

ICMJE DISCLOSURE FORM

Date: 2023/7/1

Your Name: Sakura Kirino

Manuscript Title: Detecting advanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

Manuscript number (if known): QIMS-23-511-R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial 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.	__X__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	

4	Consulting fees	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

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

None.

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

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

ICMJE DISCLOSURE FORM

Date: 2023/7/1

Your Name: Nobuharu Tamaki

Manuscript Title: Detecting advanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

Manuscript number (if known): QIMS-23-511-R1

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3	Royalties or licenses	__X__ None	

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6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 2023/7/1

Your Name: Masayuki Kurosaki

Manuscript Title: Detecting advanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

Manuscript number (if known): QIMS-23-511-R1

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3	Royalties or licenses	__X__ None	
4	Consulting fees		

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Gilead Sciences Inc., Abbvie, Eisai Co., Ltd., Bayer AG, and Otsuka Holdings Co., Ltd	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Masayuki Kurosaki received lecture fees from Gilead Sciences Inc., Abbvie, Eisai Co., Ltd., Bayer AG, and Otsuka Holdings Co., Ltd.

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

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

ICMJE DISCLOSURE FORM

Date: 2023/7/1

Your Name: Yuka Takahashi

Manuscript Title: Detecting advanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

Manuscript number (if known): QIMS-23-511-R1

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7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

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Date: 2023/7/1

Your Name: Mayu Higuchi

Manuscript Title: Detecting advanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

Manuscript number (if known): QIMS-23-511-R1

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3	Royalties or licenses	__X__ None	

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6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
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Date: 2023/7/1

Your Name: Yoshie Itakura

Manuscript Title: Detecting advanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

Manuscript number (if known): QIMS-23-511-R1

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3	Royalties or licenses	__X__ None	

4	Consulting fees	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

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Date: 2023/7/1

Your Name: Yuki Tanaka

Manuscript Title: Detecting advanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

Manuscript number (if known): QIMS-23-511-R1

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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Date: 2023/7/1

Your Name: Kento Inada

Manuscript Title: Detecting advanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

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Date: 2023/7/1

Your Name: Shun Ishido

Manuscript Title: Detecting advanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

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ICMJE DISCLOSURE FORM

Date: 2023/7/1

Your Name: Koji Yamashita

Manuscript Title: Detecting advanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

Manuscript number (if known): QIMS-23-511-R1

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6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

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

None.

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

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

ICMJE DISCLOSURE FORM

Date: 2023/7/1

Your Name: Tsubasa Nobusawa

Manuscript Title: Detecting advanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

Manuscript number (if known): QIMS-23-511-R1

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

4	Consulting fees	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 2023/7/1

Your Name: Hiroaki Matsumoto

Manuscript Title: Detecting advanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

Manuscript number (if known): QIMS-23-511-R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 2023/7/1

Your Name: Yuka Hayakawa

Manuscript Title: Detecting advanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

Manuscript number (if known): QIMS-23-511-R1

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

ICMJE DISCLOSURE FORM

Date: 2023/7/1

Your Name: Tatsuya Kakegawa

Manuscript Title: Detecting advanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

Manuscript number (if known): QIMS-23-511-R1

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

ICMJE DISCLOSURE FORM

Date: 2023/7/1

Your Name: Kenta Takaura

Manuscript Title: Detecting advanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

Manuscript number (if known): QIMS-23-511-R1

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11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

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

ICMJE DISCLOSURE FORM

Date: 2023/7/1

Your Name: Shohei Tanaka

Manuscript Title: Detecting advanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

Manuscript number (if known): QIMS-23-511-R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 2023/7/1

Your Name: Chiaki Maeyashiki

Manuscript Title: Detecting advanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

Manuscript number (if known): QIMS-23-511-R1

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ICMJE DISCLOSURE FORM

Date: 2023/7/1

Your Name: Shun Kaneko

Manuscript Title: Detecting advanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

Manuscript number (if known): QIMS-23-511-R1

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ICMJE DISCLOSURE FORM

Date: 2023/7/1

Your Name: Yutaka Yasui

vanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

Manuscript number (if known): QIMS-23-511-R1

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ICMJE DISCLOSURE FORM

Date: 2023/7/1

Your Name: Kaoru Tsuchiya

vanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

Manuscript number (if known): QIMS-23-511-R1

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

None.

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

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Date: 2023/7/1

Your Name: Hiroyuki Nakanishi

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 2023/7/1

Your Name: Ryuichi Okamoto

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Manuscript number (if known): QIMS-23-511-R1

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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

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ICMJE DISCLOSURE FORM

Date: 2023/7/1

Your Name: Namiki Izumi

Manuscript Title: Detecting advanced liver fibrosis using ultrasound shear wave velocity measurement in the general population

Manuscript number (if known): QIMS-23-511-R1

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees		

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Gilead Sciences Inc., Abbvie,	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Namiki Izumi received lecture fees from Gilead Sciences Inc. and Abbvie.

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