ICMJE DISCLOSURE FORM

Date: December 7, 2021

Your Name: Cheng-Bo Wang

Manuscript Title: The gut microbiome contributes to splenomegaly and tissue inflammation in a murine model of primary biliary cholangitis

Manuscript number (if known): ATM-21-5448

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

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None |
|   | **No time limit for this item.** | |

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**Time frame: Since the initial planning of the work**

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**Time frame: past 36 months**

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5. Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events
   __None

6. Payment for expert testimony
   __None

7. Support for attending meetings and/or travel
   __None

8. Patents planned, issued or pending
   __None

9. Participation on a Data Safety Monitoring Board or Advisory Board
   __None

10. Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid
    __None

11. Stock or stock options
    __None

12. Receipt of equipment, materials, drugs, medical writing, gifts or other services
    __None

13. Other financial or non-financial interests
    __None

Please summarize the above conflict of interest in the following box:

None

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

X. I certify that I have answered every question and have not altered the wording of any of the questions on this form.
# ICMJE DISCLOSURE FORM

Date: December 7, 2021  
Your Name: Yan Wang

**Manuscript Title:** The gut microbiome contributes splenomegaly and tissue inflammation in a murine model of primary biliary cholangitis  
**Manuscript number (if known):** ATM-21-5448

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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No time limit for this item. | ____None  
|   |                                                                              |                                                                                 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  
   | ____None  
| 3 | Royalties or licenses  
   | ____None  
| 4 | Consulting fees  
   | ____None |
|   | **Time frame: past 36 months** |                                                                                 |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___None |
| 6 | Payment for expert testimony | ___None |
| 7 | Support for attending meetings and/or travel | ___None |
| 8 | Patents planned, issued or pending | ___None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ___None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___None |
| 11 | Stock or stock options | ___None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___None |
| 13 | Other financial or non-financial interests | ___None |

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ICMJE DISCLOSURE FORM

Date: December 7, 2021
Your Name: Yuan Yao
Manuscript Title: The gut microbiome contributes to splenomegaly and tissue inflammation in a murine model of primary biliary cholangitis
Manuscript number (if known): ATM-21-5448

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| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |                                                                 |   |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony                                  | None |
| 7 | Support for attending meetings and/or travel                   | None |
| 8 | Patents planned, issued or pending                             | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11| Stock or stock options                                         | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13| Other financial or non-financial interests                      | None |

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None

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: December 7, 2021

Your Name: Jin-Jun Wang

Manuscript Title: The gut microbiome contributes to splenomegaly and tissue inflammation in a murine model of primary biliary cholangitis

Manuscript number (if known): ATM-21-5448

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| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____None |
| 3 | Royalties or licenses | ____None |
| 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 |
| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | None |

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None

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: December 7, 2021
Your Name: Koichi Tsuneyama
Manuscript Title: The gut microbiome contributes to splenomegaly and tissue inflammation in a murine model of primary biliary cholangitis
Manuscript number (if known): ATM-21-5448

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|1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None                                                                               |
|   | **No time limit for this item.**                                                           |                                                                                     |

|   | Time frame: past 36 months |   |
|---|---------------------------|---|
|2  | Grants or contracts from any entity (if not indicated in item #1 above). | None |
|3  | Royalties or licenses | None |
|4  | Consulting fees | None |
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|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | None |

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None

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X  I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: **December 7, 2021**

Your Name: **Qiong Yang**

Manuscript Title: **The gut microbiome contributes to splenomegaly and tissue inflammation in a murine model of primary biliary cholangitis**

Manuscript number (if known): **ATM-21-5448**

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|   |                                                                                                 |                                                                                       |
| 2 | **Grants or contracts from any entity (if not indicated in item #1 above).**                     | **None**<br>                                                                                   |
| 3 | **Royalties or licenses**                                                                        | **None**<br>                                                                                   |
| 4 | **Consulting fees**                                                                              | **None**<br>                                                                                   |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | None |

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None

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ICMJE DISCLOSURE FORM

Date: December 7, 2021
Your Name: Bin Liu

Manuscript Title: The gut microbiome contributes to splenomegaly and tissue inflammation in a murine model of primary biliary cholangitis
Manuscript number (if known): ATM-21-5448

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| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | None     |
|   | manuscript writing or educational events                                     |          |
| 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  | None     |
|   | group, paid or unpaid                                                        |          |
| 11| Stock or stock options                                                       | None     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      | None     |
|   | services                                                                     |          |
| 13| Other financial or non-financial interests                                    | None     |

**Please summarize the above conflict of interest in the following box:**

None

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ICMJE DISCLOSURE FORM

Date: December 7, 2021
Your Name: Carlo Selmi

Manuscript Title: The gut microbiome contributes to splenomegaly and tissue inflammation in a murine model of primary biliary cholangitis
Manuscript number (if known): ATM-21-5448

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|   | **Time frame: past 36 months**                                                                |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | None                                                                            |
| 3 | Royalties or licenses                                                                        | None                                                                            |
| 4 | Consulting fees                                                                             | None                                                                            |
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None     |
| 6 | Payment for expert testimony                                               | None     |
| 7 | Support for attending meetings and/or travel                               | None     |
| 8 | Patents planned, issued or pending                                         | None     |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | None     |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None     |
| 11| Stock or stock options                                                      | None     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None     |
| 13| Other financial or non-financial interests                                  | None     |

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None

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: **December 7, 2021**

Your Name: **M. Eric Gershwin**

Manuscript Title: **The gut microbiome contributes to splenomegaly and tissue inflammation in a murine model of primary biliary cholangitis**

Manuscript number (if known): **ATM-21-5448**

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | None                                                                              |
| 3 | Royalties or licenses                                                                        | None                                                                              |
| 4 | Consulting fees                                                                             | None                                                                              |
|   | Please summarize the above conflict of interest in the following box: |
|---|---|
|   | None |

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|   |                                                                 |       |
|---|-----------------------------------------------------------------|-------|
| 5 | Payment or honoraria for lectures, presentations,               | None  |
|   | speakers bureaus, manuscript writing or educational events     |       |
| 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 | None  |
|   | or advocacy group, paid or unpaid                               |       |
| 11| Stock or stock options                                         | None  |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts  | None  |
|   | or other services                                              |       |
| 13| Other financial or non-financial interests                       | None  |

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ICMJE DISCLOSURE FORM

Date: December 7, 2021
Your Name: Zhe-Xiong Lian
Manuscript Title: The gut microbiome contributes to splenomegaly and tissue inflammation in a murine model of primary biliary cholangitis
Manuscript number (if known): ATM-21-5448

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| 3 | Royalties or licenses                                                                          | None                                                                           |
| 4 | Consulting fees                                                                                | None                                                                           |
|   | Time frame: past 36 months                                                                     |                                                                                  |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
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|   | manuscript writing or educational events                                    |        |
| 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| None   |
|   | group, paid or unpaid                                                        |        |
| 11| Stock or stock options                                                       | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other     | None   |
|   | services                                                                     |        |
| 13| Other financial or non-financial interests                                  | None   |

Please summarize the above conflict of interest in the following box:

None

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

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