

## ICMJE DISCLOSURE FORM

**Date:** 7/30/2025

**Your Name:** Mar Coll

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study.

**Manuscript Number (if known):** JHEPR-D-25-00990

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>								
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<b>Time frame: past 36 months</b>								
<b>2</b>	<div> <div>Grants or contracts from any entity (if not indicated in item #1 above).</div> <div> <input checked="" type="checkbox"/> <b>None</b> </div> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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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>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>									
6	Payment for expert testimony	<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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8	Patents planned, issued or pending	<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>									
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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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>							
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<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

## ICMJE DISCLOSURE FORM

**Date:** 8/26/2021

**Your Name:** Elsa Sola

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study

**Manuscript Number (if known):** JHEPR-D-25-00990

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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:** Click or tap to enter a date.

**Your Name:** Natalia Jiménez-Esquivel

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study

**Manuscript Number (if known):** JHEPR-D-25-00990

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" 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>							
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## ICMJE DISCLOSURE FORM

**Date:** 7/30/2025

**Your Name:** Wim Laleman

**Manuscript Title:** sPDL1 and bacterial infections

**Manuscript Number (if known):** JHEPR-D-25-00990

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**Date:** 7/30/2025

**Your Name:** Cristina Solé

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<b>3</b>	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="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>						

		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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6	Payment for expert testimony	<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>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr><td>Gilead</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Gilead								
Gilead											
8	Patents planned, issued or pending	<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>									
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.

## ICMJE DISCLOSURE FORM

**Date:** 8/31/2025

**Your Name:** Nikolaj Torp

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study

**Manuscript Number (if known):** JHEPR-D-25-00990

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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Time frame: Since the initial planning of the work								
<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="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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> <div style="font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>						
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8	Patents planned, issued or pending	<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>							
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Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

**Date:** 7/31/2021

**Your Name:** Giacomo Zaccherini

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study

**Manuscript Number (if known):** JHEPR-D-25-00990

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>3</b>	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>						

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Octapharma AG (scientific consultancy)</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Octapharma AG (scientific consultancy)								
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>Grifols SA (speakers' bureau)</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Grifols SA (speakers' bureau)								
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>Alfasigma (travel grant)</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Alfasigma (travel grant)								
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8	Patents planned, issued or pending	<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>									
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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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<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>	

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:** July 28th, 2025

**Your Name:** María José Moreta Saá

**Manuscript Title:** PD-L1 and the risk of bacterial infection in patients with chronic liver diseases. An international multicohort prospective study

**Manuscript Number (if known):** JHEPR-D-25-00990

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

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## ICMJE DISCLOSURE FORM

**Date:** 7/30/2025

**Your Name:** Ruth Nadal Viñallonga

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study.

**Manuscript Number (if known):** JHEPR-D-25-00990

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

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

## ICMJE DISCLOSURE FORM

**Date:** 7/30/2025

**Your Name:** Martina Perez-Guasch

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study.

**Manuscript Number (if known):** JHEPR-D-25-00990

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>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" style="width: 100%; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							



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

## ICMJE DISCLOSURE FORM

**Date:** 7/28/2025

**Your Name:** Salvatore Piano

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study

**Manuscript Number (if known):** JHEPR-D-25-00990

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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Time frame: Since the initial planning of the work								
<b>1</b>	<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <p>All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)</p> <p><b>No time limit for this item.</b></p> </div> <div style="flex: 1; padding-left: 10px;"> <input type="checkbox"/> <b>None</b> </div> </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">European Association for the Study of the Liver</td> <td>Payment made to my institution</td> </tr> <tr> <td>Italian Society of Internal Medicine</td> <td>Payment made to my institution</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	European Association for the Study of the Liver	Payment made to my institution	Italian Society of Internal Medicine	Payment made to my institution	Click the tab key to add additional rows.		
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European Union	Payment made to my institution							
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<b>3</b>	<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <p>Royalties or licenses</p> </div> <div style="flex: 1; padding-left: 10px;"> <input checked="" type="checkbox"/> <b>None</b> </div> </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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4	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Boehringer Ingelheim</td> <td>Payment made to me</td> </tr> <tr> <td>Plasma Protein Therapeutics Association</td> <td>Payment made to me</td> </tr> <tr> <td>Resolution Therapeutics</td> <td>Payment made to me</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Boehringer Ingelheim	Payment made to me	Plasma Protein Therapeutics Association	Payment made to me	Resolution Therapeutics	Payment made to me			
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Grifols	Payment made 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>									
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## ICMJE DISCLOSURE FORM

**Date:** 7/29/2025

**Your Name:** Elisa Pose Méndez

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study

**Manuscript Number (if known):** JHEPR-D-25-00990

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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>							

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## ICMJE DISCLOSURE FORM

**Date:** 7/28/2025

**Your Name:** Anna Soria Cadena

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study."

**Manuscript Number (if known):** JHEPR-D-25-00990

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## ICMJE DISCLOSURE FORM

**Date:** 7/29/2025

**Your Name:** Evelina Stankevic

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study

**Manuscript Number (if known):** JHEPR-D-25-00990

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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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	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								
<b>1</b>	<div style="display: flex; align-items: flex-start;"> <div style="width: 20px; text-align: center; margin-right: 10px;"><input checked="" type="checkbox"/></div> <div>None</div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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>							<div style="border: 1px solid black; padding: 2px; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>
Time frame: past 36 months								
<b>2</b>	<div style="display: flex; align-items: flex-start;"> <div style="width: 20px; text-align: center; margin-right: 10px;"><input type="checkbox"/></div> <div>None</div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 2px;">The Novo Nordisk Foundation (grant no. NNF15OC0016544), the Novo Nordisk Foundation Challenge Program (grant no. NNF15OC0016692)</td> <td style="width: 40%;"></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>	The Novo Nordisk Foundation (grant no. NNF15OC0016544), the Novo Nordisk Foundation Challenge Program (grant no. NNF15OC0016692)						
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<b>3</b>	<div style="display: flex; align-items: flex-start;"> <div style="width: 20px; text-align: center; margin-right: 10px;"><input checked="" type="checkbox"/></div> <div>None</div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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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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>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>									
6	Payment for expert testimony	<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>									
7	Support for attending meetings and/or travel	<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>									
8	Patents planned, issued or pending	<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>									
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.

## ICMJE DISCLOSURE FORM

**Date:** 29/07/2025

**Your Name:** Marta Tonon

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study.

**Manuscript Number (if known):** JHEPR-D-25-00990

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Time frame: past 36 months									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; justify-content: space-between; align-items: center;"> <span><input checked="" type="checkbox"/> None</span> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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>3</b>	Royalties or licenses	<div style="display: flex; justify-content: space-between; align-items: center;"> <span><input checked="" type="checkbox"/> None</span> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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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4	Consulting fees	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div> <div></div>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <div>Gilead</div> <div>Grifols</div> <div></div>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <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>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	



		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" data-bbox="375 376 1487 479"> <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" data-bbox="375 591 1487 689"> <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" data-bbox="375 797 1487 900"> <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:** 7/29/2025

**Your Name:** Victor Vargas

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study

**Manuscript Number (if known):** JHEPR-D-25-00990

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Time frame: Since the initial planning of the work								
<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="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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>						
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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>3</b>	Royalties or licenses	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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"/> <b>None</b> <table border="1" data-bbox="376 347 1492 481"> <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" data-bbox="376 566 1492 667"> <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="376 900 1492 1001"> <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="376 1113 1492 1214"> <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="376 1326 1492 1426"> <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" data-bbox="376 1538 1492 1639"> <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" data-bbox="376 1724 1492 1825"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" 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>							

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## ICMJE DISCLOSURE FORM

**Date:** 7/29/2025

**Your Name:** CARLO ALESSANDRIA

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study

**Manuscript Number (if known):** JHEPR-D-25-00990

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Time frame: past 36 months								
<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" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <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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## ICMJE DISCLOSURE FORM

**Date:** 7/30/2025

**Your Name:** Xavier Ariza Solé

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study.

**Manuscript Number (if known):** JHEPR-D-25-00990

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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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7	Support for attending meetings and/or travel	<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>									
8	Patents planned, issued or pending	<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>									
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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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>							
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

## ICMJE DISCLOSURE FORM

**Date:** 7/29/2025

**Your Name:** Rafael Bañares

**Manuscript Title:** PD-L1 and the risk of bacterial infection in patients with chronic liver diseases. An international multicohort study

**Manuscript Number (if known):** JHEPR-D-25-00990

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>3</b>	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="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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**Please place an "X" next to the following statement to indicate your agreement:**

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

## ICMJE DISCLOSURE FORM

**Date:** 7/29/2025

**Your Name:** Mads Bastrup Israelsen

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study.

**Manuscript Number (if known):** JHEPR-D-25-00990

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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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>							
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## ICMJE DISCLOSURE FORM

**Date:** 7/29/2025

**Your Name:** Ulrich Beuers

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study

**Manuscript Number (if known):** JHEPR-D-25-00990

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

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9	Participation on a Data Safety 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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## ICMJE DISCLOSURE FORM

**Date:** 7/28/2024

**Your Name:** ANDRES CARDENAS

**Manuscript Title:** PD-L1 and the risk of bacterial infection in patients with chronic liver diseases. An international multicohort study

**Manuscript Number (if known):** JHEPR-D-25-00990

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<b>11</b>	Stock or stock options	<input type="checkbox"/> <b>None</b> <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>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>None</b> <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>							
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b> <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>							
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## ICMJE DISCLOSURE FORM

**Date:** 7/30/2025

**Your Name:** Marta Cervera Carbonell

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study.

**Manuscript Number (if known):** JHEPR-D-25-00990

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

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

## ICMJE DISCLOSURE FORM

**Date:** 7/29/2025

**Your Name:** Joaquín Castillo-Iturra

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study

**Manuscript Number (if known):** JHEPR-D-25-00990

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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JOAQUIN ANDRES  
 CASTILLO ITURRA /  
 num:08569697

Firmado digitalmente por  
 JOAQUIN ANDRES CASTILLO  
 ITURRA / num:08569697  
 Fecha: 2025.07.29 14:56:35  
 +02'00'

## ICMJE DISCLOSURE FORM

**Date:** 29th July 2025

**Your Name:** Berta Cuyas Espi

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study

**Manuscript Number (if known):** JHEPR-D-25-00990

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<b>3</b>	Royalties or licenses	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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:** 7/30/2025

**Your Name:** Núria Fabrellas Padrés

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study.

**Manuscript Number (if known):** JHEPR-D-25-00990

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## ICMJE DISCLOSURE FORM

**Date:** 7/29/2025

**Your Name:** Roberta Gagliardi

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study.

**Manuscript Number (if known):** JHEPR-D-25-00990

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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	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								
<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%; 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> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; 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>						
<b>3</b>	Royalties or licenses	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; 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>						

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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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8	Patents planned, issued or pending	<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>									
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>									

		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	<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>							
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

## ICMJE DISCLOSURE FORM

**Date:** 7/30/2025

**Your Name:** Pere Ginès Gibert

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study.

**Manuscript Number (if known):** JHEPR-D-25-00990

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<b>2</b>	<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> Grants or contracts from any entity (if not indicated in item #1 above). </div> <div style="flex: 1; padding-left: 10px;"> <input type="checkbox"/> <b>None</b> </div> </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Gilead &amp; Grifols</td> <td style="width: 40%;">PG has received research funding from Gilead &amp; Grifols.</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>	Gilead & Grifols	PG has received research funding from Gilead & Grifols.					
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<b>3</b>	<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> Royalties or licenses </div> <div style="flex: 1; padding-left: 10px;"> <input checked="" type="checkbox"/> <b>None</b> </div> </div> <table border="1" style="width: 100%; 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 type="checkbox"/> None <div> <div>Gilead, RallyBio, SeaBeLife, Merck, Sharp and Dohme (MSD), Ocelot Bio, Behring,Roche Diagnostics International, Boehringer Ingelheim and Astra-Zeneca</div> <div></div> <div></div> <div></div> </div>	PG has consulted or attended advisory boards for Gilead, RallyBio, SeaBeLife, Merck, Sharp and Dohme (MSD), Ocelot Bio, Behring,Roche Diagnostics International, Boehringer Ingelheim and Astra-Zeneca <div></div> <div></div> <div></div>
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <div> <div>Pfizer</div> <div></div> <div></div> </div>	PG has received speaking fees from Pfizer <div></div> <div></div>
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	<div></div> <div></div> <div></div>
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></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>	<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>	<div></div> <div></div> <div></div>
10	Leadership or fiduciary role in other board, society, committee or	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	<div></div> <div></div> <div></div>

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	advocacy group, paid or unpaid								
11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 427 1490 528"> <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"/> <b>None</b> <table border="1" data-bbox="376 640 1490 741"> <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"/> <b>None</b> <table border="1" data-bbox="376 853 1490 954"> <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:** 7/30/2025

**Your Name:** Jordi Gratacós Ginès

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study.

**Manuscript Number (if known):** JHEPR-D-25-00990

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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <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>							

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## ICMJE DISCLOSURE FORM

**Date:** 7/29/2025

**Your Name:** Isabel Graupera

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study

**Manuscript Number (if known):** JHEPR-D-25-00990

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## ICMJE DISCLOSURE FORM

**Date:** 7/28/2025

**Your Name:** Queralt Herms Rubió

**Manuscript Title:** PD-L1 and the risk of bacterial infection in patients with chronic liver diseases. An international multicohort study.

**Manuscript Number (if known):** JHEPR-D-25-00990

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

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

## ICMJE DISCLOSURE FORM

**Date:** 7/29/2025

**Your Name:** Yun Huang

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study

**Manuscript Number (if known):** JHEPR-D-25-00990

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

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

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## ICMJE DISCLOSURE FORM

**Date:** 7/29/2025

**Your Name:** Aleksander Krag

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study

**Manuscript Number (if known):** JHEPR-D-25-00990

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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		Madrigal	2025
		GSK	2024, 2025
		Siemens	Advisory board meeting 2019, 2020, 2023
		Novo Nordisk	Advisory Board 2023, 2024, 2025
		Boehringer Ingelheim	Advisory Board 2023, 2024, 2025
		W4Cure	Advisory Board 2025
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		Secretary General European Association for the Study of The Liver (EASL) 2023-2025	Non for profit organization
11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>None</b>	
		Norgine	Rifaximin for an investigator-initiated study, part of Galaxy, an EU funded project under grant agreement No 668031
		Siemens	ELF test for an investigator-initiated study
		Echosence	Fibroscan for an investigator-initiated study, part of LiverScreen, an EU funded project under grant agreement No 847989
		NordicBioscience	ECM markers for investigator-initiated studies
13	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		Board member and co-founder Evido	University spinout company
<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:** 29 – Jul - 2025

**Your Name:** Simone Incicco, MD

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study

**Manuscript Number (if known):** JHEPR-D-25-00990

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## ICMJE DISCLOSURE FORM

**Date:** 7/28/2025

**Your Name:** Stine Johansen

**Manuscript Title:** PD-L1 and the risk of bacterial infection in patients with chronic liver diseases. An international multicohort study

**Manuscript Number (if known):** JHEPR-D-25-00990

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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:** 7/30/2025

**Your Name:** Adrià Juanola Mayos

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study.

**Manuscript Number (if known):** JHEPR-D-25-00990

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:** 28 July 2025

**Your Name:** Gabriel Mezzano

**Manuscript Title:** sPDL1 and bacterial infections

**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:** 7/29/2025

**Your Name:** Manuel Morales-Ruiz

**Manuscript Title:** PD-L1 and the Risk of Bacterial Infection in Patients with Chronic Liver Diseases: An International Multicohort Study

**Manuscript Number (if known):** JHEPR-D-25-00990

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