Date: 12-SEP-2021

Your Name AGUSTIN ALBILLOS

Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis

Manuscript number (if known JHEPR-D-21-00209R1

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                                                                                                                                                                       | 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. | None                                                                                         |                                                                                     |
|   |                                                                                                                                                                       | Time frame: neet                                                                             | 26 months                                                                           |
| 2 | Grants or contracts from                                                                                                                                              | Time frame: past                                                                             | 56 Months                                                                           |
| 2 | any entity (if not indicated in item #1 above).                                                                                                                       | None                                                                                         |                                                                                     |
| 3 | Royalties or licenses                                                                                                                                                 | None                                                                                         |                                                                                     |
| 4 | Consulting fees                                                                                                                                                       | None                                                                                         |                                                                                     |
| 5 |                                                                                                                                                                       | None                                                                                         |                                                                                     |

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

Date: August 18<sup>th</sup> 2021

Your Name: Ana Garcia Garcia de Paredes

Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis

Manuscript number (if known): JHEPR-D-21-00209

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                                                                                                                                                                       | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution)  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. | None                                                                                                                        |                                                                                                           |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                              | Time frame: past Ministerio de Ciencia e Innovación and Instituto de Salud Carlos III (CM18/00091)                          | 36 months  Contrato Rio Hortega                                                                           |
| 3 | Royalties or licenses                                                                                                                                                 | None                                                                                                                        |                                                                                                           |

| 4  | Consulting fees                                   | None |  |
|----|---------------------------------------------------|------|--|
|    |                                                   |      |  |
| 5  | Payment or honoraria for                          | None |  |
|    | lectures, presentations,                          |      |  |
|    | speakers bureaus,<br>manuscript writing or        |      |  |
|    | educational events                                |      |  |
| 6  | Payment for expert                                | None |  |
|    | testimony                                         |      |  |
| 7  | Support for attending                             | None |  |
| ,  | meetings and/or travel                            | None |  |
|    | -                                                 |      |  |
|    |                                                   |      |  |
| 8  | Patents planned, issued or                        | None |  |
|    | pending                                           |      |  |
| 9  | Participation on a Data                           | None |  |
| 9  | Safety Monitoring Board or                        | None |  |
|    | Advisory Board                                    |      |  |
| 10 | Leadership or fiduciary role                      | None |  |
|    | in other board, society,                          |      |  |
|    | committee or advocacy group, paid or unpaid       |      |  |
| 11 | Stock or stock options                            | None |  |
|    |                                                   |      |  |
|    |                                                   |      |  |
| 12 | Receipt of equipment,                             | None |  |
|    | materials, drugs, medical writing, gifts or other |      |  |
| _  | services                                          |      |  |
| 13 | Other financial or non-                           | None |  |
|    | financial interests                               |      |  |
|    |                                                   |      |  |

Date: September 13th, 2021 Your Name: Beatriz Peñas

Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated

Cirrhosis

Manuscript number (if known): JHEPR-D-21-00209

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> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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<br>whom you have this<br>relationship or indicate<br>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. | None                                                                                                  |                                                                                     |

|   |                                                                                                              | 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 lectures, presentations, speakers bureaus, manuscript writing or educational events | None             |           |
|   |                                                                                                              |                  |           |
|   |                                                                                                              |                  |           |
| 6 | Payment for expert testimony                                                                                 | None             |           |
|   |                                                                                                              |                  |           |
|   |                                                                                                              |                  |           |
| 7 | Support for attending meetings and/or travel                                                                 | None             |           |
|   |                                                                                                              |                  |           |
|   |                                                                                                              |                  |           |
| 8 | Patents planned, issued or pending                                                                           | None             |           |
|   |                                                                                                              |                  |           |
|   |                                                                                                              |                  |           |

| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board                           | None |  |
|----|---------------------------------------------------------------------------------------------------|------|--|
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |  |
| 11 | Stock or stock options                                                                            | None |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services         | None |  |
| 13 | Other financial or non-<br>financial interests                                                    | None |  |

Date: 09-13-2021

Your Name: Carles Aracil

Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis

Manuscript number (if known): JHEPR-D-21-00209

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                                                                                                                                                                       | 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. | _X None                                                                                      |                                                                                     |
|   |                                                                                                                                                                       | 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 lectures, presentations,     | X None  |
|     | speakers bureaus,<br>manuscript writing or            |         |
|     | educational events                                    |         |
| 6   | Payment for expert testimony                          | _X None |
|     |                                                       |         |
| 7   | Support for attending                                 | X None  |
|     | meetings and/or travel                                |         |
|     |                                                       |         |
|     |                                                       |         |
| 8   | Patents planned, issued or pending                    | X None  |
|     |                                                       |         |
| 9   | Participation on a Data<br>Safety Monitoring Board or | _X None |
|     | Advisory Board                                        |         |
|     |                                                       |         |
| 10  | Leadership or fiduciary role in other board, society, | X None  |
|     | committee or advocacy                                 |         |
| 4.4 | group, paid or unpaid                                 | V. N    |
| 11  | Stock or stock options                                | X None  |
|     |                                                       |         |
| 10  | D                                                     |         |
| 12  | Receipt of equipment, materials, drugs, medical       | X None  |
|     | writing, gifts or other                               |         |
| 12  | Services Other financial or non                       | V. None |
| 13  | Other financial or non-<br>financial interests        | X None  |
|     |                                                       |         |
|     |                                                       |         |

Date: 21/09/2021

Your Name: Carolina Blanco Agudo

Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis

Manuscript number (if known): JHEPR-D-21-00209

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                                                                                                                                                                       | 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. | X None                                                                                       |                                                                                     |
|   |                                                                                                                                                                       | 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 lectures, presentations,     | X None |  |
|    | speakers bureaus,                                     |        |  |
|    | manuscript writing or educational events              |        |  |
| 6  | Payment for expert testimony                          | X None |  |
|    |                                                       |        |  |
|    |                                                       |        |  |
| 7  | Support for attending meetings and/or travel          | X None |  |
|    | -                                                     |        |  |
|    |                                                       |        |  |
| 8  | Patents planned, issued or pending                    | X None |  |
|    |                                                       |        |  |
|    |                                                       |        |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or | X None |  |
|    | Advisory Board                                        |        |  |
|    |                                                       |        |  |
| 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 |  |
|    |                                                       |        |  |
|    |                                                       |        |  |
| 12 | Receipt of equipment, materials, drugs, medical       | X None |  |
|    | writing, gifts or other                               |        |  |
|    | services                                              |        |  |
| 13 | Other financial or non-<br>financial interests        | X None |  |
|    |                                                       |        |  |
|    |                                                       |        |  |

Date: 13/SEP/2021

Your Name: Càndid Villanueva

Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis

Manuscript number (if known): JHEPR-D-21-00209

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                                                                                                                                                                       | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial | 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. | None                                                                                                                        |                                                                                     |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                              | Time frame: past None                                                                                                       | 36 months                                                                           |
| 3 | Royalties or licenses                                                                                                                                                 | None                                                                                                                        |                                                                                     |

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

| Pate: 09/23/2021<br>Your Name: Eddynar Alvarado Tapas.                                            |
|---------------------------------------------------------------------------------------------------|
| Your Name: Eddinar Alvarado Japas.                                                                |
| Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis |
| Manuscript number (if known): IHEPR-D-21-00209                                                    |

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 manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                                                                                                                                                                       | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|   |                                                                                                                                                                       | Time frame: Since the initi                                                                              | al 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. | None                                                                                                     |                                                                                     |
|   |                                                                                                                                                                       | Time frame: pas                                                                                          | t 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 lectures, presentations, speakers bureaus, manuscript writing or                  | None |  |
|    | educational events                                                                                         |      |  |
| 6  | Payment for expert testimony                                                                               | None |  |
| 7  | Support for attending meetings and/or travel                                                               | None |  |
| 8  | Patents planned, issued or pending                                                                         | Nône |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board                                    | None |  |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid | None |  |
| 11 | Stock or stock options                                                                                     | None |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                  | None |  |
| 13 | Other financial or non-<br>financial interests                                                             | None |  |

Date: September 13 of 2021 Your Name: Felix Royo

Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis

Manuscript number (if known): JHEPR-D-21-00209

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                                                                                                                                                                       | 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. | X None                                                                                       |                                                                                     |
|   |                                                                                                                                                                       | 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 lectures, presentations,     | X None  |  |
|    | speakers bureaus,                                     |         |  |
|    | manuscript writing or educational events              |         |  |
| 6  | Payment for expert testimony                          | X_ None |  |
|    |                                                       |         |  |
|    |                                                       |         |  |
| 7  | Support for attending meetings and/or travel          | _X None |  |
|    |                                                       |         |  |
|    |                                                       |         |  |
| 8  | Patents planned, issued or pending                    | X None  |  |
|    |                                                       |         |  |
|    | 5                                                     |         |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or | X None  |  |
|    | Advisory Board                                        |         |  |
|    |                                                       |         |  |
| 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  |  |
|    |                                                       |         |  |
|    |                                                       |         |  |
| 12 | Receipt of equipment, materials, drugs, medical       | X None  |  |
|    | writing, gifts or other                               |         |  |
|    | services                                              |         |  |
| 13 | Other financial or non-<br>financial interests        | X None  |  |
|    |                                                       |         |  |
|    |                                                       |         |  |

Date: September 20, 2021 Your Name: Jaume Bosch

Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis

Manuscript number (if known): JHEPR-D-21-00209

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                                                                                                               | 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                                                                |                                                                                             |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article | Instituto de Salud Carlos<br>III, Spain Ministry of Health                                   | Grants from Fondo de Investigación Sanitaria for the PREDESCI Study, paid to my Institution |
|   | processing charges, etc.)  No time limit for this item.                                                       |                                                                                              |                                                                                             |
|   |                                                                                                               | 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                                                                                               | Actelion, BioVie, Lipocine,<br>Surrozen                                                      | Consultancy fees paid to me. Not related in any way to the paper or its content             |

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

**Date:** 13/09/2021

Your Name: Juan Carlos García Pagán

Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis

Manuscript number (if known): JHEPR-D-21-00209

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                                                                                                                                                                       | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution)  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. | None                                                                                                                        |                                                                                                           |
|   |                                                                                                                                                                       | 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 lectures, presentations,     | None |  |
|    | speakers bureaus,                                     |      |  |
|    | manuscript writing or educational events              |      |  |
| 6  | Payment for expert testimony                          | None |  |
|    |                                                       |      |  |
|    |                                                       |      |  |
| 7  | Support for attending meetings and/or travel          | None |  |
|    |                                                       |      |  |
|    |                                                       |      |  |
| 8  | Patents planned, issued or pending                    | None |  |
|    |                                                       |      |  |
|    |                                                       |      |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or | None |  |
|    | Advisory Board                                        |      |  |
|    |                                                       |      |  |
| 10 | Leadership or fiduciary role in other board, society, | None |  |
|    | committee or advocacy                                 |      |  |
|    | group, paid or unpaid                                 |      |  |
| 11 | Stock or stock options                                | None |  |
|    |                                                       |      |  |
|    |                                                       |      |  |
| 12 | Receipt of equipment, materials, drugs, medical       | None |  |
|    | writing, gifts or other                               |      |  |
|    | services                                              |      |  |
| 13 | Other financial or non-<br>financial interests        | None |  |
|    |                                                       |      |  |
|    |                                                       |      |  |

Date: 14/SEP/2021

Your Name: Juan Gonzalez-Abraldes

Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis

Manuscript number (if known): JHEPR-D-21-00209R1

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                                                                                                                                                                       | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial | 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. | None                                                                                                                        |                                                                                     |
|   |                                                                                                                                                                       | 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 lectures, presentations,     | None |  |
|    | speakers bureaus,                                     |      |  |
|    | manuscript writing or educational events              |      |  |
| 6  | Payment for expert testimony                          | None |  |
|    |                                                       |      |  |
|    |                                                       |      |  |
| 7  | Support for attending meetings and/or travel          | None |  |
|    |                                                       |      |  |
|    |                                                       |      |  |
| 8  | Patents planned, issued or pending                    | None |  |
|    |                                                       |      |  |
|    |                                                       |      |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or | None |  |
|    | Advisory Board                                        |      |  |
|    |                                                       |      |  |
| 10 | Leadership or fiduciary role in other board, society, | None |  |
|    | committee or advocacy                                 |      |  |
|    | group, paid or unpaid                                 |      |  |
| 11 | Stock or stock options                                | None |  |
|    |                                                       |      |  |
|    |                                                       |      |  |
| 12 | Receipt of equipment, materials, drugs, medical       | None |  |
|    | writing, gifts or other                               |      |  |
|    | services                                              |      |  |
| 13 | Other financial or non-<br>financial interests        | None |  |
|    |                                                       |      |  |
|    |                                                       |      |  |

Date: 13/SEP/2021

Your Name: Joan Genesca

Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis

Manuscript number (if known): JHEPR-D-21-00209

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

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

**Date:** September 13<sup>th</sup> 2021 **Your Name:** Jordi Gracia-Sancho

Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis

Manuscript number (if known): JHEPR-D-21-00209

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                                                                          | 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,                   | None                                                                                         |                                                                                     |
|   | provision of study materials, medical writing, article                   | FIS PI20/00220                                                                               | Grant support to my Institution from the Instituto de Salud Carlos III              |
|   | processing charges, etc.)  No time limit for this item.                  | CIBEREHD                                                                                     | Grant support to my Institution from the Instituto de<br>Salud Carlos III           |
|   |                                                                          |                                                                                              |                                                                                     |
|   |                                                                          |                                                                                              |                                                                                     |
|   |                                                                          |                                                                                              |                                                                                     |
|   |                                                                          | 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                                       | y None  |  |
|----|-------------------------------------------------------|---------|--|
| 4  | Consulting rees                                       | x None  |  |
|    |                                                       |         |  |
|    |                                                       |         |  |
| 5  | Payment or honoraria for lectures, presentations,     | x None  |  |
|    | speakers bureaus,                                     |         |  |
|    | manuscript writing or educational events              |         |  |
| 6  | Payment for expert testimony                          | _x None |  |
|    |                                                       |         |  |
| 7  | Support for attending meetings and/or travel          | x None  |  |
|    | meetings and/or traver                                |         |  |
|    |                                                       |         |  |
| 8  | Patents planned, issued or pending                    | x None  |  |
|    |                                                       |         |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or | x None  |  |
|    | Advisory Board                                        |         |  |
|    |                                                       |         |  |
| 10 | Leadership or fiduciary role in other board, society, | _x None |  |
|    | committee or advocacy                                 |         |  |
| 11 | group, paid or unpaid Stock or stock options          | _x None |  |
|    | Stock of Stock options                                | _x None |  |
|    |                                                       |         |  |
| 12 | Receipt of equipment,                                 | _x None |  |
| 12 | materials, drugs, medical                             | None    |  |
|    | writing, gifts or other services                      |         |  |
| 13 | Other financial or non-                               | x None  |  |
| 13 | financial interests                                   | _x None |  |
|    |                                                       |         |  |
|    |                                                       |         |  |

Date:

Your Name: Jose Luis Calleja

Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis

Manuscript number (if known): JHEPR-D-21-00209

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> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|        |                                                                                                                                                                       | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|        |                                                                                                                                                                       | Time frame: Since the initi                                                                              | al 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. | None                                                                                                     |                                                                                     |
| RELE   |                                                                                                                                                                       | Time frame: pas                                                                                          | st 36 months                                                                        |
| 2      | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                              | ✓ None                                                                                                   | 5 -                                                                                 |
| 3      | Royalties or licenses                                                                                                                                                 | _¥_ None                                                                                                 |                                                                                     |
|        |                                                                                                                                                                       |                                                                                                          |                                                                                     |
| 772707 |                                                                                                                                                                       |                                                                                                          |                                                                                     |

| 4  | Consulting fees                                                                                              | _X_ None      |                                 |
|----|--------------------------------------------------------------------------------------------------------------|---------------|---------------------------------|
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None          |                                 |
| 6  | Payment for expert testimony                                                                                 | _X_None       |                                 |
| •  | Support for attending meetings and/or travel                                                                 | None          |                                 |
| 8  | Patents planned, issued or pending                                                                           | None          |                                 |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board                                      | <u>✓</u> None |                                 |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid   | None          | PRESIDENT SPANISH LIVER SOCIETY |
| 11 | Stock or stock options                                                                                       | X None        |                                 |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                    | ─¥ None       |                                 |
| 13 | Other financial or non-<br>financial interests                                                               | None          |                                 |

| Date: 13 Septiembre 2021                                                                          |
|---------------------------------------------------------------------------------------------------|
| Your Name: JUAN MANUEL FALCON-PEREZ                                                               |
| Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis |
| Manuscript number (if known): JHEPR-D-21-00209                                                    |

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 manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                                                                                                                                                                       | 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) |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4 |                                                                                                                                                                       | 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. | None                                                                                         |                                                                                     |
|   |                                                                                                                                                                       | 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 lectures, presentations, speakers bureaus, manuscript writing or         | None |  |
|    | educational events                                                                                |      |  |
| 6  | Payment for expert testimony                                                                      | None |  |
| 7  | Support for attending meetings and/or travel                                                      | None |  |
|    |                                                                                                   |      |  |
| 8  | Patents planned, issued or pending                                                                | None |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board                           | None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |  |
| 11 | Stock or stock options                                                                            | None |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services         | None |  |
| 13 | Other financial or non-<br>financial interests                                                    | None |  |

Date: SEPTEMBER 13TH, 2021

Your Name: MARIA LAURA GARCIA BERMEJO

Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis

Manuscript number (if known): JHEPR-D-21-00209

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                                                                                                                                                                       | 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. | _X None                                                                                      |                                                                                     |
|   |                                                                                                                                                                       | 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 lectures, presentations, | _X None |  |
|    | speakers bureaus,<br>manuscript writing or        |         |  |
|    | educational events                                |         |  |
| 6  | Payment for expert testimony                      | _X None |  |
|    |                                                   |         |  |
| 7  | Support for attending meetings and/or travel      | X None  |  |
|    |                                                   |         |  |
|    |                                                   |         |  |
| 8  | Patents planned, issued or pending                | X None  |  |
|    |                                                   |         |  |
| 9  | Participation on a Data                           | _X None |  |
|    | 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  |  |
|    |                                                   |         |  |
|    |                                                   |         |  |
| 12 | Receipt of equipment,                             | X None  |  |
|    | materials, drugs, medical                         |         |  |
|    | writing, gifts or other                           |         |  |
| 13 | services Other financial or non-                  | _X None |  |
| 13 | financial interests                               | _ANOTIC |  |
|    |                                                   |         |  |
|    |                                                   |         |  |

\_\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form

**Date:** 15<sup>th</sup> September 2021 **Your Name:** Maria Poca

Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis

Manuscript number (if known): JHEPR-D-21-00209

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

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

Date: 01/09/2021

Your Name: Nicolò Manicardi

Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis

Manuscript number (if known): JHEPR-D-21-00209

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 manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                                                                                                                                                                       | 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. | _X None                                                                                      |                                                                                     |
|   |                                                                                                                                                                       | 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 lectures, presentations, speakers bureaus, manuscript writing or educational events | X_ None |  |
| 6  | Payment for expert                                                                                           | X None  |  |
|    | testimony                                                                                                    |         |  |
|    |                                                                                                              |         |  |
| 7  | Support for attending meetings and/or travel                                                                 | X None  |  |
|    |                                                                                                              |         |  |
|    |                                                                                                              |         |  |
| 8  | Patents planned, issued or pending                                                                           | X None  |  |
|    |                                                                                                              |         |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or                                                        | X None  |  |
|    | Advisory Board                                                                                               |         |  |
| 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  |  |
|    |                                                                                                              |         |  |
| 12 | Receipt of equipment,                                                                                        | X None  |  |
|    | materials, drugs, medical                                                                                    |         |  |
|    | writing, gifts or other services                                                                             |         |  |
| 13 | Other financial or non-<br>financial interests                                                               | X None  |  |
|    |                                                                                                              |         |  |
|    |                                                                                                              |         |  |

Date: 13/SEP/2021

Your Name: Rafael Bañares

Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis

Manuscript number (if known): JHEPR-D-21-00209

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

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

Date: 13 -SEP - 2021

Your Name: ROSA M= MORILLAS

Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis

Manuscript number (if known): JHEPR-D-21-00209

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|   | DATE OF THE PARTY | Time frame: Since the initi                                                                              | al 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | None                                                                                                     |                                                                                     |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Time frame: pas                                                                                          | st 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 lectures, presentations,     | ≥ None |
|     | speakers bureaus,                                     |        |
|     | manuscript writing or educational events              |        |
| 6   | Payment for expert testimony                          | None   |
|     |                                                       |        |
| 7   | Support for attending                                 | None   |
|     | meetings and/or travel                                |        |
|     |                                                       |        |
| 8   | Patents planned, issued or pending                    | None   |
|     |                                                       |        |
| 9   | Participation on a Data                               | > None |
| 3   | Safety Monitoring Board or<br>Advisory Board          | None   |
|     | Advisory Board                                        |        |
| 10  | Leadership or fiduciary role in other board, society, | None   |
|     | committee or advocacy                                 |        |
|     | group, paid or unpaid                                 |        |
| 11  | Stock or stock options                                | None   |
| - 6 |                                                       |        |
|     |                                                       |        |
| 12  | Receipt of equipment,<br>materials, drugs, medical    | None   |
|     | writing, gifts or other services                      |        |
| 13  | Other financial or non-<br>financial interests        | ✓ None |
|     |                                                       |        |

**Date:** September 22, 2021 **Your Name:** Salvador AUGUSTIN

Manuscript Title: Serum miR-181b-5p Predicts Ascites Onset in Patients with Compensated Cirrhosis

Manuscript number (if known): JHEPR-D-21-00209

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                                                                                                                                                                       | 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. | None                                                                                         |                                                                                     |
|   |                                                                                                                                                                       | Time frame: past                                                                             | 36 months                                                                           |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                              | Gilead                                                                                       |                                                                                     |
| 3 | Royalties or licenses                                                                                                                                                 | None                                                                                         |                                                                                     |

| 4  | Consulting fees                                                                                              | Boehringer Ingelheim,<br>Gilead, Intercept,<br>Novartis |                                                                                                                            |
|----|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Allergan, Gilead, MSD,<br>Menarini, Novartis            |                                                                                                                            |
| 6  | Payment for expert testimony                                                                                 | None                                                    |                                                                                                                            |
| 7  | Support for attending meetings and/or travel                                                                 | Gilead                                                  |                                                                                                                            |
| 8  | Patents planned, issued or pending                                                                           | None                                                    |                                                                                                                            |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board                                      | None                                                    |                                                                                                                            |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None                                                    |                                                                                                                            |
| 11 | Stock or stock options                                                                                       | None                                                    |                                                                                                                            |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                    | None                                                    |                                                                                                                            |
| 13 | Other financial or non-<br>financial interests                                                               | Boehringer Ingelheim                                    | SA is now an employee of Boehringer-Ingelheim, although he was not at the time of design and execution of the present work |
|    |                                                                                                              |                                                         |                                                                                                                            |