Date:	8/8/2022	
Your Name:	Christoph Schramm	
Manuscript Title:	FARNESOID X RECEPTOR AGONIST TROPIFEXOR ATTENUATES CHOLESTASIS IN A RANDOMISED TRIAL IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS	
Manuscript Number (if known):	JHEPR-D-22-00231	
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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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	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.	Medical writing provided by Novartis Time frame: past 36 months	cdical writing provided by Novartis Click the tab key to add additional rows.	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	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)
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	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	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.		

	ICIVISE DISCESSORE I OI	(IV)		
Date:	8/9/2022			
Your Name:	Heiner Wedemeyer			
Manuscript Title:	FARNESOID X RECEPTOR AGONIST TROPIFEXOR ATTENUATES CHOLESTASIS IN A RANDOMISED TRIAL IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS			
Manuscript Number (if known):	JHEPR-D-22-00231			
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Name al	l entities with whom you have this	Specifications/Comments (e.g. if navments were		

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payr made to you or to your institution)		
		Time frame: Since the initial planning of	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	None Click the tab key to add additional rows.	
			S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Merz, Norgine		
3	Royalties or licenses	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)
4	Consulting fees	Falk, Intercept, Merz, Norgine, Pfizer	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Falk, Gore, Intercept, Merz, Norgine, Pfizer	
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	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	Falk	Clinical Trial Principal Investigator
Plea [⊠]	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.		

Hannover, 9 August 2022 Prof. Dr. Heiner Wedemeyer

Date:		8/8/2	8/8/2021		
Your Name:		Andre	Andrew Mason		
Manuscript Title:		-	FARNESOID X RECEPTOR AGONIST TROPIFEXOR ATTENUATES CHOLESTASIS IN A RANDOMISED TRIAL IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS		
Ma	nuscript Number (if	known): JHEPF	R-D-22-00231		
content of your manuscript. "Rel affected by the content of the ma		ipt. "Related" mof the manuscrip	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi tha	demiology of hyperte t medication is not m	nsion, you shoul entioned in the I	d declare all relationships with manuf manuscript.	example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th	* *		vithout time limit. For all other items, the time	
			es with whom you have this 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	[□] None			
	manuscript (e.g.,	[Medical writin	g, article processing charges	No payments were made to me	
	funding, provision of study materials,			Click the tab key to add additional rows.	
	medical writing,				
	article processing charges, etc.)				
	No time limit for				
	this item.				
			Time frame: past 36 month	ns .	
2	Grants or contracts from	□ None			
	any entity (if not	Canadian Insti	tute for Health Research	Payment to the Institution	
	indicated in item	Canadian Can	•	Payment to the Institution	
	#1 above).		olitis Foundation, America	Payment to the Institution	
		Canadian Live		Payment to the Institution	
		Intercept Phar	rma	Payment to the Institution	
		Merck		Payment and medications to the Institution	
3	Royalties or licenses	⊠ 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)
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 Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None Betaretrovirus peptides and methods of use	U.S. Patent Application 16/681,494
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	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	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.		

Dat	e:		8/8/2021	
	ır Name:		Gideon Hirschfield	
Manuscript Title:			FARNESOID X RECEPTOR AGONIST TROPIFEXE TRIAL IN PATIENTS WITH PRIMARY BILIARY C	OR ATTENUATES CHOLESTASIS IN A RANDOMISED HOLANGITIS
Ma	nuscript Number (if k	nown):	JHEPR-D-22-00231	
con affe indi	etent of your manuscrected by the content of icate a bias. If you are author's relationship	ipt. "Rela of the ma e in doub os/activiti	inuscript. Disclosure represents a commitment about whether to list a relationship/activity/i	-for-profit third parties whose interests may be to transparency and does not necessarily nterest, it is preferable that you do so.
-	t medication is not m	-	· · · · · · · · · · · · · · · · · · ·	cturers of antimypertensive medication, even in
	tem #1 below, report me for disclosure is th		ort for the work reported in this manuscript wit i months.	chout time limit. For all other items, the time
			Il entities with whom you have this aship 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	[⊠] N	lone	
	present manuscript (e.g.,			
	funding, provision of study materials,			Click the tab key to add additional rows.
	medical writing,			Click the tab key to add additional Tows.
	article processing charges, etc.)			
	No time limit for this item.			
	ans item.		Time frame: past 36 month	S
2	Grants or	[⊠] N	lone	
	contracts from			
	any entity (if not indicated in item			
	#1 above).			
3	Royalties or	⊠ N	lone	
	licenses	Γ		

		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	□ None [HighTide Cymabay Intercept Pliant Gilead	Self Self Self Self Self
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Intercept Ipsen GSK	Self Self Self
6	Payment for expert testimony	[⊠ None	
7	Support for attending meetings and/or travel	AbbVie- support for attending meetings and travel	Payment was made to me
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	

		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	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea [⊠]	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.			

3 12/13/2021 ICMJE Disclosure Form

Date:	8/8/2022
Your Name:	Kris V. Kowdley MD
Manuscript Title:	FARNESOID X RECEPTOR AGONIST TROPIFEXOR ATTENUATES CHOLESTASIS IN A RANDOMISED TRIAL IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS
Manuscript Number (if known):	JHEPR-D-22-00231

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

		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.			Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None [Viking, Madrigal, Hanmi, 89Bio, Gilead, NGM, Intercept, Pfizer	
3	Royalties or licenses	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)
4	Consulting fees	□ None [89Bio, Madrigal, Terns, Gilead, Intercept, NGM, Genfit, CymaBay, GSK, Mirum, Pliant	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Abbvie, Intercept, Gilead	
6	Payment for expert testimony	DOJ	
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	

		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	None Inipharma	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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:	8/10/2022		
Your Name:	[Cynthia Levy		
Manuscript Title: [FARNESOID X RECEPTOR AGONIST TROPIFEXOR ATTENUATES CHOLESTASIS IN A RANI TRIAL IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS			
Manuscript Number (if known):	Manuscript Number (if known): JHEPR-D-22-00231		
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Cara, Calliditas, Genfit, Gilead, GSK, Intercept, Mirum, Cymabay, Target, Zydus, Novartis, Ipsen	
3	Royalties or licenses	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)
4	Consulting fees	Cara, Calliditas, Genfit, Gilead, Intercept, Ipsen, Mirum, Cymabay, Target, GSK	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None [Ipsen, GSK, Calliditas, Intercept	
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	

		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	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	[⊠] None		
Plea [🖂]	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:	8/8/2022
Your Name:	Piotr Milkiewicz
Manuscript Title:	[FARNESOID X RECEPTOR AGONIST TROPIFEXOR ATTENUATES CHOLESTASIS IN A RANDOMISED TRIAL IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS
Manuscript Number (if known):	JHEPR-D-22-00231

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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	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
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	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [🖂	Please place an "X" next to the following statement to indicate your agreement: \[\begin{align*} \Boxed{I} \text{ certify that I have answered every question and have not altered the wording of any of the questions on this form.} \]		

Date:	8/8/2021
Your Name:	Ewa Janczewska
Manuscript Title:	FARNESOID X RECEPTOR AGONIST TROPIFEXOR ATTENUATES CHOLESTASIS IN A RANDOMISED TRIAL IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS
Manuscript Number (if known):	JHEPR-D-22-00231

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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	g of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Medical writing, article processing charges	No payments were made to me Click the tab key to add additional rows.
	charges, etc.) No time limit for this item.		
		Time frame: past 36 mont	hs
2	Grants or contracts from	[□] None	
	any entity (if not indicated in item	MSD- Clinical trial fee	Payment both to me as the investigator and to the Institution
	#1 above).	Novo Nordisk- clinical trial fee	Payment both to me as the investigator and to the Institution
		Exelixis- clinical trial fee	Payment both to me as the investigator and to the Institution
		Dr. Falk- clinical trial fee	Payment both to me as the investigator and to the Institution
		CymaBay- clinical trial fee	Payment both to me as the investigator and to the Institution
		GSK- clinical trial fee	Payment both to me as the investigator and to the Institution

		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)
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Roche- honoraria for lectures AbbVie- honoraria for lectures	Payment was made to me Payment was made to me
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	AbbVie- support for attending meetings and travel	Payment was made to me
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,	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)
	society, committee or advocacy group, paid or unpaid		
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
$[\boxtimes]$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

3 12/13/2021 ICMJE Disclosure Form

Date:	8/17/2022
Your Name:	Elena Sergeevna Malova
Manuscript Title:	FARNESOID X RECEPTOR AGONIST TROPIFEXOR ATTENUATES CHOLESTASIS IN A RANDOMISED TRIAL IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS
Manuscript Number (if known):	JHEPR-D-22-00231

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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)
3.0	CHILDREN.	Time frame: Since the initial planning	g 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	Chit the tob key to add additional roses
		Time frame: past 36 mont	hs and the property of the second
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript	None	
	writing or educational events		
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	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None	
Plea	ese place an "X" nex	t to the following statement to indicate your agreemen	nt:

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

Date:	8/17/2022
Your Name:	Johanne Sanni
Manuscript Title:	FARNESOID X RECEPTOR AGONIST TROPIFEXOR ATTENUATES CHOLESTASIS IN A RANDOMISED TRIAL IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS
Manuscript Number (if known):	JHEPR-D-22-00231

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3	Royalties or licenses	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)
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	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	Novartis	Contractor
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:	8/10/2022
Your Name:	Phillip Koo
Manuscript Title:	[FARNESOID X RECEPTOR AGONIST TROPIFEXOR ATTENUATES CHOLESTASIS IN A RANDOMISED TRIAL IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS
Manuscript Number (if known):	JHEPR-D-22-00231

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

		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.	Novartis Time frame: past 36 months	Employee Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
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	

		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	None [Novartis Bristol Myers Squibb	Stock Stock
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:	8/11/2022
Your Name:	Jin Chen
Manuscript Title:	FARNESOID X RECEPTOR AGONIST TROPIFEXOR ATTENUATES CHOLESTASIS IN A RANDOMISED TRIAL IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS
Manuscript Number (if known):	JHEPR-D-22-00231

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		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None 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)
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	

		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	□ None	Received stock options as Novartis employee
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:	8/10/2021
Your Name:	Subhajit Choudhury
Manuscript Title:	FARNESOID X RECEPTOR AGONIST TROPIFEXOR ATTENUATES CHOLESTASIS IN A RANDOMISED TRIAL IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS
Manuscript Number (if known):	JHEPR-D-22-00231

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

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		Time frame: Since the initial planning of	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	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None 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)
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	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [🖂	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	8/17/2022
Your Name:	Lloyd B. Klickstein
Manuscript Title:	FARNESOID X RECEPTOR AGONIST TROPIFEXOR ATTENUATES CHOLESTASIS IN A RANDOMISED TRIAL IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS
Manuscript Number (if known):	JHEPR-D-22-00231

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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	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	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)
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	

		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	None Novartis	Stock
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:			
$[\boxtimes]$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	8/9/2022
Your Name:	Michael K Badman
Manuscript Title:	FARNESOID X RECEPTOR AGONIST TROPIFEXOR ATTENUATES CHOLESTASIS IN A RANDOMISED TRIAL IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS
Manuscript Number (if known):	JHEPR-D-22-00231

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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.	Novartis Time frame: past 36 months	I am an employee of Novartis Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠ None	
3	Royalties or licenses	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)
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 Novartis	I am an employee of Novartis
8	Patents planned, issued or pending	US20170368038A1; WO2019053582A1; EP3419624B1; US 11,052,069 B2	
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	

		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	Novartis	I am an employee of Novartis
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠ None	
13	Other financial or non-financial interests	☐ None [I am an employee of Novartis	
Plea	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:	8/10/2022 [Professor David EJ Jones	
Your Name:		
Manuscript Title:	FARNESOID X RECEPTOR AGONIST TROPIFEXOR ATTENUATES CHOLESTASIS IN A RANDOMISED TRIAL IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS	
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			ities with whom you have this 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 Non				

		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	□ 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	Trial steering committee for unrelated Novartis sponsored trial	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	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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