ICMJE DISCLOSURE FORM

Date: December 23, 2021	
Your Name: Alina Kurylowic	Z

Manuscript Title: The role of diet in the management of MAFLD – why does a new disease require a novel,

individualized approach?

Manuscript r	number (if known):	HBSN-21-562	

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</u> <u>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.

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5	Payment or honoraria for	None	
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	testimony		
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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	None	
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11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
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13	Other financial or non-	None	
	financial interests		

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

No conflict of interest to declare.		

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

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