

ICMJE DISCLOSURE FORM

Date: 6/7/2023

Your Name: Carolina Caro-Vegas

Manuscript Title: Pediatric HIV+ Kaposi Sarcoma exhibits clinical, virological, and molecular features different from adult disease

Manuscript Number (if known): 167854-INS-CMED-RV-2

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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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: 6/7/2023

Your Name: Alice Peng

Manuscript Title: Pediatric HIV+ Kaposi Sarcoma exhibits clinical, virological, and molecular features different from adult disease

Manuscript Number (if known): 167854-INS-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/7/2023

Your Name: Angelica Juarez

Manuscript Title: Pediatric HIV+ Kaposi Sarcoma exhibits clinical, virological, and molecular features different from adult disease

Manuscript Number (if known): 167854-INS-CMED-RV-2

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Date: 6/7/2023

Your Name: Allison Silverstein

Manuscript Title: Pediatric HIV+ Kaposi Sarcoma exhibits clinical, virological, and molecular features different from adult disease

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Date: 6/7/2023

Your Name: Jimmy Villiera

Manuscript Title: Pediatric HIV+ Kaposi Sarcoma exhibits clinical, virological, and molecular features different from adult disease

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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: 6/7/2023

Your Name: [Casey L. McAtee]

Manuscript Title: [Pediatric HIV+ Kaposi Sarcoma exhibits clinical, virological, and molecular features different from adult disease]

Manuscript Number (if known): 167854-INS-CMED-RV-2

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: 6/7/2023

Your Name: Rizine Mzikamanda

Manuscript Title: Pediatric HIV+ Kaposi Sarcoma exhibits clinical, virological, and molecular features different from adult disease

Manuscript Number (if known): 167854-INS-CMED-RV-2

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: 6/13/2023

Your Name: Tamiwe Tomoka

Manuscript Title: Pediatric HIV+ Kaposi Sarcoma exhibits clinical, virological, and molecular features different from adult disease

Manuscript Number (if known): 167854-INS-CMED-RV-2

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: 6/7/2023

Your Name: Erin C. Peckham-Gregory

Manuscript Title: Pediatric HIV+ Kaposi Sarcoma exhibits clinical, virological, and molecular features different from adult disease

Manuscript Number (if known): 167854-INS-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/7/2023

Your Name: Razia Moorad

Manuscript Title: Pediatric HIV+ Kaposi Sarcoma exhibits clinical, virological, and molecular features different from adult disease

Manuscript Number (if known): 167854-INS-CMED-RV-2

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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: 6/7/2023

Your Name: Click or tap here to enter text.

Manuscript Title: Pediatric HIV+ Kaposi Sarcoma exhibits clinical, virological, and molecular features different from adult disease

Manuscript Number (if known): 167854-INS-CMED-RV-2

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: 6/7/2023

Your Name: Parth Mehta

Manuscript Title: Pediatric HIV+ Kaposi Sarcoma exhibits clinical, virological, and molecular features different from adult disease

Manuscript Number (if known): 167854-INS-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/7/2023

Your Name: Michael E. Scheurer

Manuscript Title: Pediatric HIV+ Kaposi Sarcoma exhibits clinical, virological, and molecular features different from adult disease

Manuscript Number (if known): 167854-INS-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/7/2023

Your Name: Nmazuo W. Ozuah

Manuscript Title: Pediatric HIV+ Kaposi Sarcoma exhibits clinical, virological, and molecular features different from adult disease

Manuscript Number (if known): 167854-INS-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/7/2023

Your Name: Dirk P. Dittmer

Manuscript Title: Pediatric HIV+ Kaposi Sarcoma exhibits clinical, virological, and molecular features different from adult disease

Manuscript Number (if known): 167854-INS-CMED-RV-2

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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: 6/7/2023

Your Name: Nader Kim El-Mallawany

Manuscript Title: Pediatric HIV+ Kaposi Sarcoma exhibits clinical, virological, and molecular features different from adult disease

Manuscript Number (if known): 167854-INS-CMED-RV-2

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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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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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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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