

ICMJE DISCLOSURE FORM

Date: 5/23/2022

Your Name: Lorenz Balcar

Manuscript Title: Risk of further decompensation/mortality in patients with cirrhosis and ascites as the first single decompensation event – an inception cohort study

Manuscript Number (if known): JHEPR-D-22-00149

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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Date: 5/23/2022

Your Name: Marta Tonon

Manuscript Title: Risk of further decompensation/mortality in patients with cirrhosis and ascites as the first single decompensation event – an inception cohort study

Manuscript Number (if known): JHEPR-D-22-00149

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Date: 5/23/2022

Your Name: Georg Semmler

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Manuscript Number (if known): JHEPR-D-22-00149

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Date: 5/23/2022

Your Name: Valeria Calvino

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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

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

ICMJE DISCLOSURE FORM

Date: 5/23/2022

Your Name: Lukas Hartl

Manuscript Title: Risk of further decompensation/mortality in patients with cirrhosis and ascites as the first single decompensation event – an inception cohort study

Manuscript Number (if known): JHEPR-D-22-00149

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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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: 5/23/2022

Your Name: Simone Incicco

Manuscript Title: Risk of further decompensation/mortality in patients with cirrhosis and ascites as the first single decompensation event – an inception cohort study

Manuscript Number (if known): JHEPR-D-22-00149

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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ICMJE DISCLOSURE FORM

Date: 5/23/2022

Your Name: Mathias Jachs

Manuscript Title: Risk of further decompensation/mortality in patients with cirrhosis and ascites as the first single decompensation event – an inception cohort study

Manuscript Number (if known): JHEPR-D-22-00149

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ICMJE DISCLOSURE FORM

Date: 5/23/2022

Your Name: David Bauer

Manuscript Title: Risk of further decompensation/mortality in patients with cirrhosis and ascites as the first single decompensation event – an inception cohort study

Manuscript Number (if known): JHEPR-D-22-00149

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		speaker fees from AbbVie and Siemens	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		travel support from AbbVie and Gilead	
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	
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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 5/23/2022

Your Name: Benedikt Silvester Hofer

Manuscript Title: Risk of further decompensation/mortality in patients with cirrhosis and ascites as the first single decompensation event – an inception cohort study

Manuscript Number (if known): JHEPR-D-22-00149

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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ICMJE DISCLOSURE FORM

Date: 5/23/2022

Your Name: Carmine Gabriele Gambino

Manuscript Title: Risk of further decompensation/mortality in patients with cirrhosis and ascites as the first single decompensation event – an inception cohort study

Manuscript Number (if known): JHEPR-D-22-00149

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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ICMJE DISCLOSURE FORM

Date: 5/23/2022

Your Name: Antonio Accetta

Manuscript Title: Risk of further decompensation/mortality in patients with cirrhosis and ascites as the first single decompensation event – an inception cohort study

Manuscript Number (if known): JHEPR-D-22-00149

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ICMJE DISCLOSURE FORM

Date: 5/23/2022

Your Name: Alessandra Brocca

Manuscript Title: Risk of further decompensation/mortality in patients with cirrhosis and ascites as the first single decompensation event – an inception cohort study

Manuscript Number (if known): JHEPR-D-22-00149

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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: 5/23/2022

Your Name: Michael Trauner

Manuscript Title: Risk of further decompensation/mortality in patients with cirrhosis and ascites as the first single decompensation event – an inception cohort study

Manuscript Number (if known): JHEPR-D-22-00149

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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ICMJE DISCLOSURE FORM

Date: 5/23/2022

Your Name: Mattias Mandorfer

Manuscript Title: Risk of further decompensation/mortality in patients with cirrhosis and ascites as the first single decompensation event – an inception cohort study

Manuscript Number (if known): JHEPR-D-22-00149

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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		AbbVie, Gilead, Collective Acumen, and W. L. Gore & Associates	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		AbbVie, Gilead, Collective Acumen, and W. L. Gore & Associates	
6	Payment for expert testimony	<input type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		AbbVie and Gilead	
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	
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ICMJE DISCLOSURE FORM

Date: 5/23/2022

Your Name: Salvatore Piano

Manuscript Title: Risk of further decompensation/mortality in patients with cirrhosis and ascites as the first single decompensation event – an inception cohort study

Manuscript Number (if known): JHEPR-D-22-00149

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ICMJE DISCLOSURE FORM

Date: 5/23/2022

Your Name: Thomas Reiberger

Manuscript Title: Risk of further decompensation/mortality in patients with cirrhosis and ascites as the first single decompensation event – an inception cohort study

Manuscript Number (if known): JHEPR-D-22-00149

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 80px; margin-top: 5px;"> <tr><td style="width: 60%;">grant support from AbbVie, Boehringer-Ingelheim, Gilead, Intercept, MSD, Myr Pharmaceuticals, Philips Healthcare, Pliant, Siemens, and W. L. Gore & Associates</td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	grant support from AbbVie, Boehringer-Ingelheim, Gilead, Intercept, MSD, Myr Pharmaceuticals, Philips Healthcare, Pliant, Siemens, and W. L. Gore & Associates					
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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)
4	Consulting fees	<input type="checkbox"/> None	
		consulting/advisory board fees from AbbVie, Bayer, Boehringer-Ingelheim, Gilead, Intercept, MSD, and Siemens	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		speaking honoraria from AbbVie, Gilead, Gore, Intercept, Roche, and MSD	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		travel support from AbbVie, Boehringer-Ingelheim, Gilead, and Roche	
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	

		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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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.