

## ICMJE DISCLOSURE FORM

Date: Feb, 26<sup>th</sup> 2023

Your Name: Cyrla Zaltman

Manuscript Title: **AMBIENT AIR POLLUTION AND INFLAMMATORY BOWEL DISEASE – A NARRATIVE REVIEW**

Manuscript number (if known): DMR-23-12

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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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.)<br><b>No time limit for this item.</b> | <u>  X  </u> None  |   |
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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).   | <u>  X  </u> None  |   |
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|   |  |  |   |
| 4   | Consulting fees  | <u>  X  </u> None  |   |
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| 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 |  |
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Please summarize the above conflict of interest in the following box:

There is no conflict of interest for the following paper.

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: \_\_\_\_\_ December 31, 2023 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Paula Arruda do Espirito Santo \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ AMBIENT AIR POLLUTION AND INFLAMMATORY BOWEL DISEASE – A NARRATIVE REVIEW \_\_\_\_\_  
 Manuscript number (if known): DMR-23-12

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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | ___ None |  |
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**Please summarize the above conflict of interest in the following box:**

The author has no competing interest to declare.

**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.**

## ICMJE DISCLOSURE FORM

Date: Feb, 26<sup>th</sup> 2023

Your Name: Marcia Henriques de Magalhães Costa

Manuscript Title: **AMBIENT AIR POLLUTION, EPIGENETICS AND INFLAMMATORY BOWEL DISEASES**

Manuscript number (if known): \_\_\_\_\_

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