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	nown):JHEPAT-D-22-00498R1
content of your manuscript affected by the content	rency, we ask you to disclose all relationships/activities/interests listed below that are related to the ipt. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be of the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.
epidemiology of hypert	os/activities/interests should be defined broadly. For example, if your manuscript pertains to the nsion, you should declare all relationships with manufacturers of antihypertensive medication, even if entioned in the manuscript.
In item #1 below, report frame for disclosure is t	all support for the work reported in this manuscript without time limit. For all other items, the time e past 36 months.
	Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)
	Time frame: Since the initial planning of the work
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 Click the tab key to add additional rows. Click the tab key to add additional rows. 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.
	Time frame: past 36 months
Grants or contracts from any entity (if not indicated in item #1 above).	THT is supported by a Medical Research Council, Clinical Research Training Fellowship (MR/V006757/1).
3 Royalties or licenses	None None

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None 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 Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	Rajiv Jalan is the inventor of OPA, which has been Pharma. He is also the founder of Yaqrit Discove London, Hepyx Limited and Cyberliver. He had return the other authors have no conflicts of interest to	ry, a spin out company from University College esearch collaborations with Yaqrit Discovery.
Plea 🖂	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.		

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	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the		

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

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
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily it about whether to list a relationship/activity/interest, it is preferable that you do so. des/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.
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Plea	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.		

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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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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13	Other financial or non-financial interests	None	
Plea	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.		

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		
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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7	Support for attending meetings and/or travel	None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	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.			

Date:			7/5/2022	
Your Name:			Andra Caracostea	
Manuscript Title:			Plasma ammonia levels predict hospitalisa mortality in clinically stable outpatients wi	
Mai	nuscript Number (if k	(nown):	JHEPAT-D-22-00498R1	
content of your manuscript. "Rela affected by the content of the ma		ipt. "Rela of the ma		
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
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Plea	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.		

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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7	Support for attending meetings and/or travel	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this 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	
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13	Other financial or non-financial interests		None	
Plea	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.			

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	
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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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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		
Ma	nuscript Number (if l	known):	JHEPAT-D-22-00498R1		
In the interest of transparency, w content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		ript. "Rela of the man re in doubt ps/activition ension, you	re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. ies/interests should be defined broadly. For example, if your manuscript pertains to the au should declare all relationships with manufacturers of antihypertensive medication, even if		
tha	t medication is not m	entioned	in the manuscript.		
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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.	This rese	PI18/00150); Fundación Ramón Areces, TEOII/2018/051), co-funded with European R n study design, data collection and analysis, c	Click the tab key to add additional rows. Duncil (MR/V006757/1) and Instituto de Salud Carlos Consellería de Educación Generalitat Valenciana egional Development Funds (ERDF). The funders had lecision to publish or preparation of the manuscript.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	This rese	earch was funded by the Medical Research Co PI18/00150); Fundación Ramón Areces, TEOII/2018/051), co-funded with European R	Click the tab key to add additional rows. Duncil (MR/V006757/1) and Instituto de Salud Carlos Consellería de Educación Generalitat Valenciana egional Development Funds (ERDF). The funders had lecision to publish or preparation of the manuscript.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	This resettill (FIS (PROME no role in	earch was funded by the Medical Research Co PI18/00150); Fundación Ramón Areces, TEOII/2018/051), co-funded with European R n study design, data collection and analysis, c	Click the tab key to add additional rows. Duncil (MR/V006757/1) and Instituto de Salud Carlos Consellería de Educación Generalitat Valenciana egional Development Funds (ERDF). The funders had lecision to publish or preparation of the manuscript.	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None 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 Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	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.		

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	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub! The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned	ort for the work reported in this manuscript without time limit. For all other items, the time	

		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 Click the tab key to add additional rows. 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.	
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	■ None	
3	Royalties or licenses	None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None 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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	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.		

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		
Mar	nuscript Number (if I	known):	JHEPAT-D-22-00498R1		
In the interest of transparency, w content of your manuscript. "Rel affected by the content of the ma		ript. "Rela of the ma			
epic	-	ension, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			rithout time limit. For all other items, the time	
			l entities with whom you have this ship 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	
	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.	Yaqrit Ltd Hepyx I Cyberlin EF-CLIF This rese III (FIS (PROME	td Founder ver Ltd Founder Scientific Director earch was funded by the Medical Research C PI18/00150); Fundación Ramón Areces, TEOII/2018/051), co-funded with European F	ouncil (MR/V006757/1) and Instituto de Salud Carlos Consellería de Educación Generalitat Valenciana Regional Development Funds (ERDF). The funders had decision to publish or preparation of the manuscript.	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Grifols	one	Consultancy arrangement; research grants	
3	Royalties or licenses	⊠ No	one		

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

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	

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

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

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	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.	Infrastructure to support this study was also provided Transplantation, King's College London, UK – MRC gra	• • • • • • • • • • • • • • • • • • • •
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR Evaluation of Mechanism and Efficacy (EME) [NIHR130730] NIHR Policy Research Programme [NIHR201422]:	A PROspective double-blind placebo-controlled multicentre trial of faecal Mlcrobiota tranSplantation to improve outcomEs in patients with cirrhosis - PROMISE trial – May 2021-2026 - £2,500,994. Chief Investigator Tackling antimicrobial resistance in chronic liver disease – Sep 2020 – April 2021 - £163,925. Chief Investigator

		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)
		EU Horizon 20:20 MICROB-PREDICT [825694]	MICROBiome-based biomarkers to PREDICT decompensation of cirrhosis and treatment response – Jan 2019-2024 - €15 million. Partner and Principal Investigator
		NIHR Research for Patient Benefit (RfPB) Programme Grant [PB-PG-0215-36070]:	A <u>PRO</u> spective, randomised placebo-controlled feasibility trial of <u>Fae</u> cal m <u>I</u> crobiota <u>T</u> ransplantation in cirrhosis - PROFIT Trial – Jan 2018 – June 2019 - £260,530.
		Investigator-initiated study - Norgine Pharmaceuticals UK Ltd – Jan 2020 to March 2022	Chief Investigator Restoration of disrupted gut mucosa-ssociated immune cell regulation in cirrhosis & hepatic encephalopathy with rifaximin £158,104. All payments paid to institution.
3	Royalties or	None	Principal Investigator
	licenses		
4	Consulting fees	□ None	
		Participated in advisory boards/consulting for: -Norgine -EnteroBiotix, -Mallinckrodt	Personal fees
5	Payment or honoraria for	□ None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events	Honoraria for Lectures: -Norgine -Falk Pharma -ASKA pharma	Personal honoraria
6	Payment for expert testimony	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)			
7	Support for attending meetings and/or travel	None				
8	Patents planned, issued or pending	None				
9	Participation on a Data Safety Monitoring Board or Advisory Board	Chair of FERARO Trial Steering Committee	https://fundingawards.nihr.ac.uk/award/PB-PG- 0418-20007			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	Steering Committee – International Society for Hepatic Encephalopathy & Ammonia Metabolism EASL Hepatic Encephalopathy Clinical Practice Guideline Committee British Society of Gastroenterology Gut Microbiota for Health Committee Member None	Voluntary Voluntary Voluntary			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None				
13	Other financial or non-financial interests	None				
Please place an "X" next to the following statement to indicate your agreement:						
\boxtimes	□ I certify that I have answered every question and have not altered the wording of any of the questions on this form.					