ICMJE DISCLOSURE FORM

Date: 14.9.2022

Your Name: Ralf Weiskirchen

Manuscript Title: Interview with Prof. Ralf Weiskirchen: challenges and opportunities in gastroenterology and hepatology Manuscript number (if known):______

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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	_XNone	
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	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	_XNone	

Please summarize the above conflict of interest in the following box:

The author has nothing to declare.

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_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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Date:2022.09.15 Your Name: Annabel Liao Manuscript Title: Interview with Prof. Ralf Weiskirchen: challenges and opportunities in gastroenterology and hepatology Manuscript number (if known):_____

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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	

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Date:2022.09.15 Your Name: Lucine M. Gao Manuscript Title: Interview with Prof. Ralf Weiskirchen: challenges and opportunities in gastroenterology and hepatology Manuscript number (if known):_____

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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	

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