

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alasdair 2. Surname (Last Name) Coles 3. Date 10-April-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Joanne Jones

5. Manuscript Title
Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)
125377-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Genzyme (Sanofi)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided alemtuzumab at no cost
Genzyme (Sanofi)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	until September 2017, I recieved honoraria and travel expenses for speaking about alemtuzumab

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
on the dose regime of alemtuzumab	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Dr. Coles reports non-financial support from Genzyme (Sanofi), personal fees from Genzyme (Sanofi), during the conduct of the study; In addition, Dr. Coles has a patent on the dose regime of alemtuzumab pending.

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Section 1. Identifying Information

1. Given Name (First Name)

Laura

2. Surname (Last Name)

Azzopardi

3. Date

10-April-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

5. Manuscript Title

Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)

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Dr. Azzopardi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Onajite

2. Surname (Last Name)
Kousin-Ezewu

3. Date
05-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Joanne Jones

5. Manuscript Title
Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)
125377-INS-CMED-TR-2

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Dr. Kousin-Ezewu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Harpreet

2. Surname (Last Name)

Mullay

3. Date

05-April-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Joanne Jones

5. Manuscript Title

Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)

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H. Mullay has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Sara

2. Surname (Last Name)

Thompson

3. Date

15-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr J Jones

5. Manuscript Title

Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)

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4. Intellectual Property.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lorna

2. Surname (Last Name)

Jarvis

3. Date

04-April-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Joanne L. Jones

5. Manuscript Title

Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)

125377-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

Yes

No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No

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Section 6. Disclosure Statement

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Dr. Jarvis has nothing to disclose.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jessica

2. Surname (Last Name)

Davies

3. Date

12-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Joanne Jones

5. Manuscript Title

Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)

125377-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Davies has nothing to disclose.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Sarah

2. Surname (Last Name)

Howlett

3. Date

16-April-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Joanne Jones

5. Manuscript Title

Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)

125377-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

Yes

No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Howlett has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Daniel

2. Surname (Last Name)

Rainbow

3. Date

04-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Joanne Jones

5. Manuscript Title

Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)

125377-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Daniel Rainbow has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Judith

2. Surname (Last Name)

Babar

3. Date

05-April-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Dr Joanne Jones

5. Manuscript Title

Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)

125377-INS-CMED-TR-2

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Yes

No

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Yes

No

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Dr. Babar has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Timothy

2. Surname (Last Name)

Sadler

3. Date

04-April-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Joanne Jones

5. Manuscript Title

Keratinocyte growth factor impairs human thymic recovery from lymphopenia

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125377-INS-CMED-TR-2

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Are there any relevant conflicts of interest?

Yes

No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

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Dr. Sadler has nothing to disclose.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) James William 2. Surname (Last Name) Brown 3. Date 04-April-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Joanne L Jones

5. Manuscript Title
Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)
125377-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Biogen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel grant
Novartis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel grant
Sanofi-Genzyme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel grant

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Brown reports personal fees and other from Biogen, other from Novartis, other from Sanofi-Genzyme, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Edward

2. Surname (Last Name)
Needham

3. Date
05-April-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Dr Joanne Jones

5. Manuscript Title
Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)
125377-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

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Dr. Needham has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Karen

2. Surname (Last Name)

May

3. Date

08-April-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Joanna Jones

5. Manuscript Title

Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)

125377-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Yes

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K. May has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Zoya

2. Surname (Last Name)

Georgieva

3. Date

04-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr Joanne L Jones

5. Manuscript Title

Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)

125377-INS-CMED-TR-2

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Dr. Georgieva has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Adam

2. Surname (Last Name)

Handel

3. Date

04-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr Joanne Jones

5. Manuscript Title

Keratinocyte growth factor impairs human thymic recovery from lymphopenia

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Dr. Handel has nothing to disclose.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) STEFANO	2. Surname (Last Name) MAIO	3. Date 15-March-1985
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name JOANNE JONES
5. Manuscript Title Keratinocyte growth factor impairs human thymic recovery from lymphopenia		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. MAIO has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mary	2. Surname (Last Name) Deadman	3. Date 10-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Joanne Jones
5. Manuscript Title Keratinocyte growth factor impairs human thymic recovery from lymphopenia		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Mary Deadman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

IOANNA

2. Surname (Last Name)

ROTA

3. Date

05-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Joanne Jones

5. Manuscript Title

Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. ROTA has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Georg Andreas Peter

2. Surname (Last Name)

Hollander

3. Date

17-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr Joanne Jones

5. Manuscript Title

Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)

125377-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Hollander has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Sarah

2. Surname (Last Name)

Dawson

3. Date

10-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr Joanne Jones

5. Manuscript Title

Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)

125377-INS-CMED-TR-2

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Are there any relevant conflicts of interest? Yes No

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Miss. Dawson has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) David 2. Surname (Last Name) Jayne 3. Date 14-April-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
J Jones

5. Manuscript Title
Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)
20190322

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GSK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemocentryx	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boehringer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CSL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
InflaRx	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aurinia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Jayne reports grants from Roche, grants and personal fees from GSK, grants and personal fees from Chemocentryx, grants from Sanofi, personal fees from Boehringer, personal fees from CSL, grants and personal fees from InflaRx, personal fees from Aurinia, outside the submitted work; .

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ruth	2. Surname (Last Name) Seggewiss-Bernhardt	3. Date 05-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Joanne Jones
5. Manuscript Title Keratinocyte growth factor impairs human thymic recovery from lymphopenia		
6. Manuscript Identifying Number (if you know it) 125377-INS-CMED-TR-2		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Amgen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker Honoraria
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker Honoraria
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker Honoraria, Consulting fees
Bristol-Myers Squibb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker Honoraria, Consulting fees
Astra Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker Honoraria, Consulting fees
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker Honoraria
Celgene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker Honoraria

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Seggewiss-Bernhardt reports personal fees from Amgen, personal fees from Novartis, personal fees from MSD, personal fees from Bristol-Myers Squibb, personal fees from Astra Zeneca, personal fees from Roche, personal fees from Celgene, outside the submitted work; .

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Daniel

2. Surname (Last Name)

Douek

3. Date

04-April-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Jones

5. Manuscript Title

Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)

125377-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

Yes

No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?

Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Douek has nothing to disclose.

Evaluation and Feedback

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) John 2. Surname (Last Name) Isaacs 3. Date 06-April-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Joanna Jones

5. Manuscript Title
Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)
125377-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honoraria paid to my Institution
Eli Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honoraria paid to my institution
Galvani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honoraria paid to my institution
Abbvie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roche/Chugai	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gilead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biogen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Isaacs reports grants, personal fees and other from Pfizer, personal fees and other from Eli Lilly, other from Galvani, personal fees from Abbvie, personal fees from Merck, personal fees from Roche/Chugai, personal fees from Gilead, personal fees from Biogen, personal fees from BMS, personal fees from Janssen, outside the submitted work; .

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3. Relevant financial activities outside the submitted work.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Joanne 2. Surname (Last Name) Jones 3. Date 12-April-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Keratinocyte growth factor impairs human thymic recovery from lymphopenia

6. Manuscript Identifying Number (if you know it)
125377-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medical Research Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The work was funded by an MRC grant
Moulton Charitable Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The work was co-funded by the Moulton Charitable foundation
Sanofi Genzyme	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sanofi Genzyme provided alemtuzumab free of charge to the study.

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanofi Genzyme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have received personal fees for acting as an advisor on a scientific advisory board for Sanofi Genzyme

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Jones reports grants from Medical Research Council, grants from Moulton Charitable Foundation, non-financial support from Sanofi Genzyme, during the conduct of the study; personal fees from Sanofi Genzyme, outside the submitted work; .

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 CONSORT CHECKLIST
Table. CONSORT 2010 Checklist of Information to Include When Reporting a Randomized Trial^a

Section and Topic	Item No.	Checklist Item	Reported on Page No.
Title and abstract	1a	Identification as a randomized trial in the title	1
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	2
Introduction Background and objectives	2a	Scientific background and explanation of rationale	5
	2b	Specific objectives or hypotheses	6
Methods Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	7
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	NA
Participants	4a	Eligibility criteria for participants	7
	4b	Settings and locations where the data were collected	7
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	8
Outcomes	6a	Completely defined prespecified primary and secondary outcome measures, including how and when they were assessed	9
	6b	Any changes to trial outcomes after the trial commenced, with reasons	NA
Sample size	7a	How sample size was determined	9
	7b	When applicable, explanation of any interim analyses and stopping guidelines	9
Randomization Sequence generation	8a	Method used to generate the random allocation sequence	7
	8b	Type of randomization; details of any restriction (such as blocking and block size)	7
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	7
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	7
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	7
	11b	If relevant, description of the similarity of interventions	NA
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	9
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	9
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analyzed for the primary outcome	10
	13b	For each group, losses and exclusions after randomization, together with reasons	NA
Recruitment	14a	Dates defining the periods of recruitment and follow-up	10
	14b	Why the trial ended or was stopped	10
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Table1
Numbers analyzed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	10
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	10
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing prespecified from exploratory	10
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	Table2
Comment			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	14
Generalizability	21	Generalizability (external validity, applicability) of the trial findings	14
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	14
Other information			
Registration	23	Registration number and name of trial registry	7
Protocol	24	Where the full trial protocol can be accessed, if available	Suppl1
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	19

^aWe strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomized trials, noninferiority and equivalence trials, nonpharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up-to-date references relevant to this checklist, see <http://www.consort-statement.org>.