

ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Arun Sanyal

Manuscript Title: Effect of pegbelfermin on noninvasive biomarkers of NASH and fibrosis: a post hoc analysis of the FALCON 1 trial

Manuscript Number (if known): JHEPR-D-22-00117

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 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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11	Stock or stock options	<input checked="" type="checkbox"/> None See attached	
			Stock owner
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 type="checkbox"/> 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.

ARUN J SANYAL M.D.
CONFLICT OF INTEREST DISCLOSURE TABLE
JULY 2022 (based on incomes over last 24 months)

A: No interest
B: < \$ 5000
C: \$ 5001-10,000
D: \$ 10,001-\$50,000
E: \$ 50,001-100,000
F: > \$ 100,000

Company	Stock	Employment	Speaker	Consulting advisor	Research grants	Travel grants	Intellectual property	Royalties
EXHALENZ	B							
GENFIT	D			B				
GILEAD				B	F			
ELSEVIER								B
ECHOSENSE-SANDHILL					A^			
MALINCKRODT				D	E			
INTERCEPT				A*				
PFIZER				B				
SALIX				B				
UPTODATE								C
BOEHRINGER INGELHIEM				B	E			
NOVARTIS				C	E			
BRISTOL MYERS SQUIBB				B	E			
MERCK				C	E			
SEQUANA				A^^				
HEMOSHEAR	C			B				
LILLY				C	E			
NOVO NORDISK				D	E			
FRACTYL				A*	E			
DURECT	C							
INDALO	C							

TERNS				D			
ALBIREO				B			
JANNSEN				B			
NORTHSEA	C						
POXEL				B			
TIZIANA	C						
89 BIO				B			
SIEMENS				B	A^		
ASTRA ZENECA				C**			
NGM BIO				B			
AMGEN				B			
REGENERON				C			
GENENTECH				B			
ALNYLAM				B			
ROCHE				B			
RIVUS	C						
MADRIGAL				B	E		
INVENTIVA				B	E		
COVANCE				B			
PROSCIEN TO				B			
HISTOINDEX				D			
PATH AI				B			

- ^ ongoing research collaboration without directs funds to Dr. Sanyal
- ^^ member of DSMB for a study
- ^^ provided drug for NIAAA trial of Imm124 for alcoholic hepatitis. I have received no funds from Immuron
- * I am a consultant but have not received personal remuneration
- ** AZ provided remuneration to VCU for my effort as a consultant. This contract was discontinued 1 year ago.
- Research grants represent the site budgets for VCU clinical trials involving these companies and do not support me directly.

ICMJE DISCLOSURE FORM

Date: Click or tap to enter a date.

Your Name: Elizabeth Brown

Manuscript Title: Effect of pegbelfermin on noninvasive biomarkers of NASH and fibrosis: a post hoc analysis of the FALCON 1 trial

Manuscript Number (if known): JHEPR-D-22-00117

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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13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Bristol Myers Squibb	Employee at the time of the study

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

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

ICMJE DISCLOSURE FORM

Date: 9/29/2022

Your Name: Edgar D. Charles

Manuscript Title: Effect of pegbelfermin on noninvasive biomarkers of NASH and fibrosis: a post hoc analysis of the FALCON 1 trial

Manuscript Number (if known): JHEPR-D-22-00117

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		Bristol Myers Squibb	stock
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: Click or tap to enter a date.

Your Name: Giovanni Cizza

Manuscript Title: Effect of pegbelfermin on noninvasive biomarkers of NASH and fibrosis: a post hoc analysis of the FALCON 1 trial

Manuscript Number (if known): JHEPR-D-22-00117

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Date: Click or tap to enter a date.

Your Name: Shuyan Du

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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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; text-align: right;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		Bristol Myers Squibb	Stock owner
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 type="checkbox"/> None	
		Bristol Myers Squibb	Full time employee

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

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

ICMJE DISCLOSURE FORM

Date: Click or tap to enter a date.

Your Name: Richard Ehman

Manuscript Title: Effect of pegbelfermin on noninvasive biomarkers of NASH and fibrosis: a post hoc analysis of the FALCON 1 trial

Manuscript Number (if known): JHEPR-D-22-00117

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 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.

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
		Bristol Myers Squibb	Stock owner
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	
		Along with Mayo Clinic, intellectual property rights and a financial interest related to MR elastography technology	

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

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

ICMJE DISCLOSURE FORM

Date: 10/16/2022

Your Name: Morten Karsdal

Manuscript Title: Effect of pegbelfermin on noninvasive biomarkers of NASH and fibrosis: a post hoc analysis of the FALCON 1 trial

Manuscript Number (if known): JHEPR-D-22-00117

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 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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input type="checkbox"/> None	
			Stock options in Nordic Bioscience
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 10/1/2022

Your Name: Diana Julie Leeming

Manuscript Title: Effect of pegbelfermin on noninvasive biomarkers of NASH and fibrosis: a post hoc analysis of the FALCON 1 trial

Manuscript Number (if known): JHEPR-D-22-00117

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)
11	Stock or stock options	<input type="checkbox"/> None	
		Nordic Bioscience	Diana Julie Leeming is a stock owner
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 type="checkbox"/> None	
		Nordic Bioscience	Full time employee

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

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

ICMJE DISCLOSURE FORM

Date: 10/17/2022

Your Name: Rohit Loomba

Manuscript Title: Effect of pegbelfermin on noninvasive biomarkers of NASH and fibrosis: a post hoc analysis of the FALCON 1 trial

Manuscript Number (if known): JHEPR-D-22-00117

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
		RL serves as a consultant to Aardvark Therapeutics, Altimmune, Anylam/Regeneron, Amgen, Arrowhead Pharmaceuticals, AstraZeneca, Bristol-Myer Squibb, CohBar, Eli Lilly, Galmed, Gilead, Glympse bio, Hightide, Inipharma, Intercept, Inventiva, Ionis, Janssen Inc., Madrigal, Metacrine, Inc., NGM Biopharmaceuticals, Novartis, Novo Nordisk, Merck, Pfizer, Sagimet, Theratechnologies, 89 bio, Terns Pharmaceuticals and Viking Therapeutics.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in	<input type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/>	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		Co-founder of LipoNexus Inc.	

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

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

ICMJE DISCLOSURE FORM

Date: Click or tap to enter a date.

Your Name: Anne Minnich

Manuscript Title: Effect of pegbelfermin on noninvasive biomarkers of NASH and fibrosis: a post hoc analysis of the FALCON 1 trial

Manuscript Number (if known): JHEPR-D-22-00117

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 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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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 type="checkbox"/> None	
		Bristol Myers Squibb	Consultant

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.

ARUN J SANYAL M.D.
CONFLICT OF INTEREST DISCLOSURE TABLE
JULY 2022 (based on incomes over last 24 months)

A: No interest
B: < \$ 5000
C: \$ 5001-10,000
D: \$ 10,001-\$50,000
E: \$ 50,001-100,000
F: > \$ 100,000

Company	Stock	Employment	Speaker	Consulting advisor	Research grants	Travel grants	Intellectual property	Royalties
EXHALENZ	B	A	A	A	A	A	A	A
GENFIT	D	A	A	B	A	A	A	A
GILEAD	A	A	A	B	F	A	A	A
ELSEVIER	A	A	A	A	A	A	A	B
ECHOSENSE-SANDHILL	A	A	A	A	A^	A	A	A
MALINCKRODT	A	A	A	D	E	A	A	A
INTERCEPT	A	A	A	A*	A	A	A	A
PFIZER	A	A	A	B	A	A	A	A
SALIX	A	A	A	B	A	A	A	A
UPTODATE	A	A	A	A	A	A	A	C
BOEHRINGER INGELHIEM	A	A	A	B	E	A	A	A
NOVARTIS	A	A	A	C	E	A	A	A
BRISTOL MYERS SQUIBB	A	A	A	B	E	A	A	A
MERCK	A	A	A	C	E	A	A	A
SEQUANA	A	A	A	A^^	A	A	A	A
HEMOSHEAR	C	A	A	B	A	A	A	A
LILLY	A	A	A	C	E	A	A	A
NOVO NORDISK	A	A	A	D	E	A	A	A
FRACTYL	A	A	A	A*	E	A	A	A
DURECT	C	A	A	A	A	A	A	A
INDALO	C	A	A	A	A	A	A	A

TERNS	A	A	A	D	A	A	A	A
ALBIREO	A	A	A	B	A	A	A	A
JANNSEN	A	A	A	B	A	A	A	A
NORTHSEA	C	A	A	A	A	A	A	A
POXEL	A	A	A	B	A	A	A	A
TIZIANA	C	A	A	A	A	A	A	A
89 BIO	A	A	A	B	A	A	A	A
SIEMENS	A	A	A	B	A^	A	A	A
ASTRA ZENECA	A	A	A	C**	A	A	A	A
NGM BIO	A	A	A	B	A	A	A	A
AMGEN	A	A	A	B	A	A	A	A
REGENERON	A	A	A	C	A	A	A	A
GENENTECH	A	A	A	B	A	A	A	A
ALNYLAM	A	A	A	B	A	A	A	A
ROCHE	A	A	A	B	A	A	A	A
RIVUS	C	A	A	A	A	A	A	A
MADRIGAL	A	A	A	B	E	A	A	A
INVENTIVA	A	A	A	B	E	A	A	A
COVANCE	A	A	A	B	A	A	A	A
PROSCIEN TO	A	A	A	B	A	A	A	A
HISTOINDEX	A	A	A	D	A	A	A	A
PATH AI	A	A	A	B	A	A	A	A

- ^ ongoing research collaboration without directs funds to Dr. Sanyal
- ^^ member of DSMB for a study
- ^^^ provided drug for NIAAA trial of Imm124 for alcoholic hepatitis. I have received no funds from Immuron
- * I am a consultant but have not received personal remuneration
- ** AZ provided remuneration to VCU for my effort as a consultant. This contract was discontinued 1 year ago.
- Research grants represent the site budgets for VCU clinical trials involving these companies and do not support me directly.

ICMJE DISCLOSURE FORM

Date: Click or tap to enter a date.

Your Name: John Schwarz

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		Bristol Myers Squibb	Stock owner
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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		Bristol Myers Squibb	Full time employee

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