

## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: Christen Ong

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

Manuscript number (if known): HBSN-24-51

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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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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NIL
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## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: Nicole Tang

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

Manuscript number (if known): HBSN-24-51

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## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: Shyna Gunalan

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

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## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: Margaret Teng

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

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## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: Benjamin Koh

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

Manuscript number (if known): HBSN-24-51

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## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: Douglas Chee

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

Manuscript number (if known): HBSN-24-51

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## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: Jia Hong Koh

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

Manuscript number (if known): HBSN-24-51

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## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: Daniel Tung

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

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## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: Nicholas Syn

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

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## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: Dan Nakano

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

Manuscript number (if known): HBSN-24-51

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## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: Anand Kulkarni

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

Manuscript number (if known): HBSN-24-51

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## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: Michelle Law

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

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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	

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

NIL
-----

**Please place an "X" next to the following statement to indicate your agreement:**

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.



## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: Takao Miwa

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

Manuscript number (if known): HBSN-24-51

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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	
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	

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

NIL
-----

**Please place an "X" next to the following statement to indicate your agreement:**

X  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: Hirokazu Takahashi

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

Manuscript number (if known): HBSN-24-51

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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	
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	

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

NIL
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**Please place an "X" next to the following statement to indicate your agreement:**

X  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: Mark Muthiah

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

Manuscript number (if known): HBSN-24-51

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	Boxer Capital	Payments made to Mark Muthiah

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	
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	

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

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**Please place an "X" next to the following statement to indicate your agreement:**

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: Karn Wijarnpreecha

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

Manuscript number (if known): HBSN-24-51

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<b>Time frame: past 36 months</b>			
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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	None	
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	
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	

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

NIL
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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.



## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: George Ioannou

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

Manuscript number (if known): HBSN-24-51

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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	
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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NIL
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**Please place an "X" next to the following statement to indicate your agreement:**

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: Cheng Han Ng

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

Manuscript number (if known): HBSN-24-51

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	Boxer Capital	Payments made to Cheng Han Ng

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	
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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**Please place an "X" next to the following statement to indicate your agreement:**

X  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: Daniel Q Huang

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

Manuscript number (if known): HBSN-24-51

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<b>Time frame: past 36 months</b>			
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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	None	
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	
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	

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

NIL
-----

**Please place an "X" next to the following statement to indicate your agreement:**

X  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 30/3/24

Your Name: Mazen Nouredin

Manuscript Title: Prevalence and Longitudinal Effects on Mortality associated with Spectrum of Alcohol Intake in Steatotic Liver Disease. A United States Population Study

Manuscript number (if known): HBSN-24-51

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Allergan	Payments made to Mazen Nouredin
		BMS	
		Gilead	
		Galmed	
		Galectin	
		Genfit	
		Conatus	
		Enanta	
	Madrigal		

		Novartis	
		Pfizer	
		Shire	
		Viking	
		Zydus	
3	Royalties or licenses	None	
4	Consulting fees	89BIO	Payments made to Mazen Nouredin
		Altimmune	
		Gilead	
		cohBar	
		Cytodyn	
		Intercept	
		Pfizer	
		Novo Nordisk	
		Blade	
		EchoSens	
		Fractyl	
		Madrgial	
		NorthSea	
		Terns	
		Siemens	
		Roche diagnostic	
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	
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	Anaetos	Payments made to Mazen Nouredin
		Chrownwell	
		Ciema	



		Rivus Pharma	
		Viking	
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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M.N. has been on the advisory board/consultant for 89BIO, Altimune, Gilead, cohBar, Cytodyn, Intercept, Pfizer, Novo Nordisk, Blade, EchoSens, Fractyl, Madrgial, NorthSea, Terns, Siemens and Roche diagnostic; Dr Nouredin has received research support from Allergan, BMS, Gilead, Galmed, Galectin, Genfit, Conatus, Enanta, Madrigal, Novartis, Pfizer, Shire, Viking and Zydus; He is a shareholder or has stocks in Anaetos, Chrownwell, Ciema, Rivus Pharma and Viking.

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