

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date
 Simona Leoni 09-May-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
 COMPARATIVE ANALYSIS OF CURRENT GUIDELINES FOR THE MANAGEMENT OF NON-ALCOHOLIC FATTY LIVER DISEASE

6. Manuscript Identifying Number (if you know it)
 39749

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest? Yes No

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

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Dr. Leoni has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Francesco	2. Surname (Last Name) Tovoli	3. Date 09-May-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Corresponding Author's Name Simona Leoni
5. Manuscript Title COMPARATIVE ANALYSIS OF CURRENT GUIDELINES FOR THE MANAGEMENT OF NON-ALCOHOLIC FATTY LIVER DISEASE		
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Dr. Tovoli has nothing to disclose.

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Dr. Napoli has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ilaria	2. Surname (Last Name) Serio	3. Date 09-May-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Simona Leoni
5. Manuscript Title COMPARATIVE ANALYSIS OF CURRENT GUIDELINES FOR THE MANAGEMENT OF NON-ALCOHOLIC FATTY LIVER DISEASE		
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Are there any relevant conflicts of interest? Yes No

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Section 1. Identifying Information

1. Given Name (First Name) Silvia	2. Surname (Last Name) Ferri	3. Date 09-May-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Simona Leoni
5. Manuscript Title COMPARATIVE ANALYSIS OF CURRENT GUIDELINES FOR THE MANAGEMENT OF NON-ALCOHOLIC FATTY LIVER DISEASE		
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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BAYER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
BRACCO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TAIHO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHIESI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ROCHE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NOVARTIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
BMS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SYRTEX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MEDAPHARM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ARQULE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
DAICHI SANKYO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Prof. Bolondi reports grants, personal fees and non-financial support from BAYER, grants, personal fees and non-financial support from BRACCO, personal fees and non-financial support from TAIHO, personal fees and non-financial support from CHIESI, personal fees and non-financial support from ROCHE, personal fees and non-financial support from NOVARTIS, grants, personal fees and non-financial support from BMS, grants, personal fees and non-financial support from SYRTEX, personal fees and non-financial support from MSD, personal fees and non-financial support from MEDAPHARM, grants and non-financial support from ARQULE, grants, personal fees and non-financial support from DAICHI SANKYO, outside the submitted work.

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