Author 1	ICMJE DISCLOSURE FORM
Date: <u>4/26/21</u>	
Your Name:Lena \	/odovotz
Manuscript Title:	Inflammatory signals and network connections implicate cell-mediated immunity
in chronic venous in:	sufficiency
Manuscript number	(if known):ATM-21-688-R1

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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		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	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

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

Author 2

 Date:
 04/26/21

 Your Name:
 Ruben Zamora

 Manuscript Title:
 Inflammatory signals and network connections implicate cell-mediated immunity in chronic venous insufficiency

 Manuscript number (if known): ATM-21-688-R1

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
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	

No conflict of interest to disclose.

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

#### Author 3

#### **ICMJE DISCLOSURE FORM**

Date:\_May 3rd, 2021\_\_\_\_ Your Name:\_Derek Barclay\_\_ Manuscript Title:\_ Inflammatory signals and network connections implicate cell-mediated immunity in chronic venous insufficiency Manuscript number (if know) ATM-21-688-R2\_\_\_\_\_

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		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.) <b>No time limit for this item.</b>	XNone	
		Time frame: past	36 months
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	XNone	

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

No conflicts to disclose.

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

Date:\_\_\_April 25, 2021 \_\_\_

Your Name: \_\_\_\_ Yoram Vodovotz\_\_

Manuscript Title:\_ ¬Inflammatory signals and network connections implicate cell-mediated immunity in chronic venous insufficiency\_\_\_\_\_

Manuscript number (if known):\_\_\_ATM-21-688-R1

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

I serve on the board of directors of the Society for Complex Acute Illness and am a co-founder of, and stakeholder in, Immunetrics, Inc. Neither of these relationships had any impact on the work presented in this manuscript.

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

#### Author 5

### **ICMJE DISCLOSURE FORM**

Date: 4/25/21 Your Name: Jinling Yin Manuscript Title: Inflammatory signals and network connections implicate cell-mediated immunity in chronic venous insufficiency Manuscript number (if known): ATM-21-688-R1

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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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,	None	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

I do not have any conflict of interest related to this manuscript.

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

Author 6

#### ICMJE DISCLOSURE FORM

Date:\_\_\_5/3/21\_

Your Name: Julie Bitner, PA-C

**Manuscript Title:** Inflammatory signals and network connections implicate cell-mediated immunity in chronic venous insufficiency

Manuscript number (if known): ATM-21-688-R1\_\_\_\_\_

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		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	_xNone	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time from a past	26 months
2		Time frame: past	36 months
2	Grants or contracts from	_xNone	
	any entity (if not indicated		
-	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	_xNone	

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

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

Date:\_\_\_\_May 7<sup>th</sup>, 2021\_ Your Name:\_\_\_John Florida\_\_ Manuscript Title: Inflammatory signals and network connections implicate cell-mediated immunity in chronic venous insufficiency Manuscript number (if known): ATM-21-688-R2

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

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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>	XNone	
	Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

4       Consulting fees      X_None         5       Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events      X_None         6       Payment for expert testimony      X_None         7       Support for attending      X_None				
Iectures, presentations, speakers bureaus, manuscript writing or educational events	4	Consulting fees	X_None	
lectures, presentations, speakers bureaus, manuscript writing or educational events				
lectures, presentations, speakers bureaus, manuscript writing or educational events				
speakers bureaus, manuscript writing or educational events	5		XNone	
manuscript writing or educational events		-		
educational events				
6     Payment for expert testimony    XNone				
testimony	6		X None	
	Ũ			
7 Support for attendingXNone		,		
	7	Support for attending	XNone	
meetings and/or travel				
8 Patents planned, issued orXNone	8	Patents planned, issued or	XNone	
pending		pending		
9 Participation on a DataXNone	9	Participation on a Data	XNone	
Safety Monitoring Board or				
Advisory Board				
10   Leadership or fiduciary role  XNone	10		XNone	
in other board, society,				
committee or advocacy				
group, paid or unpaid				
11     Stock or stock options    XNone	11	Stock of stock options	XNone	
12     Receipt of equipment,     X None	12	Descipt of equipment	V. Nana	
12     Receipt of equipment,    X_None       materials, drugs, medical	12			
writing, gifts or other				
services				
13 Other financial or non- X None	12	Other financial or non	V Nono	
13     Other financial or non-    XNone       financial interests	13			

None.

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

Date:\_\_\_\_\_Feb. 25<sup>th</sup>, 2021\_\_\_\_\_

Your Name:\_\_\_Efthymios Avgerinos

Manuscript Title:\_\_\_\_\_ Inflammatory signals and network connections implicate cell-mediated immunity in chronic venous insufficiency\_\_\_\_\_ Manuscript number (if known):\_\_\_\_\_\_ATM-21-688

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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>	XNone	
	Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

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

Date: June 1, 2021 Your Name: Ulka Sachdev Manuscript Title: Inflammatory signals and network connections implicate cell-mediated immunity in chronic venous insufficiency Manuscript number (if known): ATM-21-688-R2

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame. Since the finitian	
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>	SVS Foundation	
	Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X none	

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

Work supported by the SVS Foundation

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