Date:_____18-March-2021_

Yo	ur Name:Huan Xia			
Ma	anuscript Title: Direct-acting	g antiviral treatments disp	lay excellent outcomes even in older HCV-infected	
pa	tients at increased risk of fib	orosis		
Ma	anuscript number (if known)	:		
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/activite epidemiology of hypertedication, even if that medications	manuscript. "Related" mee affected by the content of the author's relationsh divities/interests should be ension, you should declare the cation is not mentioned in apport for the work reporter	ips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive	•
		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 initia	al 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: pas	t 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	√ None		
3	Royalties or licenses	√None		
1	Consulting fees	_ √None		

5	Payment or honoraria for lectures, presentations,	_ √None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_ √None	
	testimony		
7	Support for attending meetings and/or travel	_ √None	
8	Patents planned, issued or	_ √None	
	pending		
•	5	,	
9	Participation on a Data Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√ None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	√ None	
12	Receipt of equipment,	_ √None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	√ None	
13	financial interests	_	
	ease summarize the above c		llowing box:
Ple	ease place an "X" next to the	e following statement to ir	dicate your agreement:

Date:_____18-March-2021

Yo	ur Name:Yaping Zhai	ng	
	-		lay excellent outcomes even in older HCV-infected
pa	tients at increased risk of fib	orosis	
Ma	anuscript number (if known)	:	
In rel pa to rel Th ma	the interest of transparency ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/activite epidemiology of hypertedication, even if that medicated the epidemiology of the epidemiology of that medicated in the epidemiology of the epidemio	we ask you to disclose al manuscript. "Related" me affected by the content on necessarily indicate a bias, it is preferable that you do to the author's relationship ivities/interests should be ension, you should declare ation is not mentioned in pport for the work reporter.	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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 initia	I 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).	√ None	
3	Royalties or licenses	√None	
1	Consulting fees	_ √None	

5	Payment or honoraria for lectures, presentations,	_	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_ √None	
	testimony		
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	_ vNone	
	Advisory Board		
10	Leadership or fiduciary role	_ √None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	√ None	
12	Receipt of equipment,	_ √None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	_ √None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	ollowing box:
Г			
	Dr. Zhang has no conflicts of	f interest to declare.	

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

_18-March-2021

Date:___

4

Consulting fees

	tc:10 Waren 202			
Yo	ur Name: Silvere D. Z	'aongo		
			ay excellent outcomes even in older HCV-infected	
	tients at increased risk of fib			
Ma	anuscript number (if known)):		
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do		
	= -	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
ma	anuscript only.			
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertens the manuscript. d in this manuscript without time limit. For all other it	ive
		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 initia	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).			
3	Royalties or licenses	_		

None

Support for honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	
educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box:	
testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box:	
7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box:	
8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box:	
8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box:	
pending Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box:	
pending Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box:	
pending Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box:	
9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box:	
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options	
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options	
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box:	
in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box:	
committee or advocacy group, paid or unpaid 11 Stock or stock options	
group, paid or unpaid 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box:	
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box:	
materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box:	
materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box:	
materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box:	
writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box:	
services Other financial or non- financial interests Please summarize the above conflict of interest in the following box:	
Please summarize the above conflict of interest in the following box:	
Please summarize the above conflict of interest in the following box:	
Please place an "X" next to the following statement to indicate your agreement:	

Date:_____18-March-2021_

Yo	ur Name: Jing Liang_			
Ma	anuscript Title: Direct-acting	g antiviral treatments displ	ay excellent outcomes even in older HCV-infected	
ра	tients at increased risk of fib	orosis		
M	anuscript number (if known)	:		
rel pa to rel Th ma	rties whose interests may be transparency and does not a transparency and serious apply anuscript only. e author's relationships/act the epidemiology of hypertoedication, even if that medicatem #1 below, report all support and serious apply anuscript only.	manuscript. "Related" mede affected by the content of necessarily indicate a bias. It is preferable that you do to the author's relationshi ivities/interests should be ension, you should declare eation is not mentioned in the poort for the work reported.	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertai all relationships with manufacturers of antihypertensiv	e
th	e time frame for disclosure i	s the past 36 months.		
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials,	√None		
	medical writing, article processing charges, etc.)			
	No time limit for this item.			
		Time frame: past	36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).			
3	Royalties or licenses	\None		
1	Consulting fees	_ √None		

5	Payment or honoraria for lectures, presentations,	_	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_ √None	
	testimony		
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	_ vNone	
	Advisory Board		
10	Leadership or fiduciary role	_ √None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_ √None	
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_ √None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	ollowing box:
	Dr. Liang has has no conflict	s of interest to declare.	

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

Date:	_18-March-2021	
Your Name:	Xiaowen Gong	
Manuscript Title	e: Direct-acting antiv	riral treatments display excellent outcomes even in older HCV-infected
patients at incre	eased risk of fibrosis	
Manuscript nun	nber (if known):	

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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).	√ None	
3	Royalties or licenses	_ √None	
4	Consulting fees	_ √None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	√None	
	manuscript writing or educational events		
6	Payment for expert	_ √None	
	testimony		
_	2		
7	Support for attending meetings and/or travel	_ \None	
0	Determination of Secondary	/ 21	
8	Patents planned, issued or pending	√None	
	perianis		
9	Participation on a Data	_	
	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	
	Cook of Cook op none	_	
12	Receipt of equipment,	_ √None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	√ None	
	financial interests		
	ease summarize the above c		llowing box:
Ple	ease place an "X" next to the	e following statement to in	dicate your agreement:

Date:_____18-March-2021_

Manuscript Title: Direct-acting antiviral treatments display excellent outcomes even in older HCV-infected patients at increased risk of fibrosis Manuscript number (if known): 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) Time frame: Since the initial planning of the work All support for the present manuscript (e.g., inding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Time frame: past 36 months Time frame: past 36 months Time frame: past 36 months	Yo	ur Name:Yue Hu			
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 a effected 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) Time frame: Since the initial planning of the work All support for the present manuscript (e.g., finding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months All support for the disclosure is the initial planning of the work Time frame: past 36 months Time frame: past 36 months	M	anuscript Title: Direct-acting	g antiviral treatments displ	ay excellent outcomes even in older HCV-infected	
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 relationships or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)	ра	tients at increased risk of fik	orosis		
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) Time frame: Since the initial planning of the work 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. Time frame: Past 36 months All support for the indicated in item #1 above).	M	anuscript number (if known)	:		
whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial planning of the work 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. Time frame: past 36 months A Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses whom you have this relations (e.g., if payments were made to you or to your institution) (e.g., if payments were made to you or to your institution) Institution) Time frame: Since the initial planning of the work - None - None None No time frame: past 36 months - None None	rel pa to rel Th ma	rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medicitem #1 below, report all support and the support all support and the support all support and the support all support	manuscript. "Related" mede affected by the content of necessarily indicate a bias. It is preferable that you do to the author's relationshi ivities/interests should be ension, you should declare eation is not mentioned in the poort for the work reported.	ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. ps/activities/interests as they relate to the current defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertensisthe manuscript.	ins ve
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. Time frame: past 36 months Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses All support for the present manuscript (e.g., funding, provision of study materials, medical manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.			whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your	
manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses Time frame: past 36 months			Time frame: Since the initia	l planning of the work	
Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses NoneNone	1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	√None		
Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses NoneNone					
Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses NoneNone			T' (26	
any entity (if not indicated in item #1 above). Royalties or licenses None)	Grants or contracts from		36 months	
	_	any entity (if not indicated	_ v None		
1 Consulting fees \/None	3	Royalties or licenses	√None		
	1	Consulting fees	_		

5	Payment or honoraria for lectures, presentations,	_ √None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_ √None	
	testimony		
7	Support for attending meetings and/or travel	_	
8	Patents planned, issued or	_ √None	
	pending		
•	5 5 .	,	
9	Participation on a Data Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√ None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_ √None	
12	Receipt of equipment,	_ √None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	√ None	
	rase summarize the above conflicts of in		llowing box:
Ple	ase place an "X" next to the	e following statement to i	ndicate your agreement:

Date:	18-March-2021		
Your Name:	Ping Ma		
Manuscript Title	: Direct-acting antiviral treatments display excellent outcomes even in older HCV-infected		
patients at increased risk of fibrosis			
Manuscript number (if known):			

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)
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.	Time frame: Since the initial	Funding: the Key Project of Science and Technology Fund of Tianjin Health Commission (No. 2014KR03), and the 13th Five-year National Major Project for HIV/AIDS and Hepatitis B Control and Prevention, Chinese Ministry of Science and Technology (No. 2017ZX10202102005004)
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past √ None	36 months
3	Royalties or licenses	_ √None	

4	Consulting fees	_ √None	
5	Payment or honoraria for lectures, presentations,	_ √None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	√ None	
J	testimony	_ vNone	
	,		
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 group, paid or unpaid		
11	Stock or stock options	√ None	
11	Stock of Stock Options	_ vNone	
12	Receipt of equipment,	√ None	
14	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_ √None	
	financial interests		

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

Dr. Ma reports grants from the Key Project of Science and Technology Fund of Tianjin Health Commission (No. 2014KR03), and the 13th Five-year National Major Project for HIV/AIDS and Hepatitis B Control and Prevention, Chinese Ministry of Science and Technology (No. 2017ZX10202102005004) during the conduct of the study.

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.			

Date:_____18-March-2021

Yo	ur Name:Fengmei W	ang		
			lay excellent outcomes even in older HCV-infected	
	tients at increased risk of fik			
M	anuscript number (if known)):		
In rel pa to rel Th ma	the interest of transparency ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medicated the transparency and the epidemiology of the epidemiology of hypertedication, even if that medicated the transparency and transparency are transparency and transparency and transparency are transparency and transparency are transparency and transparency are transparency and transparency and transparency are transparency and transparency and transparency are transparency and transparency are transparency and transparency are transparency and transparency and transparency and transparency are transparency and transparency and transparency are transparency and transparency and transparency are transparency and transparency are transparency and transparency and transparency are transparency are transparency and transparency are	we ask you to disclose all manuscript. "Related" me e affected by the content of the author's relationsh divities/interests should be ension, you should declare that it is not mentioned in a poort for the work reported.	ips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertai e all relationships with manufacturers of antihypertensiv	e
		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 initia	al 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: pas	t 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	√ None		
3	Royalties or licenses	√None		
1	Consulting fees	√ None		

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	√None	
	educational events		
6	Payment for expert	_ √None	
	testimony		
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 group, paid or unpaid		
11	Stock or stock options	_ √None	
12	D	,	
12	Receipt of equipment, materials, drugs, medical	√None	
	writing, gifts or other		
	services		
13	Other financial or non-	_ √None	
	financial interests		
	ease summarize the above o		llowing box:
Ple	ease place an "X" next to the	e following statement to ir	dicate your agreement: