#### ICMJE DISCLOSURE FORM

Date:	: 01/24/22	
Your N	Name: Lucy Zheng	

Manuscript Title: How should caplacizumab be used in treatment of immune thrombotic thrombocytopenic

<u>Purpura</u>

Manuscript number (if known): AOB-21-87

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.

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

-	D	N.	
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	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
11	Stock of Stock Options	IVOITE	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

I have nothing to disclose.		

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**

Dat	e:3/3/22			
	r Name: X. Long Zheng			
	nuscript Title: <u>How Should</u> pura?	Caplacizumab Be Used	for Treatment of Immune Thrombotic Thromboc	<u>ytopenic</u>
	Manuscript number (i	f known): <u>AOB-21-87-R</u>	<u>1</u>	
rela part to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmen If you are in doubt about whether to list a o so.	
	following questions apply t	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to t	_	nsion, you should declare	defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertens the manuscript.	
	em #1 below, report all sup time frame for disclosure is	•	d in this manuscript without time limit. For all other it	ems,
		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 initi	al planning of the work	
1	All support for the present	Speakers	Alexion and Sanofi	1
	manuscript (e.g., funding,	Consultants	Alexioin, Sanofi, Takeda, and Biomedica	
	provision of study materials,	Co-Founder	ClotSolution	
	medical writing, article			
	processing charges, etc.)  No time limit for this item.			
	No time illinit for this item.			
		Time frame: pas	st 36 months	
2	Grants or contracts from	NHLBI R01 HL144552		
	any entity (if not indicated			1
	in item #1 above).			]
3	Royalties or licenses	_xNone		

Alexion and Sanofi

 ${\sf ClotSolution}$ 

Alexioin, Sanofi, Takeda, and Biomedica

Speakers

Consultants

Co-Founder

4

Consulting fees

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Grant round Seminar Seminar Seminar Seminar	Washing University Autoimmune Renal Disease, Beijing, China Suzhou University Beijing laboratory Medicine Conference Beijing immunology conference
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	_xNone	
11	Stock or stock options	_xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone	
13	Other financial or non- financial interests	_xNone	

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

I served speakers for alexion and Sanofi, which terminated since last yeaer.

I am serving as a consultant for several companies including alexion, Sanofi, Takeda, and Biomedica.

I am also the co-founder of Clotsolution.

I received honorarium from several universities and professional conferences as a keynote speaker.

However, the manuscript is not influenced by any of these activities. It is evidence-based and unbiased commentary in the field.

## 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.