

ICMJE DISCLOSURE FORM

Date: 8/31/2022

Your Name: Nobuharu Tamaki

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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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Your Name: Noora Ahlholm

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Manuscript Number (if known): 162513-JCI-CMED-RV-2

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Your Name: Panu K. Luukkonen

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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.

ICMJE DISCLOSURE FORM

Date: 8/30/2022

Your Name: Suzanne Sharpton

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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: 8/31/2022

Your Name: Veeral Ajmera

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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: 8/31/2022

Your Name: Yuko Kono

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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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.

ICMJE DISCLOSURE FORM

Date: 8/30/2022

Your Name: Shravan Dave

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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: 8/31/2022

Your Name: Aijaz Ahmed

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/31/2022

Your Name: Michael Wilkinson

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/30/2022

Your Name: Heather Patton

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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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.

ICMJE DISCLOSURE FORM

Date: 8/30/2022

Your Name: Hersh Gupta

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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: 8/30/2022

Your Name: Vanessa Cervantes

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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: 8/30/2022

Your Name: Christie Hernandez

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/30/2022

Your Name: Scarlett Lopez

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/30/2022

Your Name: Ria Loomba

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/30/2022

Your Name: Amanda Baumgartner

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/31/2022

Your Name: Lisa Richards

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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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.

ICMJE DISCLOSURE FORM

Date: 8/31/2022

Your Name: Perttu E.T. Arkkila

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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: 8/31/2022

Your Name: Katriina Nemes

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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Date: 8/31/2022

Your Name: Helena Isoniemi

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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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.

ICMJE DISCLOSURE FORM

Date: 30.8.2022

Your Name: Hannele Yki-Järvinen

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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 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 | <div> <input type="checkbox"/> None </div> <table border="1"> <tr> <td>Academy of Finland</td> <td>University of Helsinki, Helsinki, Finland</td> </tr> <tr> <td>Sigrid Juselius Foundation</td> <td>Minerva Foundation Institute for Medical Research</td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table> | Academy of Finland | University of Helsinki, Helsinki, Finland | Sigrid Juselius Foundation | Minerva Foundation Institute for Medical Research | | Click the tab key to add additional rows. | |
| Academy of Finland | University of Helsinki, Helsinki, Finland | | | | | | | |
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| | Click the tab key to add additional rows. | | | | | | | |
| Time frame: past 36 months | | | | | | | | |
| 2 | <div> <input type="checkbox"/> None </div> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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|--------------------------------------|--|---|---|--------------------------------------|---------|--------------------------|--|-------------------------|--|--|--|
| 4 | Consulting fees | <input type="checkbox"/> None <table border="1"> <tr> <td>Hamni Pharmaceuticals advisory board</td> <td></td> </tr> <tr> <td>Eli Lilly advisory board</td> <td></td> </tr> <tr> <td>Novo Nordisk Foundation</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | Hamni Pharmaceuticals advisory board | | Eli Lilly advisory board | | Novo Nordisk Foundation | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None <table border="1"> <tr> <td>Novo Nordisk Foundation</td> <td>Lecture</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | Novo Nordisk Foundation | Lecture | | | | | | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None <table border="1"> <tr> <td>Please see</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | Please see | | | | | | | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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ICMJE DISCLOSURE FORM

Date: 8/19/2022

Your Name: Rohit Loomba

Manuscript Title: Risk of advanced fibrosis in first-degree relatives of patients with nonalcoholic fatty liver disease

Manuscript Number (if known): 162513-JCI-CMED-RV-2

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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| 1 | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> | | | | | | | <div style="border: 1px solid black; padding: 2px; font-size: small; color: #999;">Click the tab key to add additional rows.</div> |
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| 2 | <div style="display: flex; align-items: center;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 5px;"> RL receives funding support from NCATS (5UL1TR001442), NIDDK (U01DK061734, U01DK130190, R01DK106419, R01DK121378, R01DK124318, P30DK120515), NHLBI (P01HL147835), and NIAAA (U01AA029019). </td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;"> his institutions received research grants from Arrowhead Pharmaceuticals, Astrazeneca, Boehringer-Ingelheim, Bristol-Myers Squibb, Eli Lilly, Galectin Therapeutics, Galmed Pharmaceuticals, Gilead, Hanmi, Intercept, Inventiva, Ionis, Janssen, Madrigal Pharmaceuticals, Merck, NGM Biopharmaceuticals, Novo Nordisk, Pfizer, Sonic </td> <td></td> </tr> </table> | RL receives funding support from NCATS (5UL1TR001442), NIDDK (U01DK061734, U01DK130190, R01DK106419, R01DK121378, R01DK124318, P30DK120515), NHLBI (P01HL147835), and NIAAA (U01AA029019). | | his institutions received research grants from Arrowhead Pharmaceuticals, Astrazeneca, Boehringer-Ingelheim, Bristol-Myers Squibb, Eli Lilly, Galectin Therapeutics, Galmed Pharmaceuticals, Gilead, Hanmi, Intercept, Inventiva, Ionis, Janssen, Madrigal Pharmaceuticals, Merck, NGM Biopharmaceuticals, Novo Nordisk, Pfizer, Sonic | | | | |
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|---|--|--|---|
| | | Incytes and Terns Pharmaceuticals. Co-founder of LipoNexus Inc. | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 4 | Consulting fees | <input type="checkbox"/> None | |
| | | RL serves as a consultant to Aardvark Therapeutics, Altimune, Anylam/Regeneron, Amgen, Arrowhead Pharmaceuticals, AstraZeneca, Bristol-Myer Squibb, CohBar, Eli Lilly, Galmed, Gilead, Glympse bio, Hightide, Inipharma, Intercept, Inventiva, Ionis, Janssen Inc., Madrigal, Metacrine, Inc., NGM Biopharmaceuticals, Novartis, Novo Nordisk, Merck, Pfizer, Sagimet, Theratechnologies, 89 bio, Terns Pharmaceuticals and Viking Therapeutics. | |
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