

ICMJE DISCLOSURE FORM

Date: Oct 12th, 2021

Your Name: Jeffrey L. Platt, M.D.

Manuscript Title: Regional delivery of immunosuppression for transplantation of vascularized composite allografts: opportunities near and far

Manuscript number (if known): ATM-2021-15

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 **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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.	National Institutes of Health (AI151588)(USA)	
		Department of Defense (RT190021)(USA)	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	RO1AI122369 (Platt PI; Fox PI) Hepatocyte xenografts for treatment of acute liver failure	Current support, unrelated
		RO1OD023138 (Piedrahita PI; Platt Co-PI) Immunodeficient pigs for stem cell based regenerative medicine	Current support, unrelated
		R21 AI159219 (Cascalho PI; Platt PI) TNRSF13B polymorphisms and the control of innate B cell	Current support, unrelated

		responses – a double edged sword	
		W81XWH-18-1-0721 (DoD PRMRP) Mutable vaccines for emerging infectious threats	Current support, unrelated
		Takeda (Millenium Pharm) (Djamali - U Wis PI; Platt and Cascalho - U Mich co-I) IXADES STUDY	Current support, unrelated
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	UpToDate	unrelated
		MDPI-IJMS	Editor in chief
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	US20090138976	unrelated
		PCT/US04/18859	unrelated
		PCT/US04/012058	unrelated
		US20110107441 A1 and Canada: CA 2558012	unrelated
		WO2005086698 A3	unrelated
		US2008003853	
		PCT/US06/00864	unrelated
		US 8,153,592	unrelated
		US 34733US1Pro	unrelated
		OTT Ref. No.: 2019-005	unrelated
		OTT Ref. No.: 2020-359	unrelated
		OTT Ref. No.: 2021-077	unrelated
		OTT Ref. No.: 2021-043	unrelated
		OTT Ref. No.: 2021-078	unrelated
		OTT Ref. No.: 2021-498	unrelated
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10		<input checked="" type="checkbox"/> None	

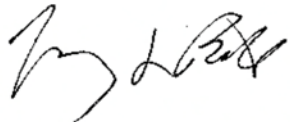
	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

I have grant funding related to VCA (W81XWH-20-10943 DoD/CDMRP).

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: Oct 12th, 2021

Your Name: Marilia Cascalho

Manuscript Title: Regional delivery of immunosuppression for transplantation of vascularized composite allografts: opportunities near and far

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	R21 AI159219 (Cascalho PI; Platt PI) TNRSF13B polymorphisms and the control of innate B cell responses – a double edged sword Takeda (Millenium Pharm) (Djamali - U Wis PI; Platt and Cascalho - U Mich co-I) IXADES STUDY	Current support -unrelated Current support -unrelated
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	US 7776321 B2	unrelated
		PCT US 011/34733	unrelated
		Disclosure #2021-01179	unrelated
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: Oct 12th, 2021

Your Name: Christina L. Kaufman PhD

Manuscript Title: Regional delivery of immunosuppression for transplantation of vascularized composite allografts: opportunities near and far

Manuscript number (if known): ATM-2021-15

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	W81XWH-20-10943 DoD/CDMRP	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5		<input checked="" type="checkbox"/> None	

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

Please summarize the above conflict of interest in the following box:

I have no personal financial conflicts but I am involved in review of VCA patients and in scientific and clinical societies related to VCA, and have grant funding related to VCA (W81XWH-20-10943 DoD/CDMRP).

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