

## ICMJE DISCLOSURE FORM

**Date:** 02/17/2022

**Your Name:** Birte Wistinghausen

**Manuscript Title:** Adoptive cellular immunotherapy for EBV-associated lymphoproliferative disease

**Manuscript number (if known):** AOL-21-43

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)
<b>Time frame: Since the initial planning of the work</b>			
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>	__X__ None	
<b>Time frame: past 36 months</b>			
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	<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	<input checked="" type="checkbox"/> None	
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	

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

No conflicts to disclose

**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:** 02/17/2022

**Your Name:** Hema Dave

**Manuscript Title:** Adoptive cellular immunotherapy for EBV-associated lymphoproliferative disease

**Manuscript number (if known):** AOL-21-43

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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).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

**Date:** 02/17/2022

**Your Name:** Catherine Bollard

**Manuscript Title:** Adoptive cellular immunotherapy for EBV-associated lymphoproliferative disease

**Manuscript number (if known):** AOL-21-43

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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>	X_None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	Patent applications	Related to virus specific T cells in general (Mana Therapeutics)
			Cellmedica licensed LMP-T cell technology developed by Dr Bollard
4	Consulting fees	CDR-Life AG	Ad Hoc consulting on PTLD
		Roche and Pfizer	Ad hoc consulting for B-NHL and ALCL respectively
		BMS	Ad hoc consulting for BCMA-CAR T cells for Myeloma
5	Payment or honoraria for	X None	

	lectures, presentations, 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	Submitted/pending	Related to virus specific T cells
9	Participation on a Data Safety Monitoring Board or Advisory Board	SOBI	DSMB member
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None related to this topic	Board Member- Cabaletta Bio SAB member – Catamaran Bio and Mana Therapeutics
11	Stock or stock options	None related to this topic	Stock- Neximmune and Repertoire Immune Medicine Stock options – Cabaletta Bio, Catamaran Bio, Mana Therapeutics
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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

C.M.B. is a co-founder and scientific advisory board member for Catamaran Bio and Mana Therapeutics and is on the Board of Directors of Cabaletta Bio which are companies with no specific interest in EBV specific T cell therapies or EBV+ lymphomas. C.M.B has intellectual property related to developing virus-specific T therapies. CMB has performed ad hoc consultancy for BMS (BCMA-CAR-T for Myeloma), Roche (B-cell NHL) and Pfizer (ALCL). She served on an ad hoc advisory board for CDR-Life AG on PTLD. She has received royalties from Cellmedica who licensed the LMP-specific T cell technology.

**Please place an “X” next to the following statement to indicate your agreement:**

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