ICMJE DISCLOSURE FORM

Date	e:	8/12/2021	-
You	r Name:	Helmut K. Seitz	
Mar	nuscript Title:	Narrative review on alcoho	he liver direate from tibrosi to care
Mar	nuscript Number (if k		
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	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript with e past 36 months.	nout time limit. For all other items, the time
		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)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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4	Consulting fees	None	
5	Payment or	None	
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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	Sec. 12 Mar. Annual Company of the C
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options	None	
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13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreement to answered every question and have not altered the wor	

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8/26/2021

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Date:		,	12/16/2021		
Your Name:			Manuela G. Neuman		
Manuscript Title:			Alcoholic Liver Disease: from fibrosis to cancer		
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	tem #1 below, repor e frame for disclosu			ript without time limit. For all other items, the	
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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	Royalties or licenses	X None	
4	Consulting fees	□X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	□ None X	
7	Support for attending meetings and/or travel	□ None X	
8	Patents planned, issued or pending	□ None X	
9	Participation on a Data Safety Monitoring Board or Advisory 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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None X X	
11	Stock or stock options	□ None X	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None X	
13	Other financial or non-financial interests	X None	
Plea			
X	I certify that I hav	e answered every question and have not altered th	e wording of any of the questions on this form.