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# ICMJE DISCLOSURE FORM

Date: JULY 28, 2021  
 Your Name: ANTONELLA TOLO  
 Manuscript Title: NON INVASIVE TOOL FOR DETECTION OF LIVER DISEASE IN CHILDREN  
 Manuscript number (if known): AND ADULTS WITH CYSTE FIBROSIS  
 ID: TR-21-68-R3

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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:

NO CONFLICT OF INTEREST
-------------------------

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.

*Subella Bero*

2

## ICMJE DISCLOSURE FORM

Date: July 28, 2024  
 Your Name: SEPE ANGELA  
 Manuscript Title: Non-invasive tools for detection of liver disease in children and adolescents with cystic fibrosis  
 Manuscript number (if known): ID: TP-24-68-R3

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.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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No conflict of interest

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

*Cheryl Lee*

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# ICMJE DISCLOSURE FORM

Date: 28/07/2021

Your Name: Alice Castaldo *Alice Castaldo*

Manuscript Title: Non-invasive tools for detection of liver disease in children and adolescents with cystic fibrosis

Manuscript number (if known): TP-21-68-R3

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: 28/07/2021

Your Name: ANDREA CATZOLA

Manuscript Title: NON-INVASIVE TOOLS FOR DETECTION OF LIVER DISEASE IN

Manuscript number (if known): CHILDREN AND ADOLESCENTS WITH CYSTIC FIBROSIS

↳ TP-21-68-R3

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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no conflict of interest

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

DOT. ANDREA CATZOLA





Date: 28/07/2021

Your Name: Chiara Cimbalo



**Manuscript Title:** Non-invasive tools for detection of liver disease in children and adolescents with cystic fibrosis  
**Manuscript number (if known):** TP-21-68-R3

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>  X  </u> None	
6	Payment for expert testimony	<u>  X  </u> None	
7	Support for attending meetings and/or travel	<u>  X  </u> None	
8	Patents planned, issued or pending	<u>  X  </u> None	
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11	Stock or stock options	<u>  X  </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  X  </u> None	
13	Other financial or non-financial interests	<u>  X  </u> None	

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

No conflict of interest
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**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: 28/7/21  
 Your Name: VALENTINA ANGELUM  
 Manuscript Title: NON-INVASIVE TOOLS FOR DETECTION OF LIVER DISEASE  
 Manuscript number (if known): TP-21-68-R3

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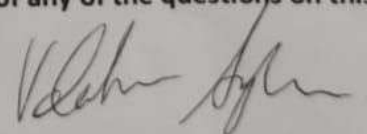
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked=""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

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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.



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# ICMJE DISCLOSURE FORM

Date: 29/07/2021

Your Name: GIANFRANCO VALLONE

Manuscript Title: NON-INVASIVE TOOLS FOR DETECTION OF LIVER DISEASE IN CHILDREN AND ADOLESCENTS

Manuscript number (if known): IP-21-68-R3

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	



5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

NO CONFLICT OF INTEREST

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 form.

Date: 2021/08/04Your Name: Roberto BuzzettiManuscript Title: Non-invasive tools for detection of liver disease in children and adolescents with cystic fibrosisManuscript number (if known): TP-21-68-R3

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).		Dipartimento di Scienze Mediche Traslazionali dell'Università degli Studi di Napoli Federico II
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

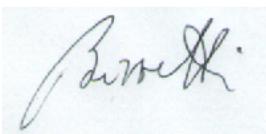
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Contract with Dipartimento di Scienze Mediche Traslazionali dell'Università degli Studi di Napoli Federico II

**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: JULY 28, 2022  
 Your Name: VALERIA RAI  
 Manuscript Title: New machine tools for detection of liver disease in children  
 Manuscript number (if known): and adolescents with cystic fibrosis  
 ID: TP-21-68-R3

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*Ufaie*

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# ICMJE DISCLOSURE FORM

Date: 28/07/2021

Your Name: Maria Grazia Caprio

Manuscript Title: \_ \_ Non-invasive tools for detection of liver disease in children and adolescents with cystic fibrosis

Manuscript number (if known): TP-21-68-R3

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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.

*Maria G. G. G.*