ICMJE DISCLOSURE FORM

Date: 3/3/2025

Your Name: Mathias Haag

Manuscript Title: Circulating metabolite signatures indicate differential gut-liver crosstalk in lean and obese MASLD

Manuscript Number (if known): 180943-INS-CRPH-RV-3

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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		Robert Bosch Stiftung Stuttgart, Germany	Institution
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**	

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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	

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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.

ICMJE DISCLOSURE FORM

Date: 3/3/2025

Your Name: Stefan Winter

Manuscript Title: Circulating metabolite signatures indicate differential gut-liver crosstalk in lean and obese MASLD

Manuscript Number (if known): 180943-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 3/4/2025

Your Name: Aurino M. Kemas

Manuscript Title: Circulating metabolite signatures indicate differential gut-liver crosstalk in lean and obese MASLD

Manuscript Number (if known): 180943-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 3/4/2025

Your Name: Julia Tevini

Manuscript Title: Circulating metabolite signatures indicate differential gut-liver crosstalk in lean and obese MASLD

Manuscript Number (if known): 180943-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 3/4/2025

Your Name: Alexandra Feldman

Manuscript Title: Circulating metabolite signatures indicate differential gut-liver crosstalk in lean and obese MASLD

Manuscript Number (if known): 180943-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 3/4/2025

Your Name: Sebastian K. Eder

Manuscript Title: Circulating metabolite signatures indicate differential gut-liver crosstalk in lean and obese MASLD

Manuscript Number (if known): 180943-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 3/4/2025

Your Name: Thomas Klaus Felder

Manuscript Title: Circulating metabolite signatures indicate differential gut-liver crosstalk in lean and obese MASLD

Manuscript Number (if known): 180943-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 3/4/2025

Your Name: Christian Datz

Manuscript Title: Circulating metabolite signatures indicate differential gut-liver crosstalk in lean and obese MASLD

Manuscript Number (if known): 180943-INS-CRPH-RV-3

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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	Member of the scientific advisory board of SPAR Österreich AG

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ICMJE DISCLOSURE FORM

Date: 3/5/2025

Your Name: Bernhard Paulweber

Manuscript Title: Circulating metabolite signatures indicate differential gut-liver crosstalk in lean and obese MASLD

Manuscript Number (if known): 180943-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 3/3/2025

Your Name: Gerhard Liebisch

Manuscript Title: Circulating metabolite signatures indicate differential gut-liver crosstalk in lean and obese MASLD

Manuscript Number (if known): 180943-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 3/3/2025

Your Name: Oliver Burk

Manuscript Title: Circulating metabolite signatures indicate differential gut-liver crosstalk in lean and obese MASLD

Manuscript Number (if known): 180943-INS-CRPH-RV-3

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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.

ICMJE DISCLOSURE FORM

Date: 3/3/2025

Your Name: Volker Lauschke

Manuscript Title: Circulating metabolite signatures indicate differential gut-liver crosstalk in lean and obese MASLD

Manuscript Number (if known): 180943-INS-CRPH-RV-3

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.

		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	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ None	
		Swedish Research Council	Research Grant to my institution
		ERC Consolidator Grant	Research Grant to my institution
		Novo Nordisk Foundation	Research Grant to my institution
		SciLifeLab and Wallenberg National Program for Data-Driven Life Science	Research Grant to my institution
		Ruth and Richard Julin Foundation for Gastroenterology	Research Grant to my institution
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		Adipeau Inc	Research support paid my institution
3	Royalties or licenses	☒ **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)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		HepaPredict AB	Personal payments
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**	
		Shanghai Hepo Biotechnology Ltd	Personal payments for technology development of 3D liver model.
		HepaPredict AB	Personal payments for technology development of 3D liver model.

		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:

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ICMJE DISCLOSURE FORM

Date: 3/4/2025

Your Name: Elmar Aigner

Manuscript Title: Circulating metabolite signatures indicate differential gut-liver crosstalk in lean and obese MASLD

Manuscript Number (if known): 180943-INS-CRPH-RV-3

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.

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

		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**	
		Ipsen, Gilead Sciences, Sanofi Aventis, Daiichi-Sanyo, Mirum Pharma,	Consulting
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
		Ipsen, Gilead Sciences, Sanofi Aventis, Daiichi-Sanyo,	Speaking honoria
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**	
		Eli Lilly	
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:

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ICMJE DISCLOSURE FORM

Date: 3/3/2025

Your Name: Matthias Schwab

Manuscript Title: Circulating metabolite signatures indicate differential gut-liver crosstalk in lean and obese MASLD

Manuscript Number (if known): 180943-INS-CRPH-RV-3

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			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ **None**	
		Robert Bosch Stiftung Stuttgart, Germany	Institution
			Click the tab key to add additional rows
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**	

		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	
		Pharmacogenetics & Genomics, Editor-in-Chief (together with J Yang, USA, 2007-present)	Personal
		Drug Research Editor-in-Chief (together with T Gudermann, 2018-present)	Personal

		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**	

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