ICMJE DISCLOSURE FORM

Date: 10/25/2021

Your Name: Hidenobu Kojima

Manuscript Title: Myeloid Ikaros–SIRT1 Signaling Axis Regulates Hepatic Inflammation and Pyroptosis in Ischemia-stressed Mouse and Human Liver

Manuscript Number (if known): JHEPAT-D-21-01208

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| 6   | Payment for expert testimony | ☒          | None |                                                                                  |
| 7   | Support for attending meetings and/or travel | ☒          | None |                                                                                  |
| 8   | Patents planned, issued or pending | ☒          | None |                                                                                  |
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Date: 10/25/2021

Your Name: Hirofumi Hirao

Manuscript Title: Myeloid Ikaros–SIRT1 Signaling Axis Regulates Hepatic Inflammation and Pyroptosis in Ischemia-stressed Mouse and Human Liver

Manuscript Number (if known): JHEPAT-D-21-01208

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| 6 | Payment for expert testimony                                                                      | ☒ None                                                                           |
| 7 | Support for attending meetings and/or travel                                                      | ☒ None                                                                           |
| 8 | Patents planned, issued or pending                                                                | ☒ None                                                                           |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                 | ☒ None                                                                           |
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| 11 | Stock or stock options | ☒ None                                                                                     |
|    | ☒ None                                                                                     |                                                                                   |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None                                                                                     |
|    | ☒ None                                                                                     |                                                                                   |
| 13 | Other financial or non-financial interests | ☒ None                                                                                     |
|    | ☒ None                                                                                     |                                                                                   |

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ICMJE DISCLOSURE FORM

Date: 10/25/2021

Your Name: Jerzy W. Kupiec-Weglinski

Manuscript Title: Myeloid Ikaros–SIRT1 Signaling Axis Regulates Hepatic Inflammation and Pyroptosis in Ischemia-stressed Mouse and Human Liver

Manuscript Number (if known): JHEPAT-D-21-01208

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|   |                                                                                         |                                                                                  |
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| 6 | Payment for expert testimony | ☒  None |  |
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| 8 | Patents planned, issued or pending | ☒  None |  |
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| 12  | Receipt of equipment, materials, drugs, medical writing, gifts or other services             | ☒ None                                                                          |
| 13  | Other financial or non-financial interests                                                  | ☒ None                                                                          |

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ICMJE DISCLOSURE FORM

Date: 10/25/2021

Your Name: Kenneth J. Dery

Manuscript Title: Myeloid Ikaros–SIRT1 Signaling Axis Regulates Hepatic Inflammation and Pyroptosis in Ischemia-stressed Mouse and Human Liver

Manuscript Number (if known): JHEPAT-D-21-01208

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Date: 10/22/2021

Your Name: Kentaro Kadono

Manuscript Title: Myeloid Ikaros–SIRT1 Signaling Axis Regulates Hepatic Inflammation and Pyroptosis in Ischemia-stressed Mouse and Human Liver

Manuscript Number (if known): JHEPAT-D-21-01208

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Date: 10/25/2021

Your Name: Kojiro Nakamura

Manuscript Title: Myeloid Ikaros–SIRT1 Signaling Axis Regulates Hepatic Inflammation and Pyroptosis in Ischemia-stressed Mouse and Human Liver

Manuscript Number (if known): JHEPAT-D-21-01208

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Date: 10/25/2021

Your Name: Shoichi Kageyama

Manuscript Title: Myeloid Ikaros–SIRT1 Signaling Axis Regulates Hepatic Inflammation and Pyroptosis in Ischemia-stressed Mouse and Human Liver

Manuscript Number (if known): JHEPAT-D-21-01208

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| 7 | Support for attending meetings and/or travel ☒ None                                      |                                                                                 |
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Date: 10/25/2021

Your Name: Takahiro Ito

Manuscript Title: Myeloid Ikaros–SIRT1 Signaling Axis Regulates Hepatic Inflammation and Pyroptosis in Ischemia-stressed Mouse and Human Liver

Manuscript Number (if known): JHEPAT-D-21-01208

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| No. | Relationship Description                                                                 | Specification/Comments |
|-----|-----------------------------------------------------------------------------------------|------------------------|
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Date: 10/25/2021

Your Name: Xiaoling Li

Manuscript Title: Myeloid Ikaros–SIRT1 Signaling Axis Regulates Hepatic Inflammation and Pyroptosis in Ischemia-stressed Mouse and Human Liver

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Click the tab key to add additional rows.
|   | 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                                                                                   | ☒ None                                                                            |
|   |                                                                                                  |                                                                                  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                            |
|   |                                                                                                  |                                                                                  |
| 6 | Payment for expert testimony                                                                      | ☒ None                                                                            |
|   |                                                                                                  |                                                                                  |
| 7 | Support for attending meetings and/or travel                                                       | ☒ None                                                                            |
|   |                                                                                                  |                                                                                  |
| 8 | Patents planned, issued or pending                                                                 | ☒ None                                                                            |
|   |                                                                                                  |                                                                                  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                   | ☒ None                                                                            |
|   |                                                                                                  |                                                                                  |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                            |
|   |                                                                                                  |                                                                                  |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| 11 | Stock or stock options                                                                                                          | ☒ None                                                                                                           |
|    |                                                                                                                                 |                                                                                                                                 |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                                                 | ☒ None                                                                                                           |
|    |                                                                                                                                 |                                                                                                                                 |
| 13 | Other financial or non-financial interests                                                                                      | ☒ None                                                                                                           |
|    |                                                                                                                                 |                                                                                                                                 |

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.