

## ICMJE DISCLOSURE FORM

**Date:** 7/6/2022

**Your Name:** Dr Thomas H. Tranah

**Manuscript Title:** Plasma ammonia levels predict hospitalisation with liver-related complications and mortality in clinically stable outpatients with cirrhosis

**Manuscript Number (if known):** JHEPAT-D-22-00498R1

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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**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:** 05/07/2022

**Your Name:** Maria Pilar Ballester

**Manuscript Title:** Plasma ammonia levels predict hospitalisation with liver-related complications and mortality in clinically stable outpatients with cirrhosis

**Manuscript Number (if known):** JHEPAT-D-22-00498R1

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**Date:** 7/5/2022

**Your Name:** Juan Antonio Carbonell Asíns

**Manuscript Title:** Plasma ammonia levels predict hospitalisation with liver-related complications and mortality in clinically stable outpatients with cirrhosis

**Manuscript Number (if known):** JHEPAT-D-22-00498R1

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## ICMJE DISCLOSURE FORM

**Date:** 7/5/2022

**Your Name:** Javier Ampuero

**Manuscript Title:** Plasma ammonia levels predict hospitalisation with liver-related complications and mortality in clinically stable outpatients with cirrhosis

**Manuscript Number (if known):** JHEPAT-D-22-00498R1

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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:** 7/4/2022

**Your Name:** Gonçalo Alexandrino

**Manuscript Title:** Plasma ammonia levels predict hospitalisation with liver-related complications and mortality in clinically stable outpatients with cirrhosis

**Manuscript Number (if known):** JHEPAT-D-22-00498R1

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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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:** 7/5/2022

**Your Name:** Andra Caracostea

**Manuscript Title:** Plasma ammonia levels predict hospitalisation with liver-related complications and mortality in clinically stable outpatients with cirrhosis

**Manuscript Number (if known):** JHEPAT-D-22-00498R1

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:** 7/5/2022

**Your Name:** Yolanda Sánchez-Torrijos

**Manuscript Title:** Plasma ammonia levels predict hospitalisation with liver-related complications and mortality in clinically stable outpatients with cirrhosis

**Manuscript Number (if known):** JHEPAT-D-22-00498R1

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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:** 7/6/2022

**Your Name:** Karen Louise Thomsen

**Manuscript Title:** Plasma ammonia levels predict hospitalisation with liver-related complications and mortality in clinically stable outpatients with cirrhosis

**Manuscript Number (if known):** JHEPAT-D-22-00498R1

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:** 7/5/2022

**Your Name:** Annarein J.C. Kerbert

**Manuscript Title:** Plasma ammonia levels predict hospitalisation with liver-related complications and mortality in clinically stable outpatients with cirrhosis

**Manuscript Number (if known):** JHEPAT-D-22-00498R1

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:** 7/6/2022

**Your Name:** María Capilla Lozano

**Manuscript Title:** Plasma ammonia levels predict hospitalisation with liver-related complications and mortality in clinically stable outpatients with cirrhosis

**Manuscript Number (if known):** JHEPAT-D-22-00498R1

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## ICMJE DISCLOSURE FORM

**Date:** 7/6/2022

**Your Name:** Desamparados ESCUDERO-GARCIA

**Manuscript Title:** Plasma ammonia levels predict hospitalisation with liver-related complications and mortality in clinically stable outpatients with cirrhosis

**Manuscript Number (if known):** JHEPAT-D-22-00498R1

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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> </table>							

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; 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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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:** 7/6/2022

**Your Name:** Carmina Montoliu

**Manuscript Title:** Plasma ammonia levels predict hospitalisation with liver-related complications and mortality in clinically stable outpatients with cirrhosis

**Manuscript Number (if known):** JHEPAT-D-22-00498R1

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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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:** 7/6/2022

**Your Name:** Rajiv Jalan

**Manuscript Title:** Plasma ammonia levels predict hospitalisation with liver-related complications and mortality in clinically stable outpatients with cirrhosis

**Manuscript Number (if known):** JHEPAT-D-22-00498R1

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <b>Yaqrit Ltd Founder</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Hepyx Ltd</td> <td style="padding: 2px;">Founder</td> </tr> <tr> <td style="padding: 2px;">Cyberliver Ltd</td> <td style="padding: 2px;">Founder</td> </tr> <tr> <td style="padding: 2px;">EF-CLIF</td> <td style="padding: 2px;">Scientific Director</td> </tr> </table>	Hepyx Ltd	Founder	Cyberliver Ltd	Founder	EF-CLIF	Scientific Director	<p>This research was funded by the Medical Research Council (MR/V006757/1) and Instituto de Salud Carlos III (FIS PI18/00150); Fundación Ramón Areces, Consellería de Educación Generalitat Valenciana (PROMETEOII/2018/051), co-funded with European Regional Development Funds (ERDF). The funders had no role in study design, data collection and analysis, decision to publish or preparation of the manuscript.</p>
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Cyberliver Ltd	Founder								
EF-CLIF	Scientific Director								
<b>Time frame: past 36 months</b>									
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11	Stock or stock options	<input type="checkbox"/> None	
		Yaqrit Ltd, Cyberliver Ltd, Hepyx Ltd	
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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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:** 5/7/2022

**Your Name:** Professor Debbie L Shawcross

**Manuscript Title:** Plasma ammonia levels predict hospitalisation with liver-related complications and mortality in clinically stable outpatients with cirrhosis

**Manuscript Number (if known):** JHEPAT-D-22-00498R1

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		EU Horizon 20:20 MICROB-PREDICT [825694]	<b>MICRO</b> Biome-based biomarkers to PREDICT decompensation of cirrhosis and treatment response – Jan 2019-2024 - <b>€15 million</b> .  Partner and Principal Investigator						
		NIHR Research for Patient Benefit (RfPB) Programme Grant [PB-PG-0215-36070]:	A <b>PRO</b> spective, randomised placebo-controlled feasibility trial of <b>F</b> aecal m[icrobiota <b>T</b> ransplantation in cirrhosis - PROFIT Trial – Jan 2018 – June 2019 - <b>£260,530</b> .  Chief Investigator						
		Investigator-initiated study - Norgine Pharmaceuticals UK Ltd – Jan 2020 to March 2022	Restoration of disrupted gut mucosa-associated immune cell regulation in cirrhosis & hepatic encephalopathy with rifaximin <b>£158,104</b> . All payments paid to institution.  Principal Investigator						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; height: 15px;"></td><td style="width:50%; height: 15px;"></td></tr> <tr><td style="width:50%; height: 15px;"></td><td style="width:50%; height: 15px;"></td></tr> <tr><td style="width:50%; height: 15px;"></td><td style="width:50%; height: 15px;"></td></tr> </table>							
<b>4</b>	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;">Participated in advisory boards/consulting for: -Norgine -EnteroBiotix, -Mallinckrodt</td> <td style="width:50%; padding: 5px;">Personal fees</td> </tr> <tr> <td style="width:50%; height: 15px;"></td> <td style="width:50%; height: 15px;"></td> </tr> </table>		Participated in advisory boards/consulting for: -Norgine -EnteroBiotix, -Mallinckrodt	Personal fees				
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<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;">Honoraria for Lectures: -Norgine -Falk Pharma -ASKA pharma</td> <td style="width:50%; padding: 5px;">Personal honoraria</td> </tr> <tr> <td style="width:50%; height: 15px;"></td> <td style="width:50%; height: 15px;"></td> </tr> </table>		Honoraria for Lectures: -Norgine -Falk Pharma -ASKA pharma	Personal honoraria				
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<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; height: 15px;"></td><td style="width:50%; height: 15px;"></td></tr> <tr><td style="width:50%; height: 15px;"></td><td style="width:50%; height: 15px;"></td></tr> <tr><td style="width:50%; height: 15px;"></td><td style="width:50%; height: 15px;"></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)						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	<table border="1"> <tr> <td>Chair of FERARO Trial Steering Committee</td> <td><a href="https://fundingawards.nihr.ac.uk/award/PB-PG-0418-20007">https://fundingawards.nihr.ac.uk/award/PB-PG-0418-20007</a></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Chair of FERARO Trial Steering Committee	<a href="https://fundingawards.nihr.ac.uk/award/PB-PG-0418-20007">https://fundingawards.nihr.ac.uk/award/PB-PG-0418-20007</a>				
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	<table border="1"> <tr> <td>Steering Committee – International Society for Hepatic Encephalopathy &amp; Ammonia Metabolism</td> <td>Voluntary</td> </tr> <tr> <td>EASL Hepatic Encephalopathy Clinical Practice Guideline Committee</td> <td>Voluntary</td> </tr> <tr> <td>British Society of Gastroenterology Gut Microbiota for Health Committee Member</td> <td>Voluntary</td> </tr> </table>	Steering Committee – International Society for Hepatic Encephalopathy & Ammonia Metabolism	Voluntary	EASL Hepatic Encephalopathy Clinical Practice Guideline Committee	Voluntary	British Society of Gastroenterology Gut Microbiota for Health Committee Member	Voluntary
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British Society of Gastroenterology Gut Microbiota for Health Committee Member	Voluntary								
11	Stock or stock options	<input checked="" type="checkbox"/> None							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None							

Please 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.

