Date:\_\_\_4/1/23\_\_

Your Name: \_\_\_\_\_ABERGEL\_\_

Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	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	ABBVIE GILEAD	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	ABBVIE GILEAD INTERCEPT IPSEN
	educational events	
6	Payment for expert testimony	ABBVIE GILEAD IPSEN
7	Support for attending meetings and/or travel	None        None          None        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 None
13	Other financial or non- financial interests	None

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

Date:\_\_\_\_18/12/2022\_

Your Name: Louise BARBIER

Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	_X_None	
		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	_XNone	
4	Consulting fees	_X_None	

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

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



Date:\_\_\_\_26/dec/22\_\_\_\_\_

Your Name: \_\_\_\_BESCH Camille\_\_

Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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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,	None	
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
•	in item #1 above).	•	
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	

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

Date: 31/12/2022 Your Name: Olivier BOILLOT Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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

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

Date: December 19, 2022

Your Name: Karim BOUDJEMA

Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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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.) <b>No time limit for this item.</b>	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 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	

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

Karim Boudjema

#### Date: 21 déc 2022

Your Name: COILLY Audrey

Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None	
	testimony		
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	

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

Ajla

#### Date:\_\_12/12/2022\_

Your Name:\_Conti Filomena\_

Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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1	All support for the present	None	
T	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.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript 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	
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	

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

A

18 Dec 2029 Date: Your Name:

Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	ARROW TWTPRCOPT	
3	Royalties or licenses	None	
4	Consulting fees	None TNTERCEPT	CYNARAY

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events	CALGARY UNIN	NORSEVITY
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None GillAD POTOTEST CAMIDATAS	CYNABAY
8	Patents planned, issued or pending	-X-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 GLOBANPBC	JUDY GROVE
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	

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

a

Date:\_December 19<sup>th</sup> 2022\_\_\_\_\_\_ Your Name:\_Sebastien DHARANCY\_\_\_\_\_\_ Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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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,	None	
	speakers bureaus, manuscript 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	
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	

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

Date:\_\_\_\_December\_\_\_\_12,2022\_\_\_\_\_

Your Name: DUMORTIER

Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript 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	
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	

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

Date: 9 Dec 2022
------------------

Your Name: \_\_\_\_ Duvoux\_

Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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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

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

Date: 🧼	12- DEC-	2022	
Your Name:	ERAPS	Demitile	
Manuscript Tit	le: Disease recurre	nce after liver transplantation for NAFLD cirrhosis is ineluctable	2
Manuscript nu	mber (if known): Jl	HEPR-D-22-00311R1	

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1		Time frame: Since the initia	i planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	None	
	processing charges, etc.)		
	No time limit for this item.		
i k, va	토 이 철민도 한 가 한 한 일 서	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	None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	None
0		None
	testimony	
7	Support for attending	None None
	meetings and/or travel	1
8	Patents planned, issued or	✓ None
0		None
	pending	
9	Participation on a Data	X None
	Safety Monitoring Board or	
	Advisory Board	
10		
10	Leadership or fiduciary role	None
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	None
		V
12	Receipt of equipment,	X_None
	materials, drugs, medical	N
	writing, gifts or other	N Contraction of the second se
	services	
13	Other financial or non-	None
1.2		<u>Ch</u> none
	financial interests	

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

Date:\_\_\_10/12/2022\_

Your Name: \_\_\_\_FAITOT François\_\_

Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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

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

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

## Date: 09/12/2022\_\_\_\_\_

Your Name: FAURE Stéphanie \_\_\_\_\_\_ Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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 <u>current</u> <u>manuscript only</u>.

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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 None	

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

Date:\_\_\_\_04/01/2023\_

Your Name:\_Claire FRANCOZ\_

Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	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 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	

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

Date: 21 December 2022	
Your Name: Emiliano Giostra	
Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable	
Manuscript number (if known): JHEPR-D-22-00311R1	

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: 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.) <b>No time limit for this item.</b>	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	xNone
7	Support for attending meetings and/or travel	x_None
8	Patents planned, issued or pending	xNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone
11	Stock or stock options	x_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone
13	Other financial or non- financial interests	x_None

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

Date:\_\_\_\_12/12/2022\_

Your Name: \_\_GUGENHEIM JEAN\_

Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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		Time frame: Since the initi	al 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: pas	st 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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript 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,	None	
	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-	None	
10	financial interests		

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

J. Gujenheim

Date:\_\_\_\_\_January 3<sup>rd</sup> 2023 Your Name:\_\_\_\_HARDWIGSEN Jean Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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
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,	None	
	speakers bureaus, manuscript 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	
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	

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

	1-12-2022	-A				
		Marie - Nall				
Manuscript Ti	itle: Disease recurrence af	ter liver transplantation	for NAFLD cirrhosis is ineluctable			
Manuscript number (if known): JHEPR-D-22-00311R1						

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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	None	ana miana	NUMERICAN DESCRIPTION
	lectures, presentations,			
	speakers bureaus,		d	and the second
	manuscript writing or educational events		1.1	and the second se
6	Payment for expert	None		
	testimony			
7	Support for attending meetings and/or travel	None	i jetnin inter	
	hint Antonio Antonio S. Act.			and the second of the second
	a bit et au unit	in-94 nai	TRANSPORT	and the study of the second day them a day provide but
8	Patents planned, issued or	None		c ri
	pending			
9	Porticipation on a Data	News		
9	Participation on a Data Safety Monitoring Board or	None		
n nh	Advisory Board		Server Services	of the transferred and the second strength of the second
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
	and second and the	V.S.H.S.		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	None		
	financial interests	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

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

Date: 11/12/2022

Your Name: Jean-baptiste Hiriart

Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>X</u> None	
		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	<u>X</u> None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
-	educational events		
6	Payment for expert	<u>X</u> None	
	testimony		
7	Support for attanding	None	
/	Support for attending meetings and/or travel		
		Astellas	
8	Patents planned, issued or	<u>X</u> None	
	pending		
0			
9	Participation on a Data Safety Monitoring Board or	None Chiesi	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	N	
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	<u>X</u> None	
	financial interests		

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

Date:\_\_\_\_\_09/12/2022\_\_\_\_\_ Your Name: HOUSSEL DEBRY Pauline Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	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 Payment for expert	None	
	testimony		
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	

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

Date: 9/12/2° Your Name: Nassim Kamar Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: past None UPTodate	36 months
4	Consulting fees	AstraZeneca, Biotest, Chiesi, ExeViR, Hansa, Merck Sharp and Dohme,	

5	Payment or honoraria for	Glasgow Smith Kline, Takeda Astellas, AstraZeneca,	
	lectures, presentations, speakers bureaus, manuscript writing or educational events	Biotest, CSL Behring, Chiesi, Hansa, Merck Sharp and Dohme, Glasgow Smith Kline, Novartis Pharma, Sanofi, Sandoz, Takeda	
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	

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

# Date:\_ 17 december 2022

Your Name:\_LASSAILLY GUILLAUME Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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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		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 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 None	

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

Date: 4/JAN/2022 Your Name:\_LATOURNERIE Marianne Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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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 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

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

Josionine Underwiseie

Date: December\_\_\_\_12,2022\_\_\_\_\_

Your Name: PAGEAUX\_\_\_

Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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

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8	Patents planned, issued or pending	None	
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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 None	

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

### Date:\_\_9/12/2022\_\_

Your Name: Faouzi SALIBA\_

Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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 <u>current</u> <u>manuscript only</u>.

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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 None	

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

Date: 12/12/2022 Your Name: Didier SAMUEL Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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	None	
	processing charges, etc.) No time limit for this item.		
		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	Biotest	
5		None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None
7	Support for attending meetings and/or travel	Biotest
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

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

Date: Friday,9 December 2022 Your Name:\_VANLEMMENS Claire Manuscript Title: Disease recurrence after liver transplantation for NAFLD cirrhosis is ineluctable Manuscript number (if known): JHEPR-D-22-00311R1

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.) <b>No time limit for this item.</b>	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,	None	
	speakers bureaus, manuscript 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	
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	

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

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

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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initial	nlanning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
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8	Patents planned, issued or pending	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None None	

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