ICMJE DISCLOSURE FORM

Date:October 1, 2023 Your Name:Yan Yang

Manuscript Title:Pirfenidone and nintedanib attenuate pulmonary fibrosis in mice by inhibiting the expression of JAK2 Manuscript number (if known):JTD-23-1057

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 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.

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.	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	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations,	XNone	

	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	X_NOTIE	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	G ,		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	X_None	
	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	X None	
	·		
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non-	X_None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None		
- 1			

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 1, 2023 Your Name:XinMeng Wang

Manuscript Title:Pirfenidone and nintedanib attenuate pulmonary fibrosis in mice by inhibiting the expression of JAK2 Manuscript number (if known):JTD-23-1057

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		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	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations,	XNone	

	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<u>X</u> None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical	<u>X</u> None	
	writing, gifts or other services		
13	Other financial or non-	X_None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None		
- 1			

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 1, 2023 Your Name:Jie Zhang

Manuscript Title:Pirfenidone and nintedanib attenuate pulmonary fibrosis in mice by inhibiting the expression of JAK2 Manuscript number (if known):JTD-23-1057

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	X	None
	manuscript (e.g., funding,	The author was supported	
	provision of study materials,	by the Chongqing Clinical	
	medical writing, article	Research Center for	
	processing charges, etc.)	Geriatric Diseases;	
	No time limit for this item.	Chongqing Science and	
		Health Joint Medical	
		Research Project	
		2020GDRC012c; Young	
		and Middle-aged Senior	
		Medical Talents studio of	
		Chongqing under Grant	
		ZQNYXGDRCGZS2021007;a	
		nd Chongqing	
		Entrepreneurship and	
		Innovation Support	
		Program for Overseas	
		Students Returning to	
		China under Grant	
		cx2019102.	

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2	Grants or contracts from	Time frame: past	1 36 months
2	any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	X None	
3	Royalties of licerises	None	
4	Consulting fees	X None	
4	Consulting rees	X_None	
5	Payment or honoraria for	X None	
,	lectures, presentations,	X_NOTIC	
	speakers bureaus,		
	manuscript writing or		
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	testimony		
	,		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
0	pending	_X_None	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	<u>X</u>	
	Advisory Board		
10	Leadership or fiduciary role	X None	
-0	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

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

The author was supported by the Chongqing Clinical Research Center for Geriatric Diseases; Chongqing Science and
Health Joint Medical Research Project 2020GDRC012c; Young and Middle-aged Senior Medical Talents studio of
Chongqing under Grant ZQNYXGDRCGZS2021007; and Chongqing Entrepreneurship and Innovation Support Program
for Overseas Students Returning to China under Grant cx2019102.

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