

ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Simone Di Cola

Manuscript Title: Myosteatosis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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Time frame: Since the initial planning of the work								
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 562 1520 667"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 827 1520 932"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1092 1520 1197"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Gennaro D'Amico

Manuscript Title: Myosteatorsis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 825 1516 961"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Paolo Caraceni

Manuscript Title: Myosteatorsis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Date: 3/28/2024

Your Name: Filippo Schepis

Manuscript Title: Myosteatosi is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

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Date: 3/29/2024

Your Name: Loredana Simone

Manuscript Title: Myosteatorsis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/03/2024

Your Name: Pietro Lampertico

Manuscript Title: Myosteatosi is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Pierluigi Toniutto

Manuscript Title: Myosteatosi is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

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

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5	Payment or honoraria for lectures,	<input checked="" type="checkbox"/> None									

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Silvia Martini

Manuscript Title: Myosteatorosis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

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ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Sergio Maimone

Manuscript Title: Myosteatosi is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 642 1520 747"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 905 1520 1010"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1167 1520 1272"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1430 1520 1535"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1692 1520 1797"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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

ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Antonio Colecchia

Manuscript Title: Myosteatorosis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date:

3/29/2024

Your Name:

Gianluca Svegliati Barone

Manuscript Title:

Myosteatorsis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known):

JHEPAT-D-24-00317R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 298 1520 436"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 940 1520 1045"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1201 1520 1306"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1465 1520 1570"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1726 1520 1831"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 3/30/2024

Your Name: Carlo Alessandria

Manuscript Title: Myosteatosi is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 3/30/2024

Your Name: Alessio Aghemo

Manuscript Title: Myosteatorsis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Saveria Lory Crocè

Manuscript Title: Myosteatorsis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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9	Participation on a Data Safety	<input checked="" type="checkbox"/> None							

		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)
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Luigi Elio Adinolfi

Manuscript Title: Myosteatosi is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

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ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Maria Rendina

Manuscript Title: Myosteatorsis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

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ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Lucia Lapenna

Manuscript Title: Myosteatosi is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Enrico Pompili

Manuscript Title:

Myosteatorsis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known):

JHEPAT-D-24-00317R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Giacomo Zaccherini

Manuscript Title: Myosteatorosis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

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ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Dario Saltini

Manuscript Title: Myosteatosi is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 642 1518 745"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 907 1518 1010"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1171 1518 1274"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1436 1518 1539"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1701 1518 1803"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 298 1520 401"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 560 1520 663"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 823 1520 926"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Massimo Iavarone

Manuscript Title: Myosteatosis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatorsarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Giulia Tosetti

Manuscript Title: Myosteatorsis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Carolina Martelletti

Manuscript Title: Myosteatorsis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Veronica Nassisi

Manuscript Title: Myosteatorosis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

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		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)						
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 298 1520 403"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 560 1520 665"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 823 1520 928"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1085 1520 1190"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1348 1520 1453"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1610 1520 1715"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing,	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1873 1520 1946"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

		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)
	gifts or other services		
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Alberto Ferrarese

Manuscript Title: Myosteatorsis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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	educational events								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 386 1520 485"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 646 1520 745"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 907 1520 1005"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1167 1520 1266"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1428 1520 1526"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1688 1520 1787"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs,	<input checked="" type="checkbox"/> None							

		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)
	medical writing, gifts or other services		
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Ilaria Giovo

Manuscript Title: Myosteatorsis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Chiara Masetti

Manuscript Title: Myosteatorsis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatorsarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 558 1516 699"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1203 1516 1308"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1728 1516 1833"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety	<input checked="" type="checkbox"/> None							

		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)
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Nicola Pugliese

Manuscript Title: Myosteatorsis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

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ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Michele Campigotto

Manuscript Title: Myosteatorsis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 3/29/2024

Your Name: Riccardo Nevola

Manuscript Title: Myosteatosi is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

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ICMJE DISCLOSURE FORM

Date: 3/30/2024

Your Name: Manuela Merli

Manuscript Title: Myosteatorsis is closely associated with sarcopenia and significantly worse outcomes in cirrhosis: A multicentre Italian study (the Epatosarco study)

Manuscript Number (if known): JHEPAT-D-24-00317R1

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