

ICMJE DISCLOSURE FORM

Date: 25/09/2021

Your Name: Pierre BEDOSSA

Manuscript Title: Prospective comparison of FibroScan, MRI and serum scores for grading steatosis and detecting NASH in bariatric surgery candidates

Manuscript number (if known): JHEPR-D-20-00305

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)
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: 24 09 21
 Your Name: TOUET Pauline
 Manuscript Title: Prospective comparison of Adjuvants ...
 Manuscript number (if known): JHEPR-ID-20-06305R2

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

5	Payment or honoraria for 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	
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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	
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ICMJE DISCLOSURE FORM

Date: 20/09/2021

Your Name: Calabrese Daniela

Manuscript Title: Prospective comparison of FibroScan, MRI and serum scores for grading steatosis and detecting NASH in bariatric surgery candidates

Manuscript number (if known): JHEPR-D-20-00305R2

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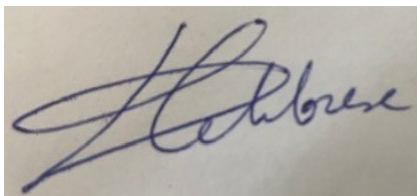
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13	Other financial or non-financial interests	<u> </u> None	

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. X



ICMJJE DISCLOSURE FORM

Date: September 20, 2021

Your Name: Marina ESPOSITO-FARÈSE

Manuscript Title: "Prospective comparison of FibroScan, MRI and serum scores for grading steatosis and detecting NASH in bariatric surgery candidates"

Manuscript number (if known):

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

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3	Royalties or licenses	_____ None	
4	Consulting fees	_____ None	

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

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: 25/09/2021

Your Name: Laurent CASTERA

Manuscript Title: Prospective comparison of FibroScan, MRI and serum scores for grading steatosis and detecting NASH in bariatric surgery candidates

Manuscript number (if known): JHEPR-D-20-00305

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Time frame: past 36 months			
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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
		Lecture fees from Abbvie, Echosens, Intercept, Gilead, and Novo Nordisk	
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	___ None	
		Ad boards: Alexion, Allergan, Intercept, Gilead, MSD, Novo Nordisk, Pfizer and Servier	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ 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:

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ICMJE DISCLOSURE FORM

Date: 17/09/21
 Your Name: Ledoux Séverine
 Manuscript Title: Prospective comparison of FibroScan, MRI and serum scores for grading steatosis and detecting NASH in bariatric surgery candidates
 Manuscript number (if known): JHEPR-D-20-00305R2

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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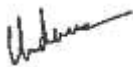
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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
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13	Other financial or non-financial interests	___ None	

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ICMJE DISCLOSURE FORM

Date: 24/09/2021 _____

Your Name: Simon MSIKA _____

Manuscript Title: Prospective comparison of FibroScan, MRI and serum scores for grading steatosis and detecting NASH in bariatric surgery candidates
 Manuscript number:

Manuscript number (if known): JHEPR-D-20-00305R2 _____

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

4	Consulting fees	___ None	
5	Payment or honoraria for 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: 19-09-2021

Your Name: Marco Dioguardi Burgio

Manuscript Title: Prospective comparison of FibroScan, MRI and serum scores for grading steatosis and detecting NASH in bariatric surgery candidates

Manuscript number (if known): JHEPR-D-20-00305R2

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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	
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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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: 21/09/2021

Your Name: Sabrina Doblas

Manuscript Title: Prospective comparison of FibroScan, MRI and serum scores for grading steatosis and detecting NASH in bariatric surgery candidates

Manuscript number (if known): JHEPR-D-20-00305R2

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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	<input checked="" type="checkbox"/> None	
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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: September 17 2021

Your Name: COUPAYE Muriel

Manuscript Title: ___ Prospective comparison of FibroScan, MRI and serum scores for grading steatosis and detecting NASH in bariatric surgery candidates

Manuscript number (if known):_ JHEPR-D-20-00305R2

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ICMJE DISCLOSURE FORM

Date: September 18th, 2021

Your Name: Philippe GARTEISER

Manuscript Title: Prospective comparison of FibroScan, MRI and serum scores for grading steatosis and detecting NASH in bariatric surgery candidates

Manuscript number (if known): JHEPR-D-20-00305R2

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4	Consulting fees	<u>None</u>	

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6	Payment for expert testimony	___ None	
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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: 24/09/2021

Your Name: Bernard E. Van Beers

Manuscript Title: Prospective comparison of FibroScan, MRI and serum scores for grading steatosis and detecting NASH in bariatric surgery candidates

Manuscript number (if known): JHEPR-D-20-0305R2

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