Date:22.06.2024				
Your Name:Christina Bergmann				
Manuscript Title: Mutual amplification of GLI2/Hedgehog and cJUN/AP1 signaling in fibroblasts in				
Systemic Sclerosis (SSc) – potential implications for combined therapies				
Manuscript number (if known): ar-23-0029.R1				

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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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.	X None	
		Time from a most	26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past _X None	36 Months
3	Royalties or licenses	_X None	

4	Consulting fees	_X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	2	Presentation on CD19.CAR-T treatment in SSc during "Sklerodermietag Graz 27.06.2024" and during "Rheumafortbildung University Hospital Zurich" 1012.04.2024
6	Payment for expert	_X None	
	testimony		
7	Support for attending meetings and/or travel	Kyverna therapeutics	Annual Meeting of the American Collegue of Rheumatology 11/2023
	meetings und/or traver		Micuniatology 11/2023
8	Patents planned, issued or pending	X None	
9	Participation on a Data	_X None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	center-PI EUSTAR center 106	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	_X None	

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_18.06.2024
Your Na	ame:_Sara Chenguiti Fakhouri
Manus	ript Title: Mutual amplification of GLI2/Hedgehog- and cJUN/AP1 signaling in fibroblasts in Systemic Sclerosis –
potenti	al implications for combined therapies
Manus	cript number (if known):

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	X None	

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 17.06.2024
Your Name: Thuong Trinh-Minh
Manuscript Title: Mutual amplification of GLI2/Hedgehog and cJUN/AP1 signaling in fibroblast activation in SSc –
potential implications for combined therapies
Manuscript number (if known):

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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		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,	x None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	x None	
	in item #1 above).		
3	Royalties or licenses	x None	

4	Consulting fees	x None	
5	Payment or honoraria for lectures, presentations,	x None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or	x None	
	Advisory Board		
10	Leadership or fiduciary role	x None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
4.5			
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	x None	

__x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 21.06.2024
Your Name: Tim Filla
Manuscript Title: Mutual amplification of GLI2/Hedgehog- and cJUN/AP1 signaling in fibroblasts in Systemic Sclerosis potential implications for combined therapies
Manuscript number (if known):

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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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	X None	
	in item #1 above).		
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	17	.06.	20	24
Date.		·vv·		4

Your Name: Aleix Rius Rigau

Manuscript Title: Mutual amplification of GLI2/Hedgehog- and cJUN/AP1 signaling in fibroblasts in Systemic

Sclerosis – potential implications for combined therapies

Manuscript number (if known):_____

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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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	_X None	
	in item #1 above).		
3	Royalties or licenses	X None	

4	Consulting fees	X None	
_			
5	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	_X None	
7	Support for attending meetings and/or travel	_X None	
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8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
	6.1		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

X - I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:17-June-2024
Your Name:Arif B. Ekici
Manuscript Title:_ Mutual amplification of GLI2/Hedgehog- and cJUN/AP1 signaling in fibroblasts in
Systemic Sclerosis – potential implications for combined
therapies
Manuscript number (if known): ar-23-0029.R1

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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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.	_X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	_X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
_			
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
_			
9	Participation on a Data Safety Monitoring Board or	_X None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	X Notic	
	committee or advocacy		
11	group, paid or unpaid	V Ness	
11	Stock or stock options	_X None	
12	Descipt of agricument	V None	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

 I certify that I have answered every question and have not altered the wording of any of the questions on this
form.

Date	47	\sim	20	~ 4
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Your Name: Vivien Benita Merlevede

Manuscript Title: Mutual amplification of GLI2/Hedgehog- and cJUN/AP1 signaling in fibroblasts in Systemic Sclerosis-

potential implications for combined therapies.

Manuscript number (if known):_____

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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1	All support for the present manuscript (e.g., funding,	X None	
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	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	X None	
	in item #1 above).		
		N	
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Company for attanding	V Name	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
_			
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 06/18/24
our Name: Dr. Ludwig Hallenberger
Manuscript Title: Mutual amplification of GLI2/Hedgehog- and cJUN/AP1 signaling in fibroblasts in Systemic Sclerosis –
ootential implications for combined therapies.
Manuscript number (if known):

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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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	X None	
	in item #1 above).		
3	Royalties or licenses	_X None	

4	Consulting fees	_X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	_X None	
8	Patents planned, issued or pending	_X None	
9	Participation on a Data Safety Monitoring Board or	_X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:18.06.2024
Your Name:Clara Dees
Manuscript Title:_ Mutual amplification of GLI2/Hedgehog- and cJUN/AP1 signaling in fibroblasts in Systemic Sclerosis -
potential implications for combined therapies
Manuscript number (if known): ar-23-0029.R1

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_x_ None	
3	Royalties or licenses	_x_ None	

4	Consulting fees	_x_ None	
5	Payment or honoraria for lectures, presentations,	_x_ None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	x_ None	
	_		
7	Support for attending meetings and/or travel	_x_ None	
8	Patents planned, issued or pending	_x_ None	
9	Participation on a Data Safety Monitoring Board or	_x_ None	
	Advisory Board		
10	Leadership or fiduciary role	x_ None	
10	in other board, society,	<u> </u>	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_x_ None	
12	Receipt of equipment, materials, drugs, medical	_x_ None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	x_ None	

x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 18.06.2024

Your Name: Alexandru-Emil Matei

Manuscript Title: Mutual amplification of GLI2/Hedgehog- and cJUN/AP1 signaling in fibroblasts in Systemic Sclerosis –

potential implications for combined therapies. Manuscript number (if known): ar-23-0029.R1

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1	All support for the present manuscript (e.g., funding,	X None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	X None	
	in item #1 above).		
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
	-		
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 25.06.2024	
Your Name: Janina Aut	r

Manuscript Title: Mutual amplification of GLI2/Hedgehog- and cJUN/AP1 signaling in fibroblasts in Systemic Sclerosis –

potential implications for combined therapies.

Manuscript number (if known):_____

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None NOTICE Clinician Scientist Program	
3	Royalties or licenses	X None	

4	Consulting fees	X None	
	0		
5	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	_X None	
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7	Support for attending meetings and/or travel	_X None	
8	Patents planned, issued or pending	_X None	
0	Porticipation on a Data	V None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Landaudia aufiduatan usala	Y Name	
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
11	group, paid or unpaid	V Ness	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ate:17.06.2024	
our Name:Andrea-Hermina	
yörfi	
anuscript Title: Mutual amplification of GLI2/Hedgehog- and cJUN/AP1 signaling in fibroblasts in Systemic Sclerc otential implications for combined	osis –
erapies	
anuscript number (if known): ar-23-	
029.R1	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x None	

Royalties or licenses X None				
4 Consulting fees		2 1		
Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events x None	3	Koyalties or licenses	x None	
Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events x None				
Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events x None				
lectures, presentations, speakers bureaus, manuscript writing or educational events	4	Consulting fees	x None	
lectures, presentations, speakers bureaus, manuscript writing or educational events				
lectures, presentations, speakers bureaus, manuscript writing or educational events				
manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services To the financial or non- Manuscript writing or educational events Lamber Support for expert testimony Lamber Support for expert testimony Lamber Support for attending the support of the state of the support of the supp	5	lectures, presentations,	x None	
educational events 6				
testimony Support for attending meetings and/or travel				
meetings and/or travel	6		x None	
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meetings and/or travel				
Pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Participation on a Data Safety Mone — x_ None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- — x_ None	7		_x None	
Pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Participation on a Data Safety Mone — x_ None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- — x_ None				
Pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Participation on a Data Safety Mone — x_ None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- — x_ None				
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- X_ None	8		_x None	
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- X_ None				
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- X_ None				
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 2 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- 2 Leadership or fiduciary role in x None 2 x None 2 x None 3 None 4 x None 4 x None 5 x None 6 x None	9	Safety Monitoring Board or	x None	
in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services None """ "" """ """ """ """ """ "		Advisory Board		
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11 Stock or stock options x None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- x None		T		
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materials, drugs, medical writing, gifts or other services 13 Other financial or nonx None				
materials, drugs, medical writing, gifts or other services 13 Other financial or nonx None				
services 13 Other financial or nonx_ None	12	materials, drugs, medical	x None	
13 Other financial or nonx_ None				
				
	13		x None	

_x I certify that I have answered every question and have not altered the wording of any of the que form.	estions on this

Date:	20240617	
Your Name:	Xiang	
Zhou		
Manuscript T	itle:	Mutual amplification of GLI2/Hedgehog- and cJUN/AP1 signaling in fibroblasts in
Systemic Scle	erosis – potential in	nplications for combined
therapies		
Manuscript n	number (if known):	

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	x None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x None	
3	Royalties or licenses	x None	

4 Consulting fees x None 5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony x None x None
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expertx_ None
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expertx_ None
lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expertx_ None
lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expertx_ None
lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expertx_ None
manuscript writing or educational events 6 Payment for expertx_ None
educational events 6 Payment for expertx_ None
7 Support for attendingx_ Nonex_ Nonex
8 Patents planned, issued orx None pending
9 Participation on a Datax_ None Safety Monitoring Board or
Advisory Board
10 Leadership or fiduciary role _x None in other board, society,
committee or advocacy
group, paid or unpaid
11 Stock or stock optionsx_ None
12 Receipt of equipment,x_ None materials, drugs, medical
writing, gifts or other
services
13 Other financial or non- financial interestsx None

 \underline{x} I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: 2024/06/18
Your Name: Rauber, Simon
Manuscript Title: Mutual amplification of GLI2/Hedgehog- and cJUN/AP1 signaling in fibroblasts in Systemic Sclerosis – potential implications for combined therapies
Manuscrint number (if known): ar-23-0029.R1

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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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

Y I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:_18.06.2024			
Your Name:Aline Bozec			
Manuscript TitleMutual amplification of GLI2/Hedgehog- and cJUN/AP1 signaling in fibroblasts in			
Systemic Sclerosis – potential implications for combined therapies			
Manuscript number (if known): ar-23-0029.R1			

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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		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,	X None	
	provision of study materials,		
	medical writing, article		
processing charges, etc.)			
	No time limit for this item.		
		Time frame: past	36 months
	Grants or contracts from any entity (if not indicated	X None	
	in item #1 above).		
3	Royalties or licenses	X None	

4	4 Consulting fees	X None	
_		, , , , , , , , , , , , , , , , , , ,	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
	meetings und/or travel		
8	Patents planned, issued or pending	_X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
11	group, paid or unpaid	V None	
11	Stock or stock options	X_ None	
12	Descipt of anniquent	V Name	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
12	Services Other financial or non	V None	
13	Other financial or non- financial interests	X None	

x I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: 09.07.2024

Your Name: Nicholas Dickel

Manuscript Title: Mutual amplification of GLI2/Hedgehog- and cJUN/AP1 signaling in fibroblasts in Systemic Sclerosis – potential implications for combined therapies

Manuscript number (if known): ar-23-0029.R1

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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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,	x None	
	provision of study materials,		
	medical writing, article processing charges, etc.) No time limit for this item.		
	No time innit for this item.		
		Time frame: past	36 months
2	2 Grants or contracts from any entity (if not indicated in item #1 above).	x None	30 months
3	Royalties or licenses	x None	

4	Consulting fees		
		BioInf4Life UG	Payment to Nicholas Dickel
5	Payment or honoraria for	x None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony		
7	Constant for attending	Name -	
7	Support for attending meetings and/or travel	x None	
	_		
8	Patents planned, issued or	x None	
	pending		
9	Participation on a Data	_x None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_x None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	Name -	
11	Stock or stock options	_x None	
12	Receipt of equipment,	_x None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	_x None	
	·		

__x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 18/06/2024
Your Name: Chunguang Liang
Manuscript Title: Mutual amplification of GLI2/Hedgehog and cJUN/AP1 signaling in fibroblasts in
Systemic Sclerosis (SSc) – potential implications for combined therapies
Manuscript number (if known):

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 forprofit 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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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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)
	Tim	e frame: Since the initia	l 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	X None	
3	above). Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options Receipt of equipment,	X None X None	
12	Receipt of equipment,	VIAOLIC	

	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests	X None	

 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

12/25

Chunguang Liang (PhD) Jena, 18.06.2024

Date: 09.07.2024 Your Name: Meik Kunz

Manuscript Title: Mutual amplification of GLI2/Hedgehog- and cJUN/AP1 signaling in fibroblasts in Systemic Sclerosis -

potential implications for combined therapies Manuscript number (if known): ar-23-0029.R1

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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 planni	ng of the work
1	All support for the present manuscript (e.g., funding,	X None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past 36 mor	nths
2	Grants or contracts from any entity (if not indicated	X None	
	in item #1 above).		
ω	Royalties or licenses	X None	

4	Consulting fees	None FibroCure GmbH, Cardior Pharmaceuticals GmbH, PMCR GmbH, The Bioinformatics CRO	Payment to BioInf4Life UG
5	Payment or honoraria for lectures, presentations, speakers bureaus,	X None	
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
	-		
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	Shareholder of BioInf4Life UG
	Stock of Stock options	Shareholder of BioInf4Life UG	Shareholder of Blothi-Line od
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: June 18th, 2024 **Your Name:**_Georg Schett

Manuscript Title: Mutual amplification of GLI2/Hedgehog- and cJUN/AP1 signaling in fibroblasts in Systemic

Sclerosis – potential implications for combined therapies."

Manuscript number (if known): ar-23-0029.R1

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	DFG CRC DIONE 369 ERC 4D Nanoscope DFG Leibniz Award	To institution To institution To institution
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	X None X None	36 months
4	Consulting fees	Kyverna	<10.000 USD

		Cabaletta	<10.000 USD
5	Payment or honoraria for	Janssen	Honoraria for lectures <10.000 USD
	lectures, presentations,	Novartis	Honoraria for lectures <10.000 USD
	speakers bureaus,	Kyverna	Honoraria for lectures <10.000 USD
	manuscript writing or educational events	Cabaletta	Honoraria for lectures <10.000 USD
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	materials, drugs, medical	X None	
	writing, gifts or other services		
13	Other financial or non- financial interests	X None	

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:17.6.2024
Your Name:Jörg Distler
Manuscript Title: "Mutual amplification of GLI2/Hedgehog- and cJUN/AP1 signaling in fibroblasts in
Systemic Sclerosis – potential implications for combined therapies."
Manuscript number (if known): ar-23-0029.R1

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
manuscri provision medical v processir	ort for the present ipt (e.g., funding, nof study materials, writing, article ng charges, etc.) limit for this item.		Grants DI 1537/17-1, DI 1537/20-1, DI 1537/22-1, DI 1537/23-1 of the German Research Foundation, SFB TR221/ project number 324392634 (B04) of the German Research Foundation, a Career Support Award of Medicine of the Ernst Jung Foundation and an unrestricted research grant from the Hiller-Foundation AbbVie, Anamar, Argenx, ARXX, BMS, Bayer Pharma, Boehringer Ingelheim, Cantargia, Celgene, CSL Behring, ExoTherapeutics, Galapagos, GSK, Inventiva, Kiniksa, Lassen, Novartis, Sanofi-Aventis, RedX, UCB

		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	X None	
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	None	AbbVie, Active Biotech, Anamar, ARXX, AstraZeneca, Bayer Pharma, Boehringer Ingelheim, Celgene, Galapagos, Genentech, GSK, Inventiva, Janssen, Novartis, Pfizer, Roche and UCB
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	AbbVie, Active Biotech, Anamar, ARXX, AstraZeneca, Bayer Pharma, Boehringer Ingelheim, Celgene, Galapagos, Genentech, GSK, Inventiva, Janssen, Novartis, Pfizer, Roche and UCB
6	Payment for expert testimony	None	AbbVie, Active Biotech, Anamar, ARXX, AstraZeneca, Bayer Pharma, Boehringer Ingelheim, Celgene, Galapagos, Genentech, GSK, Inventiva, Janssen, Novartis, Pfizer, Roche and UCB
7	Support for attending meetings and/or travel	None	SoBI; AbbVie
	3 3 3 3 3 3 3 3 3 3		
8	Patents planned, issued or pending	X None	
	-	l v .	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	

	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options		4D Science, FibroCure
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	X None	

Please	place an	"X"	next to	the	following	statement	to ir	ndicate ^v	your a	greement
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__x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date	e:6/18/2024							
Your Name:Honglin ZHU								
Mar	nuscript Title: Mutual ampli	fication of GLI2/Hedgehog	- and cJUN/AP1 signaling in fibroblasts in Systemic Sclero	sis –				
pote	ential implications for comb	ined therapies						
Mar	nuscript number (if known):	Arthritis & Rh	eumatology - ar-23-0029.R1					
rela part to to trela The mar The to to med	ted to the content of your name ies whose interests may be cansparency and does not not it in the image in th	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do to the author's relationship rities/interests should be on nsion, you should declare a tion is not mentioned in the port for the work reported	os/activities/interests as they relate to the <u>current</u> <u>lefined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive					
tne	time frame for disclosure is	Name all entities with	Specifications/Comments					
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)					
		Time frame: Since the initia	I 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.	X_ None						
		Time frame: past	26 months					
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	. SO MORENS					
3	Royalties or licenses	X None						

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X _ None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
	_		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	_ X None	
	Advisory Board		
10	Landauskia su fidusianu vala	V	
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
44	group, paid or unpaid	V	
11	Stock or stock options	X None	
	_		
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
42	services	V	
13	Other financial or non- financial interests	X None	

__ X I certify that I have answered every question and have not altered the wording of any of the questions on this form.