

ICMJE DISCLOSURE FORM

Date: 7/1/2024

Your Name: Rachel L. Spreng

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-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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Date: 7/3/2024

Your Name: Kelly Seaton

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-2

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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: 7/1/2024

Your Name: Lin Lin

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-2

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Date: 7/18/2024

Your Name: Sir Tauria Hilliard

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-2

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ICMJE DISCLOSURE FORM

Date: 7/2/2024

Your Name: Gillian Q. Horn

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-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.

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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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: 7/1/2024

Your Name: Milite Abraha

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-2

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ICMJE DISCLOSURE FORM

Date: 7/5/2024

Your Name: Aaron W. Deal

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-2

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Bill and Melinda Gates Foundation	To my institution
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ICMJE DISCLOSURE FORM

Date: 7/18/2024

Your Name: Kan Li

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-2

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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		Bill & Melinda Gates Foundation	Support to attend 2022-2024 Annual Conference of the Biophysics Society and 2023 American Society of Tropical Medicine & Hygiene Annual Meetings from grant funding to my institution (Georgia Tomaras, Duke Center for Human Systems Immunology, Duke University Department of Surgery, Durham, NC)
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/1/2024

Your Name: Alexander Carnacchi

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-2

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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: 7/18/2024

Your Name: Elizabeth Feeney

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-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: 7/18/2024

Your Name: Siam Shabbir

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-2

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ICMJE DISCLOSURE FORM

Date: 7/1/2024

Your Name: Lu Zhang

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-2

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ICMJE DISCLOSURE FORM

Date: 7/1/2024

Your Name: Valerie Bekker

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-2

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ICMJE DISCLOSURE FORM

Date: 7/1/2024

Your Name: Sarah Mudrak

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Bill and Melinda Gates Foundation	Supported by Bill and Melinda Gates Foundation for attending meeting
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 7/29/2024

Your Name: Sheetij Dutta

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-2

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ICMJE DISCLOSURE FORM

Date: 7/1/2024

Your Name: Laina Mercer

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-2

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ICMJE DISCLOSURE FORM

Date: 7/1/2024

Your Name: Scott Gregory

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-2

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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: Click or tap to enter a date.

Your Name: C. Richter King

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-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.

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 type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Employee of PATH</div>	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).	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	
3 Royalties or licenses	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	

4	Consulting fees	<p style="text-align: center;">None</p> <p style="text-align: center;">Received consulting fees 2023-24 for projects distinct from but related to the work described in manuscript. (From PATH)</p>				
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<p><input checked="" type="checkbox"/> None</p> <table border="1" style="width: 100%; height: 50px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>				
6	Payment for expert testimony	<p><input checked="" type="checkbox"/> None</p> <table border="1" style="width: 100%; height: 50px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>				
7	Support for attending meetings and/or travel	<p><input checked="" type="checkbox"/> None</p> <table border="1" style="width: 100%; height: 50px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>				
8	Patents planned, issued or pending	<p><input checked="" type="checkbox"/> None</p> <table border="1" style="width: 100%; height: 50px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>				
9	Participation on a Data Safety Monitoring Board or Advisory Board	<p><input checked="" type="checkbox"/> None</p> <table border="1" style="width: 100%; height: 50px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>				
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<p><input checked="" type="checkbox"/> None</p> <table border="1" style="width: 100%; height: 50px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>				
11	Stock or stock options	<p><input checked="" type="checkbox"/> None</p> <table border="1" style="width: 100%; height: 50px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>				

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="471 215 2229 373"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="471 557 2229 715"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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: 7/2/2024

Your Name: Ulrike Wille-Reece

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-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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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

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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: 7/1/2024

Your Name: Erik Jongert

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-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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Time frame: Since the initial planning of the work								
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11	Stock or stock options	<input type="checkbox"/> None	
		GSK	
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: 7/1/2024

Your Name: Neville K Kisalu

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-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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Time frame: past 36 months								
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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)
4	Consulting fees	<input type="checkbox"/> None	
		World Health Organization, Geneva, Switzerland Consultation on immune correlates of protection for the pre-erythrocytic malaria vaccines	Payment of \$1,474.00 was made to me in June 2024 as a per diem to attend this consultation meeting.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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

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: 7/15/2024

Your Name: Georgia D. Tomaras

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-2

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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: 7/3/2024

Your Name: S. Moses Dennison

Manuscript Title: **Identification of RTS,S/AS01 vaccine-induced humoral biomarkers predictive of protection against controlled human malaria infection**

Manuscript Number (if known): 178801-INS-RG-TR-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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