Date:_02-Sept 2021	
Your Name: Marten Schulz	_
Manuscript Title: Shear wave elastography and shear wave dispersion imaging in primary biliary cholangitis – a	pilot
study	
Manuscript number (if known): QIMS-21-657	

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 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 initialxNone	planning of the work
		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	x_None	

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	x_None	
	testimony		
_			
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
10			
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	y None	
13	financial interests	x_None	
	illialiciai liiterests		
Dla	assa summariza tha abova s	anflict of interest in the fo	llowing 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.

Date:_09/07/2021
Your Name:_Wilde, Anne-Christin_Beatrice
Manuscript Title: Shear wave elastography and shear wave dispersion imaging in primary biliary cholangitis – a pilot
study
Manuscript number (if known): QIMS-21-657

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		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	Intercept Pharma
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	None
	testimony	
-	6 16 11 11	11 12 15
7	Support for attending meetings and/or travel	Intercept Pharma, MSD, Novartis
	meetings and/or travel	Novartis
8	Patents planned, issued or	None
	pending	
9	Participation on a Data	None
	Safety Monitoring Board or	
40	Advisory Board	N.
10	Leadership or fiduciary role	None
	in other board, society, committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	None
	Stock of Stock options	
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	None
	financial interests	

I received travel grant from Intercept Pharma, MSD, Novartis

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:	_31.08.2021
Your Name:	Münevver DEMIR
Manuscript Ti	le: Shear wave elastography and shear wave dispersion imaging in primary biliary cholangitis – a pilo
study	
Manuscript no	mber (if known): QIMS-21-657

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1	All support for the present	Time frame: Since the initial X None	planning of the work
1	All support for the present manuscript (e.g., funding,	^_NOTIE	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_None	
	0 111 6		
4	Consulting fees	_XNone	

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

I have no conflicts of interest		

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: 07.09.2021

Your Name: Tobias Müller

Manuscript Title: Shear wave elastography and shear wave dispersion imaging in primary biliary cholangitis - a pilot

study

Manuscript number (if known): QIMS-21-657

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		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.	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
7	Support for attending	x_None	
	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	v. None	
13	financial interests	xNone	
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FIE	case summanize the above t	ominica of interest in the 10	nowing box.

No conflict of interest		

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:Septemb	er 7 th , 2021
Your Name:	_Frank Tacke
Manuscript Title: 9	Shear wave elastography and shear wave dispersion imaging in primary biliary cholangitis – a pilot
study	
Manuscript number	er (if known):_ QIMS-21-657

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		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.	_X_ None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	Allergan, BMS, Inventiva, Gilead (funding to my institution)
3	Royalties or licenses	_X None	

4	Consulting fees	None	Allergan, Bayer, Gilead, BMS, Boehringer, Intercept, Ionis, Inventiva, Merz, Pfizer, Alnylam, NGM, CSL Behring, Novo Nordisk, Novartis
-			
5	Payment or honoraria for lectures, presentations,	None	Gilead, AbbVie, Falk, Merz, Intercept
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	None	Alnylam
7	Support for attending	None	Gilead
7	Support for attending meetings and/or travel	None	Gliead
8	Patents planned, issued or pending	None	BMS
9	Participation on a Data Safety Monitoring Board or	None	Pfizer
	Advisory Board		
10		N.	
10	Leadership or fiduciary role in other board, society,	_x None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_x None	
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12	Receipt of equipment,	_x None	
	materials, drugs, medical		
	writing, gifts or other		
12	Services Other financial or non	y None	
13	Other financial or non- financial interests	_x None	

The laboratory of FT has received funding from Allergan, BMS, Inventiva and Gilead. FT has received honoraria or consulting fees from Allergan, Alnylam, Bayer, Gilead, BMS, Boehringer, Intercept, Ionis, Inventiva, Merz, Pfizer, NGM, CSL Behring, Novo Nordisk, Novartis, Falk. The consulting activities are unrelated to the current 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.	

Manusc study Manusc	Your Na	Date:
Manuscript Title: Shear wave elastography and shear wave dispersion imaging in primary biliary cholangitis — a pilot study Manuscript number (if known): QIMS-21-657	Your Name: AICX andex Wree	ie: 01-SEP-2021

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

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

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

4	ω		2	No. of Street, or							Ъ						
Consulting fees	Royalties or licenses	in item #1 above).	Grants or contracts from			No time limit for this item.	processing charges, etc.)	medical writing, article	provision of study materials,	manuscript (e.g., funding,	All support for the present						N = 100 M = 10
None	None		None	Time frame: past 36 months					2	/ 1	XNone	Time frame: Since the initial planning of the work	needed)	none (add rows as	relationship or indicate	whom you have this	Name all entities with
				36 months								planning of the work			institution)	(e.g., if payments were made to you or to your	Specifications/Comments

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Other financial or nonfinancial interests	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Stock or stock options	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Participation on a Data Safety Monitoring Board or Advisory Board	Patents planned, issued or pending	Support for attending meetings and/or travel	Payment for expert testimony	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events
None	None	None	None	None	None	None	None	None

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