

ICMJE DISCLOSURE FORM

Date: 03/08/22

Your Name: Paul Horn

Manuscript Title: “Unboxing the cell type specific contribution of endoplasmic reticulum stress to NASH pathophysiology – myeloid X-box-binding protein 1 as a driver of steatohepatitis and fibrosis”

Manuscript number (if known): TGH-22-65

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from	Novo Nordisk	To my institution

	any entity (if not indicated in item #1 above).		
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:

The author received funding from Novo Nordisk through the University of Birmingham.

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.

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Date: 03/08/22

Your Name: Frank Tacke

Manuscript Title: “Unboxing the cell type specific contribution of endoplasmic reticulum stress to NASH pathophysiology – myeloid X-box-binding protein 1 as a driver of steatohepatitis and fibrosis”

Manuscript number (if known): TGH-22-65

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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)	Allergan, Bristol-Myers Squibb, Inventiva,	funding to my institution

	in item #1 above).	Gilead	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	Allergan, Bayer, Gilead, Bristol-Myers Squibb, Boehringer, Intercept, Ionis, Inventiva, Merz, Pfizer, Alnylam, NGM, CSL Behring, Novo Nordisk, Novartis	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Gilead, AbbVie, Falk, Merz, Intercept	
6	Payment for expert testimony	Alnylam	
7	Support for attending meetings and/or travel	Gilead	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Pfizer	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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

The author received grants from Allergan, BMS, Inventiva and Gilead to his institution; consultation fees from Allergan, Bayer, Gilead, BMS, Boehringer, Intercept, Ionis, Inventiva, Merz, Pfizer, Alnylam, NGM, CSL Behring, Novo Nordisk and Novartis; honoraria for lectures and presentations from Gilead, AbbVie, Falk, Merz and Intercept; payment for expert testimony from Alnylam; travel support from Gilead; and participated on the Pfizer advisory board.

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.