

## ICMJE DISCLOSURE FORM

Date: 9/21/2021

Your Name: Constantinos Floros

Manuscript Title: Phase 2a clinical trial of complement C3 inhibitor AMY-101 in adults with periodontal inflammation

Manuscript number (if known): 152973-JCI-CMED-1

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.) <b>No time limit for this item.</b>	Amyndas Pharmaceuticals Funding, test materials	Funding was provided for the clinical study to Forsyth Institute
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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

Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

Date: 9/21/2021

Your Name: George Hajishengallis

Manuscript Title: Phase 2a clinical trial of complement C3 inhibitor AMY-101 in adults with periodontal inflammation

Manuscript number (if known): 152973-JCI-CMED-1

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None at present	A patent (see #8) was licensed by the University of Pennsylvania to Amyndas Pharmaceuticals; may receive royalties in the future.
		___ None	

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

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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.

## ICMJE DISCLOSURE FORM

Date: 9/20/2021

Your Name: Hatice Hasturk

Manuscript Title: Phase 2a clinical trial of complement C3 inhibitor AMY-101 in adults with periodontal inflammation

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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

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## ICMJE DISCLOSURE FORM

Date: 9/21/2021

Your Name: John D. Lambris

Manuscript Title: Phase 2a clinical trial of complement C3 inhibitor AMY-101 in adults with periodontal inflammation

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None at present	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___None	
6	Payment for expert testimony	___None	
7	Support for attending meetings and/or travel	___None	
8	Patents planned, issued or pending	___Yes	Inventor of patents or patent applications that describe the use of complement inhibitors for therapeutic purposes, including periodontitis, some of which have been licensed by the University of Pennsylvania and are developed by Amyndas Pharmaceutical
9	Participation on a Data Safety Monitoring Board or Advisory Board	___None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___None	
11	Stock or stock options	___None	Founder of Amyndas Pharmaceuticals, with equity interest.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___None	
13	Other financial or non-financial interests	_X__Yea	Inventor of the compstatin technology licensed to Apellis Pharmaceuticals ( <i>i.e.</i> , 4(1MeW)7W/POT-4/APL-1 and PEGylated derivatives such as APL-2/pegcetacoplan/Empaveli).

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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.

## ICMJE DISCLOSURE FORM

Date: 9/21/2021

Your Name: Melissa Martins

Manuscript Title: Phase 2a clinical trial of complement C3 inhibitor AMY-101 in adults with periodontal inflammation

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3	Royalties or licenses	<u>    </u> None	
4	Consulting fees	<u>    </u> None	

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

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## ICMJE DISCLOSURE FORM

Date: 9/20/2021  
 Your Name: Dimitrios C. Mastellos  
 Manuscript Title: Phase 2a clinical trial of complement C3 inhibitor AMY-101 in adults with periodontal inflammation  
 Manuscript number (if known): 152973-JCI-CMED-1

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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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

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## ICMJE DISCLOSURE FORM

Date: 9/21/2021

Your Name: Elida Salazar

Manuscript Title: Phase 2a clinical trial of complement C3 inhibitor AMY-101 in adults with periodontal inflammation

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4	Consulting fees	<u>    </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: 9/21/2021

Your Name: Gay Torresyap

Manuscript Title: Phase 2a clinical trial of complement C3 inhibitor AMY-101 in adults with periodontal inflammation

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

Date: 9/21/2021

Your Name: Despina Yancopoulou

Manuscript Title: Phase 2a clinical trial of complement C3 inhibitor AMY-101 in adults with periodontal inflammation

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4	Consulting fees	<u>None</u>	

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

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