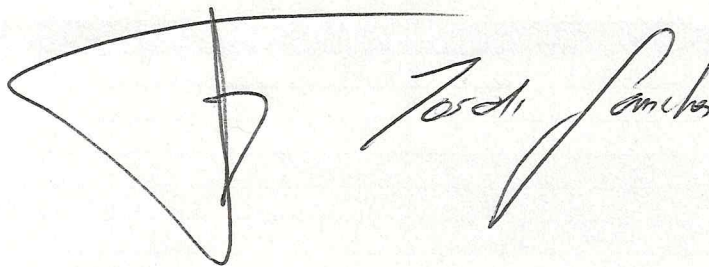
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	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	
13	Other financial or non-financial interests	___ None	

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

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The image shows a handwritten signature in black ink. The signature is written in a cursive style and appears to read "Joshi Sanchez". The signature is located below the certification statement.

ICMJE DISCLOSURE FORM

Date: 12-10-21

Your Name: JOSEP SANAHUJA

Manuscript Title: A multicenter analysis of the role of prophylactic transfusion in patients with cirrhosis and esophageal varices undergoing EBL

Manuscript number (if known): JHEPR-D-21-00157R2

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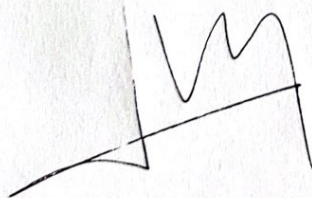
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 7-SEPT-2021

Your Name: DERCODES VERGARA

Manuscript Title: A multicenter analysis of the role of ...

Manuscript number (if known): 1HGPR-D-21-00157R2

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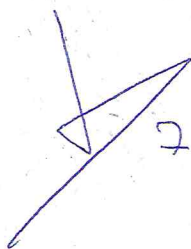
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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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 7-09-2021