

ICMJE DISCLOSURE FORM

Date: 25/10/2023

Your Name: Ling Luo

Manuscript Title: Specific metabolic impairments indicate loss of sustained liver improvements in MASLD treatment

Manuscript number (if known): HBSN-23-393

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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ICMJE DISCLOSURE FORM

Date: 25/10/2023

Your Name: Junzhao Ye

Manuscript Title: Specific metabolic impairments indicate loss of sustained liver improvements in MASLD treatment

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Date: 25/10/2023

Your Name: Shuyu Zhuo

Manuscript Title: Specific metabolic impairments indicate loss of sustained liver improvements in MASLD treatment

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Date: 25/10/2023

Your Name: Bo Ma

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Your Name: Weiyi Mai

Manuscript Title: Specific metabolic impairments indicate loss of sustained liver improvements in MASLD treatment

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Date: 25/10/2023

Your Name: Xiaopei Cao

Manuscript Title: Specific metabolic impairments indicate loss of sustained liver improvements in MASLD treatment

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Date: 25/10/2023

Your Name: Liuqin Liang

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Your Name: Wei Wang

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Your Name: Shiting Feng

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Your Name: Zhi Dong

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Your Name: Bihui Zhong

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