## **ICMJE DISCLOSURE FORM**

Date	: 12/19/22		
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Title	uscript : FOH MEETS N - ouscript number (if wn): HBSN - 22		ittes cinscin companny international grind
listed related for partition to the list and the list and	d below that are ted to the content of your or of it third ies whose interests may esents a commitment ansparency and does not relationship/activity/infollowing questions applied current uscript only.	ur manuscript. "Relate the affected by the control of necessarily indicate interest, it is preferable oly to the author's relat	ose all relationships/activities/interests d" means any relation with for-profit or not- ntent of the manuscript. Disclosure a bias. If you are in doubt about whether to that you do so. tionships/activities/interests as they relate uld be defined broadly. For example, if your
man to th	uscript pertains ne epidemiology of hype	ertension, you should o	declare all relationships with manufacturers cation is not mentioned in the manuscript.
limit	em #1 below, report all . For all other items, time frame for disclosui		eported in this manuscript without time
		Name all entities with whom you have this relationship or indicate none (add	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Tin	ne frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision	None	

of study materials, medical writing, article processing charges.

	p		
	etc.) No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts	None	
	from any entity (if not indicated in item #1		
	above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures,	None	
	presentations, speakers		
	bureaus, manuscript writing or educational		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued	None	
	or pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board, society, committee or advocacy group, paid or		

11	Stock or stock options	None				
12	Receipt of equipment,	None				
	materials, drugs, medical writing, gifts or					
42	other services					
13	Other financial or non- financial interests	None				
lea	se summarize the abov	e conflict of interest i	n the follow	ing box:		
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Plea	se summarize the abov	the following stateme	ent to indica	ite your aş		

## ICMJE DISCLOSURE FORM

Date: <u> </u>	22
Your Name <u>:</u>	Nadim Mahmud
Manuscript Title:_	East meets West: What Opportunities Arise in Comparing International Guidelines for
Management of Ci	rrhosis?
Manuscript numbe	er (if known): HBSN-22-602

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 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.

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	
			Time frame: past	36 months
	2	Grants or contracts from any entity (if not indicated in item #1 above).	National Institutes of Health Grifols American College of	
H	า	Douglties or licenses	Gastroenterology	
	3	Royalties or licenses	None	

4	Canadaina fa a	I Maria
4	Consulting fees	None
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5	Payment or honoraria for	None
	lectures, presentations,	
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	None
U		TOTAL
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	
11	group, paid or unpaid Stock or stock options	None
11	Stock of Stock options	None
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other	
	services	
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	financial interests	
Ple	ease summarize the above c	onflict of interest in the following box:

Grant funding for research unrelated to t	the topic of this manuscript	

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