

# ICMJE DISCLOSURE FORM

**Date:** 7/10/2025

**Your Name:** Mathias Jachs, MD PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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:** 7/10/2025

**Your Name:** Paul Thöne, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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# ICMJE DISCLOSURE FORM

**Date:** 7/10/2025

**Your Name:** Aitor Odriozola, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 7/10/2025

**Your Name:** Fanny Turon, MD PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Lucile Moga, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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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:** 10/7/2025

**Your Name:** Luis Téllez, MD PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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:** 10/7/2025

**Your Name:** Petra Fischer, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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:** 10/7/2025

**Your Name:** Dario Saltini, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Wilhelmus J. Kwanten, PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>co-inventor patent on the use of lipopigment imaging for disease</td> <td>MGH/MIT: US 20190307390</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		co-inventor patent on the use of lipopigment imaging for disease	MGH/MIT: US 20190307390				
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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:** 10/7/2025

**Your Name:** Maria Grasso, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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:** 10/7/2025

**Your Name:** Elba Llop MD PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Yuly P. Mendoza, MD PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Angelo Armandi, MD PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Carlos Pardo, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Antonio Colecchia, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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

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

## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Federico Ravaioli, MD PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Benjamin Maasoumy, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Wim Laleman, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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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"> <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"> <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:** 10/7/2025

**Your Name:** José Presa, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Jörn M. Schattenberg, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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 type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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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:** 10/7/2025

**Your Name:** Annalisa Berzigotti, MD PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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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:** 10/7/2025

**Your Name:** José L. Calleja, PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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:** 10/7/2025

**Your Name:** Vincenza Calvaruso, MD PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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"/> <b>None</b> <table border="1" data-bbox="386 344 1516 449"> <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="386 562 1516 667"> <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="386 777 1516 882"> <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:** 10/7/2025

**Your Name:** Thomas Vanwolleghem, MD PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Filippo Schepis, MD PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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W.L. Gore	Payment to me								
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<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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></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"/> None <table border="1"> <tr> <td>W.L.Gore&amp;Associates</td> <td>Payment to me</td> </tr> <tr> <td>Cook Medical</td> <td>Payment to me</td> </tr> <tr> <td>Echosens</td> <td>Payment to me</td> </tr> <tr> <td></td> <td></td> </tr> </table>		W.L.Gore&Associates	Payment to me	Cook Medical	Payment to me	Echosens	Payment to me		
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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"/> <b>None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
13	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:** 10/7/2025

**Your Name:** Bogdan Procopet, MD PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Agustín Albillos, MD PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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

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

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

## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Pierre-Emmanuel Rautou, MD PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Juan C. Garcia-Pagan, MD PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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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:** 10/7/2025

**Your Name:** Ángela Puente, MD PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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:** 10/7/2025

**Your Name:** José I. Fortea, MD PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Thomas Reiberger, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Mattias Mandorfer, MD PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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10	Leadership or fiduciary role in other board, society,	<input checked="" type="checkbox"/> None <table border="1"> <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></tr> <tr><td></td></tr> <tr><td></td></tr> </table>					
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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** P. Attalla

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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**Date:** 10/7/2025

**Your Name:** Albert F. Stättermayer, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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4	Consulting fees	<input type="checkbox"/> <b>None</b>	
		Albiero	Payment to me
		BiomX	Payment to me
		Falk	Payment to me
		Boehringer Ingelheim	Payment to me
		Bristol-Myers Squibb	Payment to me
		Genfit	Payment to me
		Gilead	Payment to me
		Intercept	Payment to me
		Janssen	Payment to me
		MSD	Payment to me
		Madrigal	Payment to me
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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Virginia Hernández-Gea, PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Audrey Payancé, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Olivier Roux, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Tazime Issoufaly, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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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:** 10/7/2025

**Your Name:** Shantha Valainathan, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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:** 10/7/2025

**Your Name:** Chloé de Broucker, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** María Torres, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Horia Stefanescu, PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Monica Platon, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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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:** 10/7/2025

**Your Name:** Andreea Fodor, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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:** 10/7/2025

**Your Name:** Oana Nicoara-Farcu, PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Marcello Bianchini, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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**Date:** 10/7/2025

**Your Name:** Tomas Guasconi, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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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"> <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:** 10/7/2025

**Your Name:** Sven Francque, MD PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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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**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:** 10/7/2025

**Your Name:** Lotte Schoenmakers, PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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>	<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="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: #ccc; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Luisa Vonghia, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Christian Labenz, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Elton Dajti, PhD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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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:** 10/7/2025

**Your Name:** Luigi Colecchia, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2025

**Your Name:** Emma Vanderschueren, MD

**Manuscript Title:** Predicting hepatic decompensation by vibration-controlled transient elastography of liver & spleen in a contemporary multicentre cohort of cACLD patients

**Manuscript Number (if known):** JHEPAT-S-25-01321

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**Date:** 10/7/2025

**Your Name:** Lisa Sandmann, MD

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**Manuscript Number (if known):** JHEPAT-S-25-01321

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