

# ICMJE DISCLOSURE FORM

**Date:** 9/19/2022

**Your Name:** Martin F. Sprinzl

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></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:** 10/1/2022

**Your Name:** Jan Kempski

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** Click or tap here to enter text.

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# ICMJE DISCLOSURE FORM

**Date:** 9/28/2022

**Your Name:** Olkus, Alexander

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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**Date:** 9/21/2022

**Your Name:** Wiegand, Johannes

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

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**Date:** 9/18/2022

**Your Name:** Andreas Geier

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

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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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="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>							
<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="height: 20px;"></td><td style="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>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="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>							

**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:** 9/19/2022

**Your Name:** Ansgar W. Lohse

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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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<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></td></tr> </table>						
<b>Time frame: past 36 months</b>								
<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>						
<b>3</b>	Royalties or licenses	<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>						



		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	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 258 1516 394"> <tr> <td>Consulting Roche</td> <td>Payment to self</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Consulting Roche	Payment to self						
Consulting Roche	Payment to self										
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 480 1516 583"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 825 1516 928"> <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"/> <b>None</b> <table border="1" data-bbox="386 1041 1516 1144"> <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"/> <b>None</b> <table border="1" data-bbox="386 1257 1516 1360"> <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 type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1474 1516 1577"> <tr> <td>Advisory Board MSD</td> <td>Payment to institution</td> </tr> <tr> <td>Advisory Board Genfit</td> <td>Payment to self</td> </tr> <tr> <td>Advisory Board Roche</td> <td>Payment to institution</td> </tr> </table>		Advisory Board MSD	Payment to institution	Advisory Board Genfit	Payment to self	Advisory Board Roche	Payment to institution		
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1665 1516 1768"> <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:** 9/24/2022

**Your Name:** Benjamin Maasoumy

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Roche Diagnostics</td> <td>Institution</td> </tr> <tr> <td>Fujirebio</td> <td>Institution</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Roche Diagnostics	Institution	Fujirebio	Institution		
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4	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>AbbVie</td> <td>To me</td> </tr> <tr> <td>Roche</td> <td>To me</td> </tr> <tr> <td>Luvos</td> <td>To me</td> </tr> <tr> <td></td> <td></td> </tr> </table>		AbbVie	To me	Roche	To me	Luvos	To me										
AbbVie	To me																		
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%;"> <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:** 9/20/2022

**Your Name:** Bernhard Schlevogt

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** n/a

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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Gilead (advisory board)											
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Gilead (lectures)</td> <td></td> </tr> <tr> <td>Alnylam (lectures)</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Gilead (lectures)		Alnylam (lectures)					
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6	Payment for expert testimony	<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>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Gilead</td> <td></td> </tr> <tr> <td>Abbvie</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Gilead		Abbvie					
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8	Patents planned, issued or pending	<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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## ICMJE DISCLOSURE FORM

**Date:** 9/21/2022

**Your Name:** Christoph P. Berg

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <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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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:** 9/21/2022

**Your Name:** Johannes Wiegand

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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:** 9/19/2022

**Your Name:** Lange, Christian, Prof. Dr.

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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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7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Gilead, AbbVie</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Gilead, AbbVie							
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# ICMJE DISCLOSURE FORM

**Date:** 8/26/2021

**Your Name:** [Christoph Neumann-Haefelin]

**Manuscript Title:** [Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers]

**Manuscript Number (if known):** [Click or tap here to enter text.]

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:** 9/19/2022

**Your Name:** Christoph Schramm

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 9/19/2022

**Your Name:** Caroline Zöllner

**Manuscript Title:** [Click or tap here to enter text.]

**Manuscript Number (if known):** [Click or tap here to enter text.]

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="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>						
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="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>						



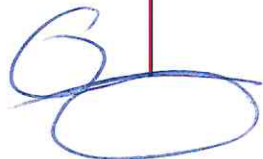
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <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"> <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"> <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"> <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"> <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.

Berlin, 19.05.2022



Dr. med. Caroline Zöllner  
Ärztin

# ICMJE DISCLOSURE FORM

**Date:** 10/1/2021

**Your Name:** Eugen Zizer

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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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4	Consulting fees	<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> <tr><td></td><td></td></tr> </table>									
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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:** 9/18/2022

**Your Name:** Florian P. Reiter

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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>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><a href="#">Click the tab key to add additional rows.</a></td></tr> </table>						<a href="#">Click the tab key to add additional rows.</a>
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<b>Time frame: past 36 months</b>								
<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>						
<b>3</b>	Royalties or licenses	<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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4	Consulting fees	<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> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td>Falk Foundation, Novartis, Ipsen and Gilead</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Falk Foundation, Novartis, Ipsen and Gilead								
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<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: 5px;"> <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: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<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>							

**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: \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Frank Tacke \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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.

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)
<b>Time frame: Since the initial planning of the work</b>			
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>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	Allergan, BMS, Inventiva, Gilead (funding to my institution)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	___ None	Allergan, Bayer, Gilead, BMS, Boehringer, Intercept, Ionis, Inventiva, Merz, Pfizer, Alnylam, NGM, CSL Behring, Novo Nordisk, Novartis
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	Gilead, AbbVie, Falk, Merz, Intercept
6	Payment for expert testimony	___ None	Alnylam
7	Support for attending meetings and/or travel	___ None	Gilead
8	Patents planned, issued or pending	_x_ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	Pfizer
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_x_ None	
11	Stock or stock options	_x_ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_x_ None	
13	Other financial or non-financial interests	_x_ 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:** 10/25/2022

**Your Name:** FLORIAN VAN BÖMMEL

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** n.a.

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>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>Gilead Sciences; Ipsen; Roche; Janssen</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Gilead Sciences; Ipsen; Roche; Janssen					
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7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Advanz Pharma, Gilead Sciences</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Advanz Pharma, Gilead Sciences							
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8	Patents planned, issued or pending	<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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Janssen</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Janssen							
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# ICMJE DISCLOSURE FORM

**Date:** 9/19/2022

**Your Name:** Gerald Denk

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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# ICMJE DISCLOSURE FORM

**Date:** 9/19/2022

**Your Name:** Hartmut H-J Schmidt

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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:** 10/15/2022

**Your Name:** Heiner Wedemeyer

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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# ICMJE DISCLOSURE FORM

**Date:** 9/20/2022

**Your Name:** Dr. med. Juliana Gödiker

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 9/21/2022

**Your Name:** Julia M. Grottenthaler

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <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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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 347 1492 448"> <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="376 560 1492 660"> <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="376 772 1492 873"> <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:** 9/20/2022

**Your Name:** Julia Kahlhöfer

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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"/> <b>None</b> <table border="1"> <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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<b>13</b>	Other financial or non-financial interests	<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:** 9/27/2022

**Your Name:** Schulze zur Wiesch

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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"/> <b>None</b> <table border="1"> <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:** 10/15/2022

**Your Name:** Katja Deterding

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 10/15/2022

**Your Name:** Kerstin Port

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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# ICMJE DISCLOSURE FORM

**Date:** 9/28/2022

**Your Name:** Kathrin Sprinzl

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Gilead Sciences</td> <td>Project funding for a retrospective and prospective HDV cohort from the Rhine-Main-Area</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Gilead Sciences	Project funding for a retrospective and prospective HDV cohort from the Rhine-Main-Area				
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<b>3</b>	Royalties or licenses	<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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Gilead Sciences</td> <td>Payment for presentations about HBV/HDV received</td> </tr> <tr> <td>Abbvie</td> <td>Payment for presentations about HBV/HDV received</td> </tr> <tr> <td>MSD</td> <td>Payment for presentations about liver and pregnanc receivedy</td> </tr> </table>		Gilead Sciences	Payment for presentations about HBV/HDV received	Abbvie	Payment for presentations about HBV/HDV received	MSD	Payment for presentations about liver and pregnanc receivedy		
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# ICMJE DISCLOSURE FORM

9/28/2022

Katharina Willuweit

Treating Hepatitis D with Buleviride – Real-world experience from 114 patients treated at 16 German centers

Click or tap here to enter text.

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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).	<input checked="" type="checkbox"/> <b>None</b>			
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4	Consulting fees	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div> <div></div>	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div> <div></div>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div> <div></div>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div> <div></div>	
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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.

18.5.2021  
Nathan Huet

# ICMJE DISCLOSURE FORM

**Date:** 9/30/2022

**Your Name:** Markus Cornberg

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Novartis</td> <td> </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Novartis							
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# ICMJE DISCLOSURE FORM

**Date:** 9/21/2022

**Your Name:** Münevver DEMIR

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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# ICMJE DISCLOSURE FORM

**Date:** 9/19/2022

**Your Name:** Nektarios Dikopoulos

**Manuscript Title:** Treating Hepatitis D with Bulevirtide - Real world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="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>							

**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:** 9/19/2022

**Your Name:** Buggisch, Peter

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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>										
<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>								
<b>3</b>	Royalties or licenses	<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>								



		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	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Gilead Sciences</td> <td>Advisory Board</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Gilead Sciences	Advisory Board						
Gilead Sciences	Advisory Board										
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>AbbVie, Falk, Gilead, Roche, MSD, Myr</td> <td>Speakers bureau</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		AbbVie, Falk, Gilead, Roche, MSD, Myr	Speakers bureau						
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6	Payment for expert testimony	<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>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>AbbVie, Gilead</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		AbbVie, Gilead							
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8	Patents planned, issued or pending	<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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<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>									
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>Deutsche Leberstiftung</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Deutsche Leberstiftung							
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="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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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="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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# ICMJE DISCLOSURE FORM

**Date:** 9/1/2022

**Your Name:** Peter R. Galle

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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>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>						
<b>3</b>	Royalties or licenses	<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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4	Consulting fees	<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> <tr><td></td><td></td></tr> </table>									
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6	Payment for expert testimony	<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>							
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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:** 10/4/2022

**Your Name:** Prof. Dr. Robert Thimme

**Manuscript Title:** Treating Hepatitis D with Bulevirtide-Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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>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><a href="#">Click the tab key to add additional rows.</a></td></tr> </table>						<a href="#">Click the tab key to add additional rows.</a>
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4	Consulting fees	<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> <tr><td></td><td></td></tr> </table>									
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# ICMJE DISCLOSURE FORM

**Date:** 9/26/2022

**Your Name:** Sabine Weber

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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**Date:** Click or tap to enter a date.

**Your Name:** Click or tap here to enter text.

**Manuscript Title:** Click or tap here to enter text.

**Manuscript Number (if known):** Click or tap here to enter text.

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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>	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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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4	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>BioMarin</td> <td>GSK</td> </tr> <tr> <td>Novo Nordisk</td> <td>Intercept</td> </tr> <tr> <td>SoBi</td> <td>Gilead</td> </tr> <tr> <td>Theratechnologies</td> <td></td> </tr> </table>		BioMarin	GSK	Novo Nordisk	Intercept	SoBi	Gilead	Theratechnologies	
BioMarin	GSK										
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SoBi	Gilead										
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Abbvie,</td> <td>Janssen</td> </tr> <tr> <td>BioMarin</td> <td>MSD/Merck</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Abbvie,	Janssen	BioMarin	MSD/Merck				
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7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Gilead</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Gilead							
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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: 2022-September-18

Your Name: Thomas Berg

Manuscript Title: Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

Manuscript number (if known):

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.

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: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Abbvie, BMS, Gilead, MSD/Merck, Humedics, Intercept, Merz, Novartis, Sequana Medical</u>	Institution
3	Royalties or licenses	<u>None</u>	

4	Consulting fees	____ Abbvie, Alexion, Bayer, Gilead, Eisai, GSK, Intercept, Ipsen, Janssen, MSD/Merck, Novartis, Roche, Sequana Medical, and Shionogi	To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Abbvie, Alexion, Bayer, Gilead, Eisai, Intercept, Ipsen, Janssen, MedUpdate GmbH, MSD/Merck, Novartis, and Sequana Medica	To me
6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	____ Gilead, Abbvie, Intercept, Janssen	
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:** 9/18/2022

**Your Name:** Toni Herta

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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:** 10/3/2021

**Your Name:** Thomas Seufferlein

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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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4	Consulting fees	<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> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<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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# ICMJE DISCLOSURE FORM

**Date:** 9/20/2022

**Your Name:** Uta Merle

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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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.

*U. N. de*

# ICMJE DISCLOSURE FORM

**Date:** 9/18/2022

**Your Name:** Wolf Peter Hofmann

**Manuscript Title:** Treating Hepatitis D with Bulevirtide – Real-world experience from 114 patients treated at 16 German centers

**Manuscript Number (if known):** nn

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)						
<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>Time frame: past 36 months</b>								
<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>						
<b>3</b>	Royalties or licenses	<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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4	Consulting fees	<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> <tr><td></td><td></td></tr> </table>													
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>Gilead</td><td>Speakers honoraria</td></tr> <tr><td>Abbvie</td><td>Speakers honoraria</td></tr> <tr><td>Intervet</td><td>Speakers honoraria</td></tr> <tr><td>Norgine</td><td>Speakers honoraria</td></tr> <tr><td>Novo Nordisc</td><td>Speakers honoraria</td></tr> <tr><td>Falk Pharma</td><td>Speakers honoraria</td></tr> </table>		Gilead	Speakers honoraria	Abbvie	Speakers honoraria	Intervet	Speakers honoraria	Norgine	Speakers honoraria	Novo Nordisc	Speakers honoraria	Falk Pharma	Speakers honoraria
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6	Payment for expert testimony	<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>													
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>Gilead Sciences meeting fees and travel</td><td>Payments to me</td></tr> <tr><td>Abbvie meeting fees and travel</td><td>Payments to me</td></tr> <tr><td></td><td></td></tr> </table>		Gilead Sciences meeting fees and travel	Payments to me	Abbvie meeting fees and travel	Payments to me								
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8	Patents planned, issued or pending	<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>													
9	Participation on a Data Safety Monitoring Board or Advisory Board	<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>													
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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: 5px;"> <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: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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