

ICMJE DISCLOSURE FORM

Date: October 22 2021

Your Name: Claudia Verderio

Manuscript Title: Differential impact of inflammasome-induced EVs on immune cells: key control by the functional state of the recipient cell

Manuscript number (if known): ExRNA-21-17

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.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Horizon 2020 PREMSTEM	Research grant, partners, coordinator Pierre Gressens
		Project from Italian Ministry of Health 2018	Research grant, partner, coordinator R Ghidoni
		Italian Foundation for Multiple Sclerosis, call 2018	Research grant, PI
3	Royalties or licenses	None	
4	Consulting fees	FISM	Member of the Scientific Advisory Board

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	

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

I was awarded research grants by the Organizations reported above, and was paid consulting fees to provide my expert opinion to the Scientific Committee of the Italian foundation for Multiple Sclerosis.

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: October 22 2021

Your Name: Marta Lombardi

Manuscript Title: Differential impact of inflammasome-induced EVs on immune cells: key control by the functional state of the recipient cell

Manuscript number (if known): ExRNA-21-17

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Time frame: past 36 months			
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	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	

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

No conflict of interest

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ICMJE DISCLOSURE FORM

Date: October 22 2021

Your Name: Francesco Di Virgilio

Manuscript Title: Differential impact of inflammasome-induced EVs on immune cells: key control by the functional state of the recipient cell

Manuscript number (if known): ExRNA-21-17

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Italian Association for Cancer research	Research grant, PI.
		Project of National Interest (PRIN), Ministry of Scientific Research	Research grant, PI
		CureAlzheimer USA	Research grant, PI
3	Royalties or licenses	None	
4	Consulting fees	Axxam spa (Italy)	Consultant

		Biosceptre Ltd (UK)	Member of the Scientific Advisory Board
		La Caixa (Spain)	Consultant
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	

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

I was awarded research grants by the Organizations reported above, and was paid consulting fees to provide my expert opinion on a number of issues related to P2X7R and inflammasome biology.

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.