

ICMJE DISCLOSURE FORM

Date: 9/6/2024

Your Name: Tingyan Wang

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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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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: 9/20/2024

Your Name: Cori Campbell

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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Date: 9/19/2024

Your Name: Alexander Stockdale

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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Date: 9/13/2024

Your Name: Stacy Todd

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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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: 9/24/2024

Your Name: Karl McIntyre

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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: 9/23/2024

Your Name: Andrew Frankland

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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: 9/17/2024

Your Name: Jakub Jaworski

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Ben Glampson

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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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: 9/13/2024

Your Name: Dimitri Papadimitriou

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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: 9/25/2024

Your Name: Luca Mercuri

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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: 9/17/2024

Your Name: Erik Mayer

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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ICMJE DISCLOSURE FORM

Date: 9/25/2024

Your Name: Christopher R Jones

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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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: 9/23/2024

Your Name: HIZNI SALIH

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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: 9/10/2024

Your Name: Gail Roadknight

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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: 9/13/2024

Your Name: Stephanie Little

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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ICMJE DISCLOSURE FORM

Date: 9/6/2024

Your Name: Theresa Noble

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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ICMJE DISCLOSURE FORM

Date: 9/6/2024

Your Name: Kinga Várnai

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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: 9/6/2024

Your Name: Cai Davis

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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: 9/20/2024

Your Name: Ashley Heinson

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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ICMJE DISCLOSURE FORM

Date: 9/20/2024

Your Name: Michael George

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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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: 8/17/2021

Your Name: Florina Borca

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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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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: 9/9/2024

Your Name: Dr Louise Englihs

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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: 9/25/2024

Your Name: Luis Romão

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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ICMJE DISCLOSURE FORM

Date: 9/25/2024

Your Name: David Ramlakhan

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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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: 9/23/2024

Your Name: Kerrie Woods

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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: 9/23/2024

Your Name: Jim Davies

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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: 9/19/2024

Your Name: Eleni Nastouli

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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ICMJE DISCLOSURE FORM

Date: 9/14/2024

Your Name: Salim Khakoo

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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4	Consulting fees	<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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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>									
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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>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="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="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="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: 9/9/2024

Your Name: William Gelson

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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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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></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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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>									
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ICMJE DISCLOSURE FORM

Date: 9/15/2024

Your Name: GrahamCooke

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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: 9/17/2021

Your Name: Eleanor Barnes

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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 type="checkbox"/> None	
		License fees from Vaccitech for HBV and HCV vaccine development	
4	Consulting fees	<input checked="" type="checkbox"/> None	
		1.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		2. Vaccitech –June 2023 – developing a poster for presentation at conference	
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 type="checkbox"/> None	
		I hold patents in HBV and HCV vaccine antigens	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> 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)
	society, committee or advocacy group, paid or unpaid		
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	

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ICMJE DISCLOSURE FORM

Date: 9/17/2021

Your Name: Philippa Matthews

Manuscript Title: **Distinct virologic trajectories in chronic hepatitis B identify heterogeneity in response to nucleos/tide analogue therapy**

Manuscript Number (if known): JHEPR-D-24-00445R1

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6	Payment for expert testimony	<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>									
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="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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.