

ICMJE DISCLOSURE FORM

Date: 12-19-2022

Your Name: Arun Sanyal

Manuscript Title: JHEPR-D-22-00573

Manuscript number (if known): Adverse muscle composition is a significant risk factor for all-cause mortality in NAFLD

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			
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	
		See Attached disclosures	
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: 2022-Dec-19

Your Name: Mattias Ekstedt

Manuscript Title: JHEPR-D-22-00573

Manuscript number (if known): Adverse muscle composition is a significant risk factor for all-cause mortality in NAFLD

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3	Royalties or licenses	___ None	
4	Consulting fees		

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Astra Zeneca	Publishing together
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	AMRA Medical AB	Medical Advisor – Me personally
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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Date: 2022-12-19

Your Name: Patrik Nasr

Manuscript Title: JHEPR-D-22-00573

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	ALF-Grants, Region Östergötland	Funding related to this and other projects
		Lions Research Grant, Faculty of Medicine, Linköping University	Funding related to other projects
		Bengt Ihre Research Grant, Swedish Society of Gastroenterology	Funding related to other projects

		Magtarmfonden, Swedish Society of Gastroenterology	Funding related to other projects
		Research Grant, Swedish Society of Medicine	Funding related to other projects
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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Date: 2022-12-19

Your Name: Jennifer Linge

Manuscript Title: JHEPR-D-22-00573

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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	Eli Lilly	To institution

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	BioMarin	To institution
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	Eli Lilly	To self
8	Patents planned, issued or pending	Patent pending	"METHOD OF EVALUATING A MUSCLE RELATED CONDITION"
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	AMRA Medical AB	Employee

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Date: 2022-12-19

Your Name: Olof Dahlqvist Leinhard

Manuscript Title: JHEPR-D-22-00573

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3	Royalties or licenses	___ None	
4	Consulting fees	Eli Lilly	To institution

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel		
8	Patents planned, issued or pending	Patent pending	"METHOD OF EVALUATING A MUSCLE RELATED CONDITION"
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	AMRA Medical AB	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	AMRA Medical AB	Employee

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