

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3. Relevant financial activities outside the submitted work.

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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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Philippa

2. Surname (Last Name)  
Marrack

3. Date  
19-May-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Age associated B cells appear in patients with granulomatous lung diseases

6. Manuscript Identifying Number (if you know it)  
201911-2151OC.R3

### 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

If yes, please fill out the appropriate information below.

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| Name of Entity | Grant?                   | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments   |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| ArgenX         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | We have a collaboration with ArgenX, and antibody producing company in Belgium, to test antibodies that the company produces to find out if the antibodies can delete ABCs from autoimmune mice. The ArgenX collaboration began in February 2020. It provides 50% salary for a technician, 5% salary for myself and the costs of purchase and analysis of the mice that will be tested with any ABC-depleting antibody (yet to be made) that the company produces. |

### 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. Marrack 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)  
Briana

2. Surname (Last Name)  
Barkes

3. Date  
22-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Marrack, Philippa

5. Manuscript Title  
Age associated B cells appear in patients with granulomatous lung diseases

6. Manuscript Identifying Number (if you know it)  
Blue-201911-2151OC.R3

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Dr. Barkes 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)  
Nabeel

2. Surname (Last Name)  
Hamzeh

3. Date  
22-May-2020

4. Are you the corresponding author?  Yes  No Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
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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 |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NIH                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | R21      |

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Anatoly   | 2. Surname (Last Name)<br>Rubtsov                                   | 3. Date<br>20-May-2020                 |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Marrack |
| 5. Manuscript Title<br>Age associated B cells appear in patients with granulomatous lung diseases |   |  |
| 6. Manuscript Identifying Number (if you know it)   |   |  |

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### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Rubtsov has nothing to disclose.

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Kira

2. Surname (Last Name)

Rubtsova

3. Date

20-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Marrack

5. Manuscript Title

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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)

SWATI

2. Surname (Last Name)

PHALKE

3. Date

21-May-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Prof. Philippa Marrack

5. Manuscript Title

Age associated B cells appear in patients with granulomatous lung diseases

6. Manuscript Identifying Number (if you know it)

Blue-201911-2151OC.R3

### 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

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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 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. PHALKE 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)  
Brenda

2. Surname (Last Name)  
Werner

3. Date  
21-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Philippa Marrack

5. Manuscript Title  
Age associated B cells appear in patients with granulomatous lung diseases

6. Manuscript Identifying Number (if you know it)  
Blue-201911-2151OC.R3

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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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Brenda Werner 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)<br>John  | 2. Surname (Last Name)<br>Kappler                                   | 3. Date<br>20-May-2020                          |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Philippa Marrack |
| 5. Manuscript Title<br>Age associated B cells appear in patients with granulomatous lung diseases |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>Blue-201911-2151OC.R3                        |   |   |

### 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

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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 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Kappler 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)<br>Evans   | 2. Surname (Last Name)<br>Fernandez Perez                           | 3. Date<br>22-May-2020                         |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Philipa Marrack |
| 5. Manuscript Title<br>Age associated B cells appear in patients with granulomatous lung diseases |   |  |
| 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

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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 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Fernaandez Perez 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) Katja      2. Surname (Last Name) Aviszus      3. Date 20-May-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Philippa Marrack

5. Manuscript Title  
Age associated B cells appear in patients with granulomatous lung diseases

6. Manuscript Identifying Number (if you know it)  
Blue-201911-2151OC.R3

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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 |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NIH                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

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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. Aviszus reports grants from NIH, during the conduct of the study; .

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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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**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

2. Surname (Last Name)  
Crooks

3. Date  
20-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Philippa Marrack

5. Manuscript Title  
Age associated B cells appear in patients with granulomatous lung diseases

6. Manuscript Identifying Number (if you know it)  
Blue-201911-2151OC.R3

### 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

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### 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

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

Dr. Crooks has nothing to disclose.

### 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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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Lisa

2. Surname (Last Name)  
Maier

3. Date  
22-May-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Philippa Marrack

5. Manuscript Title  
"Age associated B cells appear in patients with granulomatous lung diseases"

6. Manuscript Identifying Number (if you know it)  
Blue-201911-2151OC.R3

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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      |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------|
| NIH/NHLBI                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1R21 AI128738 |

### 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  |
|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| MNK14344100    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A Phase 4 Multicenter, Randomized, Double Blind, Placebo Controlled Pilot Study to Assess the Efficacy and Safety of H.P. Acthar Gel in Subjects with Pulmonary Sarcoidosis |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity   | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments   |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| ATYR1923-C-002   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | "A Randomized, Double-Blind, Placebo-Controlled Multiple Ascending Dose Study of Intravenous ATYR1923 in Patients with Pulmonary Sarcoidosis " |
| FSR  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clinical Studies Network   |
| University of Cincinnati under a Mallinckrodt foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | "Registry for Advanced Sarcoidosis"  |
| University of Cincinnati under a Mallinckrodt foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | "Registry for Sarcoidosis Associated Hypertension"   |
| National Institutes of Health                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1R01 ES023826-01A1, 1R01 HL127461-01A1, R01HL136681-01A1, 1R01 HL140357-01A1, R01HL136681-01A1, 1R01ES025722-01A1                              |

### 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. Maier is a member of the FSR Scientific Advisory Board. She does not receive any compensation for this activity.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Maier reports grants from NIH/NHLBI, during the conduct of the study; grants from MNK14344100, grants from ATYR1923-C-002, grants from FSR, grants from University of Cincinnati under a Mallinckrodt foundation, grants from University of Cincinnati under a Mallinckrodt foundation, grants from National Institutes of Health, outside the submitted work; and Dr. Maier is a member of the FSR Scientific Advisory Board. She does not receive any compensation for this activity..

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Linda

2. Surname (Last Name)  
Powers

3. Date  
21-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Philippa Marrack

5. Manuscript Title  
Age associated B cells appear in patients with granulomatous lung diseases

6. Manuscript Identifying Number (if you know it)  
Blue-201911-215OC.R3

### Section 2. The Work Under Consideration for Publication

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