

# ICMJE DISCLOSURE FORM

**Date:** 3/17/2022

**Your Name:** Lena Allweiss

**Manuscript Title:** Assessing immunological and virological responses in the liver: implications for the cure of chronic hepatitis B virus infection

**Manuscript Number (if known):** JHEPR-D-21-00370

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.

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<b>Time frame: Since the initial planning of the work</b>								
<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 checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<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%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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:** 3/8/2022

**Your Name:** Tobias Boettler

**Manuscript Title:** Assessing immunological and virological responses in the liver: implications for the cure of chronic hepatitis B virus infection

**Manuscript Number (if known):** JHEPR-D-21-00370

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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> <table border="1"> <tr> <td>Deutsche Forschungsgemeinschaft</td> <td>Research support, payment to institution</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	Deutsche Forschungsgemeinschaft	Research support, payment to institution				Click the tab key to add additional rows.
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4	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>Gilead Sciences</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Gilead Sciences								
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>European Association for the study of the liver</td> <td>Scientific committee/Governing Board member</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	European Association for the study of the liver	Scientific committee/Governing Board member							
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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# ICMJE DISCLOSURE FORM

Date: 16<sup>th</sup> March 2022  
 Your Name: Dr Upkar S. Gill  
 Manuscript Title: Assessing immunological and virological responses in the liver: implications for the cure of chronic hepatitis B virus infection  
 Manuscript number (if known): JHEPR-D-21-00370R1

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 current manuscript only.

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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1	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>	<u>None</u>	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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	
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	

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

  X   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: March 14, 2022

Your Name: John Tavis, PhD

Manuscript Title: Assessing immunological and virological responses in the liver: implications for the cure of chronic hepatitis B virus infection

Manuscript number (if known): JHEPR-D-21-00370R1

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	Antios Therapeutics	Scientific Advisor; payment to me

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	____ Hepatitis B Foundation	Scientific Advisor; unpaid
		____ HBV Forum	Governing board member; unpaid
		____ International HBV meeting	Chairman, Scientific Advisory Council; unpaid
		____ ICE-HBV	Incoming Chairman, Governing Board; unpaid
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	

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# ICMJE DISCLOSURE FORM

Date: 14/03/2022

Your Name: Teresa Pollicino

Manuscript Title: Assessing immunological and virological responses in the liver: implications for the cure of chronic hepatitis B virus infection

Manuscript number (if known): JHEPR-D-21-00370R1

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3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>      </u> None Honoraria for lectures from Gilead Sciences
6	Payment for expert testimony	<u>  X  </u> None
7	Support for attending meetings and/or travel	<u>  X  </u> None
8	Patents planned, issued or pending	<u>  X  </u> None
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  X  </u> None
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11	Stock or stock options	<u>  X  </u> None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  X  </u> None
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# ICMJE DISCLOSURE FORM

Date: March 16, 2022

Your Name: Fabien Zoulim

Manuscript Title: Assessing immunological and virological responses in the liver: implications for the cure of chronic hepatitis B virus infection

Manuscript number (if known): JHEPR JHEPR-D-21-00370R1

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		JnJ	To INSERM
		Assembly	To INSERM
3	Royalties or licenses	<u>None</u>	

4	Consulting fees	Aligos, Antios, Arbutus, Assembly, Enanta, Enochian, GSK, VIR, Viravaxx	Personal
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ Gilead	Personal
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