

## ICMJE DISCLOSURE FORM

Date: Mar. 13<sup>th</sup>, 2024

Your Name: Xuan Dong

Manuscript Title: Global Burden of Adult NAFLD and NASH has been steadily increasing over the past decades and is expected to persist in the future

Manuscript number (if known):

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"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <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: Mar. 13<sup>th</sup>, 2024

Your Name: Jing-Mao Li

Manuscript Title: Global Burden of Adult NAFLD and NASH has been steadily increasing over the past decades and is expected to persist in the future

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## ICMJE DISCLOSURE FORM

Date: Mar. 13<sup>th</sup>, 2024

Your Name: Xiao-Ling Lu

Manuscript Title: Global Burden of Adult NAFLD and NASH has been steadily increasing over the past decades and is expected to persist in the future

Manuscript number (if known):

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## ICMJE DISCLOSURE FORM

Date: Mar. 13<sup>th</sup>, 2024

Your Name: Xiao-Yun Lin

Manuscript Title: Global Burden of Adult NAFLD and NASH has been steadily increasing over the past decades and is expected to persist in the future

Manuscript number (if known):

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## ICMJE DISCLOSURE FORM

Date: Mar. 13<sup>th</sup>, 2024

Your Name: Mei-Zhu Hong

Manuscript Title: Global Burden of Adult NAFLD and NASH has been steadily increasing over the past decades and is expected to persist in the future

Manuscript number (if known):

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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>	Natural Science Foundation of Fujian Province of China	No. 2020J011218
<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"/> X <input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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**Please summarize the above conflict of interest in the following box:**

The author reports the funding from the Natural Science Foundation of Fujian Province of China (No. 2020J011218).

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## ICMJE DISCLOSURE FORM

Date: Mar. 13<sup>th</sup>, 2024

Your Name: Shangeng Weng

Manuscript Title: Global Burden of Adult NAFLD and NASH has been steadily increasing over the past decades and is expected to persist in the future

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3	Royalties or licenses	__ X __ None	
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## ICMJE DISCLOSURE FORM

Date: Mar. 13<sup>th</sup>, 2024

Your Name: Jin-Shui Pan

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		Natural Science Foundation of Fujian Province of China	No. 2022J02030
		Major Research Project for Young and Middle-aged People of the Health Commission of Fujian Province	No. 2022ZQNZD004
<b>Time frame: past 36 months</b>			
2	Grants or contracts from	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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