| ate: December 7, 2021  |
|--|
| our Name: Cheng-Bo Wang  |
| lanuscript Title: <u>The gut microbiome contributes to splenomegaly and tissue inflammation in a murine mode</u> |
| of primary biliary cholangitis   |
| lanuscript number (if known): <u>ATM-21-5448</u>   |

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.

|   |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present                           | None   |   |
|   | manuscript (e.g., funding,                            |  |   |
|   | provision of study materials,                         |  |   |
|   | medical writing, article<br>processing charges, etc.) |  |   |
|   | No time limit for this item.                          |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   | Time frame: past   | 26 months   |
| 2 | Grants or contracts from                              | None   | 30 months   |
| 2 | any entity (if not indicated                          |  |   |
|   | in item #1 above).                                    |  |   |
| 3 | Royalties or licenses                                 | None   |   |
| Ū | ,   |  |   |
|   |   |  |   |
| 4 | Consulting fees                                       | None   |   |
|   | -   |  |   |

| 5    | Payment or honoraria for lectures, presentations, | None |  |
|------|---|------|--|
|      |   |      |  |
|      | speakers bureaus,                                 |      |  |
|      | manuscript writing or                             |      |  |
|      | educational events                                |      |  |
| 6    | Payment for expert                                | None |  |
| Ŭ    | testimony   |      |  |
|      | testimony   |      |  |
| 7    | Course and fair attack dis a                      | N    |  |
| 7    | Support for attending                             | None |  |
|      | meetings and/or travel                            |      |  |
|      |   |      |  |
|      |   |      |  |
|      |   |      |  |
| 8    | Patents planned, issued or                        | None |  |
| Ū    | pending   |      |  |
|      | pending   |      |  |
| 9    | Participation on a Data                           | None |  |
| 9    | Safety Monitoring Board or                        | None |  |
|      | Advisory Board                                    |      |  |
| - 10 |   |      |  |
| 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 |  |
| 10   | financial interests                               |      |  |
|      |   |      |  |
|      |   |      |  |

None

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

| Date: December 7, 2021  |
|---|
| Your Name: Yan Wang   |
| Manuscript Title: The gut microbiome contributes splenomegaly and tissue inflammation in a murine model |
| of primary biliary cholangitis  |
| Manuscript number (if known): <u>ATM-21-5448</u>  |

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.

|   |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present                               | None   |   |
|   | manuscript (e.g., funding,                                |  |   |
|   | provision of study materials,                             |  |   |
|   | medical writing, article                                  |  |   |
|   | processing charges, etc.)<br>No time limit for this item. |  |   |
|   | No time limit for this item.                              |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                                  | None   |   |
|   | any entity (if not indicated                              |  |   |
|   | in item #1 above).  |  |   |
| 3 | Royalties or licenses                                     | None   |   |
|   |   |  |   |
|   |   |  |   |
| 4 | Consulting fees   | None   |   |
|   |   |  |   |

| 5    | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus, | None |  |
|------|---|------|--|
|      |   |      |  |
|      |   |      |  |
|      | manuscript writing or   |      |  |
|      | educational events  |      |  |
| 6    | Payment for expert  | None |  |
| 0    | testimony   |      |  |
|      |   |      |  |
| _    |   |      |  |
| 7    | Support for attending   | None |  |
|      | meetings and/or travel  |      |  |
|      |   |      |  |
|      |   |      |  |
|      |   |      |  |
| 8    | Patents planned, issued or  | None |  |
| Ū    | pending   |      |  |
|      | pending   |      |  |
| 9    | Participation on a Data   | None |  |
| 9    | Safety Monitoring Board or  |      |  |
|      | Advisory Board  |      |  |
| - 10 |   |      |  |
| 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   |      |  |
|      |   |      |  |
|      |   |      |  |

None

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

| Date: December 7, 2021   |
|--|
| Your Name: Yuan Yao  |
| Manuscript Title: The gut microbiome contributes to splenomegaly and tissue inflammation in a murine model |
| of primary biliary cholangitis   |
| Manuscript number (if known): <u>ATM-21-5448</u>   |

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.

|   |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present                           | None   |   |
|   | manuscript (e.g., funding,                            |  |   |
|   | provision of study materials,                         |  |   |
|   | medical writing, article<br>processing charges, etc.) |  |   |
|   | No time limit for this item.                          |  |   |
|   | No time mint for this item.                           |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                              | None   |   |
|   | any entity (if not indicated                          |  |   |
|   | in item #1 above).                                    |  |   |
| 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 |  |
| Ŭ    | testimony   |      |  |
|      | testimony   |      |  |
| 7    | Course and fair attack dis a                      | N    |  |
| 7    | Support for attending                             | None |  |
|      | meetings and/or travel                            |      |  |
|      |   |      |  |
|      |   |      |  |
|      |   |      |  |
| 8    | Patents planned, issued or                        | None |  |
| Ū    | pending   |      |  |
|      | pending   |      |  |
| 9    | Participation on a Data                           | None |  |
| 9    | Safety Monitoring Board or                        | None |  |
|      | Advisory Board                                    |      |  |
| - 10 |   |      |  |
| 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 |  |
| 10   | financial interests                               |      |  |
|      |   |      |  |
|      |   |      |  |

None

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

| Date: December 7, 2021  |
|---|
| 'our Name: Jin-Jun Wang   |
| Aanuscript Title: <u>The gut microbiome contributes to splenomegaly and tissue inflammation in a murine model</u> |
| of primary biliary cholangitis  |
| /lanuscript number (if known): <u>ATM-21-5448</u>   |

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.

|   |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present                           | None   |   |
|   | manuscript (e.g., funding,                            |  |   |
|   | provision of study materials,                         |  |   |
|   | medical writing, article<br>processing charges, etc.) |  |   |
|   | No time limit for this item.                          |  |   |
|   | No time mint for this item.                           |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                              | None   |   |
|   | any entity (if not indicated                          |  |   |
|   | in item #1 above).                                    |  |   |
| 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 |  |
| Ŭ    | testimony   |      |  |
|      | testimony   |      |  |
| 7    | Course and fair attack dis a                      | N    |  |
| 7    | Support for attending                             | None |  |
|      | meetings and/or travel                            |      |  |
|      |   |      |  |
|      |   |      |  |
|      |   |      |  |
| 8    | Patents planned, issued or                        | None |  |
| Ū    | pending   |      |  |
|      | pending   |      |  |
| 9    | Participation on a Data                           | None |  |
| 9    | Safety Monitoring Board or                        | None |  |
|      | Advisory Board                                    |      |  |
| - 10 |   |      |  |
| 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 |  |
| 10   | financial interests                               |      |  |
|      |   |      |  |
|      |   |      |  |

None

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

| Date: December 7, 2021   |
|--|
| Your Name: <u>Koichi Tsuneyama</u>   |
| Manuscript Title: The gut microbiome contributes to splenomegaly and tissue inflammation in a murine model |
| of primary biliary cholangitis   |
| Manuscript number (if known): <u>ATM-21-5448</u>   |

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>.

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|   |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present                               | None   |   |
|   | manuscript (e.g., funding,                                |  |   |
|   | provision of study materials,                             |  |   |
|   | medical writing, article                                  |  |   |
|   | processing charges, etc.)<br>No time limit for this item. |  |   |
|   | No time limit for this item.                              |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                                  | None   |   |
|   | any entity (if not indicated                              |  |   |
|   | in item #1 above).  |  |   |
| 3 | Royalties or licenses                                     | None   |   |
|   |   |  |   |
|   |   |  |   |
| 4 | Consulting fees   | None   |   |
|   |   |  |   |

| 5    | Payment or honoraria for     | None |  |
|------|------------------------------|------|--|
|      | lectures, presentations,     |      |  |
|      | speakers bureaus,            |      |  |
|      | manuscript writing or        |      |  |
|      | educational events           |      |  |
| 6    | Payment for expert           | None |  |
| 0    | testimony                    |      |  |
|      |                              |      |  |
| _    |                              |      |  |
| 7    | Support for attending        | None |  |
|      | meetings and/or travel       |      |  |
|      |                              |      |  |
|      |                              |      |  |
|      |                              |      |  |
| 8    | Patents planned, issued or   | None |  |
| Ū    | pending                      |      |  |
|      | pending                      |      |  |
| 9    | Participation on a Data      | None |  |
| 9    | Safety Monitoring Board or   |      |  |
|      | Advisory Board               |      |  |
| - 10 |                              |      |  |
| 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          |      |  |
|      |                              |      |  |
|      |                              |      |  |

None

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

| Date: December 7, 2021   |
|--|
| /our Name: <u>Qiong Yang</u>   |
| Manuscript Title: The gut microbiome contributes to splenomegaly and tissue inflammation in a murine model |
| of primary biliary cholangitis   |
| Manuscript number (if known): <u>ATM-21-5448</u>   |

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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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.

|   |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present                           | None   |   |
|   | manuscript (e.g., funding,                            |  |   |
|   | provision of study materials,                         |  |   |
|   | medical writing, article<br>processing charges, etc.) |  |   |
|   | No time limit for this item.                          |  |   |
|   | No time mint for this item.                           |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                              | None   |   |
|   | any entity (if not indicated                          |  |   |
|   | in item #1 above).                                    |  |   |
| 3 | Royalties or licenses                                 | None   |   |
|   |   |  |   |
|   |   |  |   |
| 4 | Consulting fees                                       | None   |   |
|   |   |  |   |

| 5    | Payment or honoraria for     | None |  |
|------|------------------------------|------|--|
|      | lectures, presentations,     |      |  |
|      | speakers bureaus,            |      |  |
|      | manuscript writing or        |      |  |
|      | educational events           |      |  |
| 6    | Payment for expert           | None |  |
| Ŭ    | testimony                    |      |  |
|      | testimony                    |      |  |
| 7    | Course and fair attack dis a | N    |  |
| 7    | Support for attending        | None |  |
|      | meetings and/or travel       |      |  |
|      |                              |      |  |
|      |                              |      |  |
|      |                              |      |  |
| 8    | Patents planned, issued or   | None |  |
| Ū    | pending                      |      |  |
|      | pending                      |      |  |
| 9    | Participation on a Data      | None |  |
| 9    | Safety Monitoring Board or   | None |  |
|      | Advisory Board               |      |  |
| - 10 |                              |      |  |
| 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 |  |
| 10   | financial interests          |      |  |
|      |                              |      |  |
|      |                              |      |  |

None

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

| Date: December 7, 2021   |            |
|--|------------|
| 'our Name: <u>Bin Liu</u>  |            |
| Aanuscript Title: <u>The gut microbiome contributes to splenomegaly and tissue inflammation in a murine mo</u> | <u>del</u> |
| of primary biliary cholangitis   |            |
| /lanuscript number (if known): <u>ATM-21-5448</u>  | _          |

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.

|   |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present                           | None   |   |
|   | manuscript (e.g., funding,                            |  |   |
|   | provision of study materials,                         |  |   |
|   | medical writing, article<br>processing charges, etc.) |  |   |
|   | No time limit for this item.                          |  |   |
|   | No time mint for this item.                           |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                              | None   |   |
|   | any entity (if not indicated                          |  |   |
|   | in item #1 above).                                    |  |   |
| 3 | Royalties or licenses                                 | None   |   |
|   |   |  |   |
|   |   |  |   |
| 4 | Consulting fees                                       | None   |   |
|   |   |  |   |

| 5    Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>educational events   None      6    Payment for expert<br>testimony   None      7    Support for attending<br>meetings and/or travel   None      8    Patents planned, issued or<br>pending   None      9    Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board   None      10    Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid   None      11    Stock or stock options   None      12    Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   None      13    Other financial or non-<br>financial interests   None |    |                              |      |  |
|---|----|------------------------------|------|--|
| lectures, presentations, speakers bureaus, manuscript writing or educational events   |    |                              |      |  |
| speakers bureaus,<br>manuscript writing or<br>educational events  | 5  | Payment or honoraria for     | None |  |
| manuscript writing or<br>educational events   |    | lectures, presentations,     |      |  |
| educational events  |    | speakers bureaus,            |      |  |
| educational events  |    | -                            |      |  |
| 6    Payment for expert testimony   |    |                              |      |  |
| testimony   | 6  |                              | 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-   None   | 0  |                              |      |  |
| meetings and/or travel  |    |                              |      |  |
| meetings and/or travel  | _  |                              |      |  |
| 8    Patents planned, issued or pending   | 7  |                              | None |  |
| pending   |    | meetings and/or travel       |      |  |
| pending   |    |                              |      |  |
| pending   |    |                              |      |  |
| pending   |    |                              |      |  |
| pending   | 0  | Patents planned issued or    | Nono |  |
| 9    Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board   None      10    Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid   None      11    Stock or stock options   None      12    Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   None      13    Other financial or non-   None   | 0  |                              |      |  |
| Safety Monitoring Board or<br>Advisory Board  |    | pending                      |      |  |
| Safety Monitoring Board or<br>Advisory Board  |    |                              |      |  |
| Advisory Board  | 9  |                              | None |  |
| 10    Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid   None      11    Stock or stock options   None      11    Stock or stock options   None      12    Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   None      13    Other financial or non-   None   |    |                              |      |  |
| in other board, society, committee or advocacy group, paid or unpaid  |    | Advisory Board               |      |  |
| committee or advocacy<br>group, paid or unpaid   None      11    Stock or stock options   None      12    Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   None      13    Other financial or non-   None  | 10 | Leadership or fiduciary role | None |  |
| 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-   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-   None  |    | committee or advocacy        |      |  |
| 11    Stock or stock options   None      12    Receipt of equipment, materials, drugs, medical writing, gifts or other services   None      13    Other financial or non-   None  |    | group, paid or unpaid        |      |  |
| 12  Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services None    13  Other financial or non- None  | 11 |                              | None |  |
| materials, drugs, medical<br>writing, gifts or other<br>services  |    |                              |      |  |
| materials, drugs, medical<br>writing, gifts or other<br>services  |    |                              |      |  |
| materials, drugs, medical<br>writing, gifts or other<br>services  | 12 | Possint of aquinment         | Nono |  |
| writing, gifts or other<br>services   | 12 |                              |      |  |
| services  Image: services    13  Other financial or non- None   |    |                              |      |  |
| 13  Other financial or non- None  |    |                              |      |  |
|   |    |                              |      |  |
| financial interests   | 13 |                              | None |  |
|   |    | financial interests          |      |  |
|   |    |                              |      |  |

None

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

| Date: December 7, 2021  |
|---|
| Your Name: <u>Carlo Selmi</u>   |
| Manuscript Title: The gut microbiome contributes to splenomegaly and tissue inflammation in a murine mode |
| of primary biliary cholangitis  |
| Manuscript number (if known): <u>ATM-21-5448</u>  |

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.

|   |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present                               | None   |   |
|   | manuscript (e.g., funding,                                |  |   |
|   | provision of study materials,                             |  |   |
|   | medical writing, article                                  |  |   |
|   | processing charges, etc.)<br>No time limit for this item. |  |   |
|   | No time limit for this item.                              |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                                  | None   |   |
|   | any entity (if not indicated                              |  |   |
|   | in item #1 above).  |  |   |
| 3 | Royalties or licenses                                     | None   |   |
|   |   |  |   |
|   |   |  |   |
| 4 | Consulting fees   | None   |   |
|   |   |  |   |

| 5    | Payment or honoraria for     | None |  |
|------|------------------------------|------|--|
|      | lectures, presentations,     |      |  |
|      | speakers bureaus,            |      |  |
|      | manuscript writing or        |      |  |
|      | educational events           |      |  |
| 6    | Payment for expert           | None |  |
| 0    | testimony                    |      |  |
|      |                              |      |  |
| _    |                              |      |  |
| 7    | Support for attending        | None |  |
|      | meetings and/or travel       |      |  |
|      |                              |      |  |
|      |                              |      |  |
|      |                              |      |  |
| 8    | Patents planned, issued or   | None |  |
| Ū    | pending                      |      |  |
|      | pending                      |      |  |
| 9    | Participation on a Data      | None |  |
| 9    | Safety Monitoring Board or   |      |  |
|      | Advisory Board               |      |  |
| - 10 |                              |      |  |
| 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          |      |  |
|      |                              |      |  |
|      |                              |      |  |

None

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

| ate: December 7, 2021  |
|--|
| our Name: <u>M. Eric Gershwin</u>  |
| anuscript Title: The gut microbiome contributes to splenomegaly and tissue inflammation in a murine mode |
| of primary biliary cholangitis   |
| anuscript number (if known): <u>ATM-21-5448</u>  |

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.

|   |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present                           | None   |   |
|   | manuscript (e.g., funding,                            |  |   |
|   | provision of study materials,                         |  |   |
|   | medical writing, article<br>processing charges, etc.) |  |   |
|   | No time limit for this item.                          |  |   |
|   | No time mint for this item.                           |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                              | None   |   |
|   | any entity (if not indicated                          |  |   |
|   | in item #1 above).                                    |  |   |
| 3 | Royalties or licenses                                 | None   |   |
|   |   |  |   |
|   |   |  |   |
| 4 | Consulting fees                                       | None   |   |
|   |   |  |   |

| 5    Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>educational events   None      6    Payment for expert<br>testimony   None      7    Support for attending<br>meetings and/or travel   None      8    Patents planned, issued or<br>pending   None      9    Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board   None      10    Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid   None      11    Stock or stock options   None      12    Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   None      13    Other financial or non-<br>financial interests   None |    |                              |      |  |
|---|----|------------------------------|------|--|
| lectures, presentations, speakers bureaus, manuscript writing or educational events   |    |                              |      |  |
| speakers bureaus,<br>manuscript writing or<br>educational events  | 5  | Payment or honoraria for     | None |  |
| manuscript writing or<br>educational events   |    | lectures, presentations,     |      |  |
| educational events  |    | speakers bureaus,            |      |  |
| educational events  |    | -                            |      |  |
| 6    Payment for expert testimony   |    |                              |      |  |
| testimony   | 6  |                              | 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-   None   | 0  |                              |      |  |
| meetings and/or travel  |    | testimony                    |      |  |
| meetings and/or travel  | _  |                              |      |  |
| 8    Patents planned, issued or pending   | 7  |                              | None |  |
| pending   |    | meetings and/or travel       |      |  |
| pending   |    |                              |      |  |
| pending   |    |                              |      |  |
| pending   |    |                              |      |  |
| pending   | 0  | Batants planned issued or    | Nono |  |
| 9    Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board   None      10    Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid   None      11    Stock or stock options   None      12    Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   None      13    Other financial or non-   None   | 0  |                              |      |  |
| Safety Monitoring Board or<br>Advisory Board  |    | pending                      |      |  |
| Safety Monitoring Board or<br>Advisory Board  |    |                              |      |  |
| Advisory Board  | 9  |                              | None |  |
| 10    Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid   None      11    Stock or stock options   None      11    Stock or stock options   None      12    Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   None      13    Other financial or non-   None   |    |                              |      |  |
| in other board, society, committee or advocacy group, paid or unpaid  |    | Advisory Board               |      |  |
| committee or advocacy<br>group, paid or unpaid   None      11    Stock or stock options   None      12    Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   None      13    Other financial or non-   None  | 10 | Leadership or fiduciary role | None |  |
| 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-   None  |    | in other board, society,     |      |  |
| 11    Stock or stock options   None      12    Receipt of equipment, materials, drugs, medical writing, gifts or other services   None      13    Other financial or non-   None  |    | committee or advocacy        |      |  |
| 11    Stock or stock options   None      12    Receipt of equipment, materials, drugs, medical writing, gifts or other services   None      13    Other financial or non-   None  |    | group, paid or unpaid        |      |  |
| 12  Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services None    13  Other financial or non- None  | 11 |                              | None |  |
| materials, drugs, medical<br>writing, gifts or other<br>services  |    |                              |      |  |
| materials, drugs, medical<br>writing, gifts or other<br>services  |    |                              |      |  |
| materials, drugs, medical<br>writing, gifts or other<br>services  | 12 | Possint of aquipment         | Nono |  |
| writing, gifts or other<br>services   | 12 |                              |      |  |
| services  Image: services    13  Other financial or non- None   |    |                              |      |  |
| 13  Other financial or non- None  |    |                              |      |  |
|   | 10 |                              |      |  |
| financial interests   | 13 |                              | None |  |
|   |    | financial interests          |      |  |
|   |    |                              |      |  |

None

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

| Date: December 7, 2021   |
|--|
| /our Name: Shu-Han Yang  |
| Manuscript Title: The gut microbiome contributes to splenomegaly and tissue inflammation in a murine model |
| of primary biliary cholangitis   |
| Manuscript number (if known): <u>ATM-21-5448</u>   |

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.

|   |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present                           | None   |   |
|   | manuscript (e.g., funding,                            |  |   |
|   | provision of study materials,                         |  |   |
|   | medical writing, article<br>processing charges, etc.) |  |   |
|   | No time limit for this item.                          |  |   |
|   | No time mint for this item.                           |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                              | None   |   |
|   | any entity (if not indicated                          |  |   |
|   | in item #1 above).                                    |  |   |
| 3 | Royalties or licenses                                 | None   |   |
|   |   |  |   |
|   |   |  |   |
| 4 | Consulting fees                                       | None   |   |
|   |   |  |   |

| 5    Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>educational events   None      6    Payment for expert<br>testimony   None      7    Support for attending<br>meetings and/or travel   None      8    Patents planned, issued or<br>pending   None      9    Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board   None      10    Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid   None      11    Stock or stock options   None      12    Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   None      13    Other financial or non-<br>financial interests   None |    |                              |      |  |
|---|----|------------------------------|------|--|
| lectures, presentations, speakers bureaus, manuscript writing or educational events   |    |                              |      |  |
| speakers bureaus,<br>manuscript writing or<br>educational events  | 5  | Payment or honoraria for     | None |  |
| manuscript writing or<br>educational events   |    | lectures, presentations,     |      |  |
| educational events  |    | speakers bureaus,            |      |  |
| educational events  |    | -                            |      |  |
| 6    Payment for expert testimony   |    |                              |      |  |
| testimony   | 6  |                              | 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-   None   | 0  |                              |      |  |
| meetings and/or travel  |    | testimony                    |      |  |
| meetings and/or travel  | _  |                              |      |  |
| 8    Patents planned, issued or pending   | 7  |                              | None |  |
| pending   |    | meetings and/or travel       |      |  |
| pending   |    |                              |      |  |
| pending   |    |                              |      |  |
| pending   |    |                              |      |  |
| pending   | 0  | Batants planned issued or    | Nono |  |
| 9    Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board   None      10    Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid   None      11    Stock or stock options   None      12    Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   None      13    Other financial or non-   None   | 0  |                              |      |  |
| Safety Monitoring Board or<br>Advisory Board  |    | pending                      |      |  |
| Safety Monitoring Board or<br>Advisory Board  |    |                              |      |  |
| Advisory Board  | 9  |                              | None |  |
| 10    Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid   None      11    Stock or stock options   None      11    Stock or stock options   None      12    Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   None      13    Other financial or non-   None   |    |                              |      |  |
| in other board, society, committee or advocacy group, paid or unpaid  |    | Advisory Board               |      |  |
| committee or advocacy<br>group, paid or unpaid   None      11    Stock or stock options   None      12    Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   None      13    Other financial or non-   None  | 10 | Leadership or fiduciary role | None |  |
| 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-   None  |    | in other board, society,     |      |  |
| 11    Stock or stock options   None      12    Receipt of equipment, materials, drugs, medical writing, gifts or other services   None      13    Other financial or non-   None  |    | committee or advocacy        |      |  |
| 11    Stock or stock options   None      12    Receipt of equipment, materials, drugs, medical writing, gifts or other services   None      13    Other financial or non-   None  |    | group, paid or unpaid        |      |  |
| 12  Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services None    13  Other financial or non- None  | 11 |                              | None |  |
| materials, drugs, medical<br>writing, gifts or other<br>services  |    |                              |      |  |
| materials, drugs, medical<br>writing, gifts or other<br>services  |    |                              |      |  |
| materials, drugs, medical<br>writing, gifts or other<br>services  | 12 | Possint of aquipment         | Nono |  |
| writing, gifts or other<br>services   | 12 |                              |      |  |
| services  Image: services    13  Other financial or non- None   |    |                              |      |  |
| 13  Other financial or non- None  |    |                              |      |  |
|   | 10 |                              |      |  |
| financial interests   | 13 |                              | None |  |
|   |    | financial interests          |      |  |
|   |    |                              |      |  |

None

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

| Date: December 7, 2021   |
|--|
| our Name: Zhe-Xiong Lian   |
| Nanuscript Title: The gut microbiome contributes to splenomegaly and tissue inflammation in a murine model |
| of primary biliary cholangitis   |
| /lanuscript number (if known): <u>ATM-21-5448</u>  |

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.

|   |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present                               | None   |   |
|   | manuscript (e.g., funding,                                |  |   |
|   | provision of study materials,                             |  |   |
|   | medical writing, article                                  |  |   |
|   | processing charges, etc.)<br>No time limit for this item. |  |   |
|   | No time innit for this item.                              |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                                  | None   |   |
|   | any entity (if not indicated                              |  |   |
|   | in item #1 above).  |  |   |
| 3 | Royalties or licenses                                     | None   |   |
|   |   |  |   |
|   |   |  |   |
| 4 | Consulting fees   | None   |   |
|   |   |  |   |

| 5    | Payment or honoraria for     | None |  |
|------|------------------------------|------|--|
|      | lectures, presentations,     |      |  |
|      | speakers bureaus,            |      |  |
|      | manuscript writing or        |      |  |
|      | educational events           |      |  |
| 6    | Payment for expert           | None |  |
| 0    | testimony                    |      |  |
|      | testimony                    |      |  |
| _    |                              |      |  |
| 7    | Support for attending        | None |  |
|      | meetings and/or travel       |      |  |
|      |                              |      |  |
|      |                              |      |  |
|      |                              |      |  |
| 8    | Patents planned, issued or   | None |  |
| Ū    | pending                      |      |  |
|      | pending                      |      |  |
| 9    | Participation on a Data      | None |  |
| 9    | Safety Monitoring Board or   |      |  |
|      | Advisory Board               |      |  |
| - 10 |                              |      |  |
| 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          |      |  |
|      |                              |      |  |
|      |                              |      |  |

None

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