

ICMJE DISCLOSURE FORM

Date: 1/9/2024
 Your Name: Konstantine Halkidis
 Manuscript Title: The History of Thrombotic Thrombocytopenic Purpura Research
 Manuscript number (if known): AOB-23-46

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH K08 grant	
		American Heart Association Career Development Award	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

K.H. is supported by NIH grant HL163471 and a Career Development Award from the American Heart Association

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: 12/9/2023
 Your Name: Bernhard Lammle
 Manuscript Title: The History of Thrombotic Thrombocytopenic Purpura Research
 Manuscript number (if known): AOB-23-46

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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	Lecture fees past 10 years	Lecture fees from Baxter, Ablynx, Alexion (twice), Siemens, Bayer, Roche and Sanofi
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ Travel/housing support past 10 years	(Baxter, Ablynx, Siemens, Sanofi, once by each company)
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Data Safety Monitoring Boards	Studies on rADAMTS13 in congenital and acquired TTP by TAKEDA
		Data Safety Monitoring Board	Study on iTTP treatment with caplacizumab without therapeutic plasma exchange by SANOFI
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:

BL is Chairman of DMCs of studies investigating rADAMTS13 for treatment of cTTP and aTTP (TAKEDA), Chairman of a study on caplacizumab treatment of aTTP without concomitant plasma exchange. He received congress travel and housing support by several companies over the past 10 years or lecture fees (as detailed above).

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: 12/9/2023
 Your Name: X. Long Zheng
 Manuscript Title: The History of Thrombotic Thrombocytopenic Purpura Research
 Manuscript number (if known): AOB-23-46

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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.	NIH	
		Answering TTP foundation	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	R01 HL144552	
		R01 HL157975-01A1	
		R01 HL164016-01A1	
3	Royalties or licenses	None	
4	Consulting fees	Alexion, Apollo, BioMedica	
		Argenx, GC Biopharma	

		Kyowa Kirin, Sanofi, Takeda	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Takeda	
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	ISTH VWD subcommittee	
11	Stock or stock options	____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Technoclone	
13	Other financial or non-financial interests	____ None	

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

XLZ was support by NIH and Answering TTP foundation, he has received grants, including R01 HL144552, R01 HL157975-01A1, R01 HL164016-01A1. XLZ has received Consulting fees from Alexion, Apollo, BioMedica, Argenx, GC Biopharma, Kyowa Kirin, Sanofi, Takeda, he also was paid by Takeda. XLZ is a board member of ISTH VWD subcommittee, he has received other service from Technoclone.

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.