

ICMJE DISCLOSURE FORM

Date: Dec. 29, 2023

Your Name: Bo Kyung Koo

Manuscript Title: Heterogeneity in the risk of incident liver cirrhosis driven by PNPLA3 genotype and diabetes among different populations

Manuscript number (if known): HBSN-23-624

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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			
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.	Funding	Funder: Korea National Institute of Health (2022ER090700)
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	

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	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	

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This study was supported by Korea National Institute of Health (2022ER090700). The funder has no role in the study design; collection, management, analyses, and interpretation of data; writing of the report; and the decision to submit the report for publication.

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this article.

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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: Dec. 29, 2023

Your Name: Dong Hyeon Lee

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Date: Dec. 29, 2023

Your Name: Jeong Hwan Park

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Your Name: Won Kim

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