ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: Roya Monica Dayam

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☒ **None**	
			Click the tab key to add additional rows.
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**	

		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)
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**	

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

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ICMJE DISCLOSURE FORM

Date: 4/6/2022

Your Name: Jaclyn C. Law

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): 159721-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: Rogier Goetgebuer

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: Gary Y.C. Chao

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: Kento Abe

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases]**

Manuscript Number (if known): Click or tap here to enter text.

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<table>
<tr><th colspan="2"></th><th>Name all entities with whom you have this relationship or indicate none (add rows as needed)</th><th>Specifications/Comments (e.g., if payments were made to you or to your institution)</th></tr>
<tr><td colspan="4">Time frame: Since the initial planning of the work</td></tr>
<tr><td>1</td><td>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.</td><td colspan="2">☒ None</td></tr>
<tr><td colspan="4">Time frame: past 36 months</td></tr>
<tr><td>2</td><td>Grants or contracts from any entity (if not indicated in item #1 above).</td><td colspan="2">☒ None
<table><tr><td>Ministry of Colleges and Universities, Ontario</td><td>Student funding from the Ontario Graduate Scholarship (2019-2020; 2020-2021)</td></tr><tr><td>Canadian Institutes of Health Research (CIHR)</td><td>Student funding from The Frederick Banting & Charles Best Canada Graduate Scholarship-Doctoral Award (2021-2023)</td></tr></table></td></tr>
</table>

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3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **None**	
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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,	☒ **None**	

		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)
	society, committee or advocacy group, paid or unpaid		
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**	

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ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: Mitchell Sutton

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 4/6/2022

Your Name: Naomi Finkelstein

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 4/8/2022

Your Name: Joanne Stempak

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: Daniel Pereira

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: David Croitoru

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: Lily Acheampong

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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			Click the tab key to add additional rows.
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**	

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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**	

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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 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: 4/8/2022

Your Name: Saima Rizwan

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: April 8, 2022

Your Name: Klaudia Rymaszewski

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 4/6/2022

Your Name: Raquel Milgrom

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: Darshini Ganatra

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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Darshini Ganatra

ICMJE DISCLOSURE FORM

Date: 4/6/2022

Your Name: Nathalia Vieira Batista

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: Melanie Girard

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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Melanie Girard

ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: Irene Lau

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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

Irene Lou

☒ 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: 4/7/2022

Your Name: Ryan Law

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 4/6/2022

Your Name: Michelle W Cheung

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: Bhavisha Rathod

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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			Click the tab key to add additional rows.
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**	

		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)
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**	

		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)
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 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: 4/7/2022

Your Name: Julia Kitaygorodsky

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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 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**	
			Click the tab key to add additional rows.
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**	

		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)
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**	

		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)
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 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: 4/6/2022

Your Name: Reuben Samson

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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 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	
			Click the tab key to add additional rows.
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**	

		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)
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**	

		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)
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 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: 4/7/2022

Your Name: Queenie Hu

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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 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**	
			Click the tab key to add additional rows.
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**	

		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)
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**	

		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)
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 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: 4/7/2021

Your Name: William Rodney Hardy

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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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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**	
			Click the tab key to add additional rows.
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**	

		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)
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**	

		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)
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 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: 4/7/2022

Your Name: Nigil Haroon

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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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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**	
			Click the tab key to add additional rows.
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**	

		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)
4	Consulting fees	☐ **None**	
		Abbvie, Eli Lilly, Janssen, Novartis, UCB	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Abbvie, Eli Lilly, Janssen, Novartis, UCB	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☐ **None**	
		MIF as therapeutic target in spondyloarthritis	
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**	
		President, CRA; President AKMG; Board Member of SPARTAN and Chair of Research Committee	

		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)
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 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: 4/6/2022

Your Name: R D Inman

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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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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	
			Click the tab key to add additional rows.
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**	

		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)
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**	

		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)
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 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: 4/8/2022

Your Name: Vincent Piguet

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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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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**	
			Click the tab key to add additional rows.
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**	

		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)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		I have received honoraria for speaking engagements from AbbVie, Almirall, Celgene, Janssen, Kyowa Kirin Co. Ltd, LEO Pharma, Novartis, Pfizer, Sanofi, UCB, and Union Therapeutics.	
		As Department Division Director of Dermatology at the University of Toronto, I have received departmental support in the form of unrestricted educational grants from AbbVie, Bausch Health, Celgene, Janssen, LEO Pharma, Lilly, L'Oréal, NAOS, Novartis, Pfizer, Sandoz and Sanofi	
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**	
		I have participated in Advisory Boards with Leo Pharma, Novartis, Sanofi, and Union Therapeutics	
10	Leadership or fiduciary role in other board, society, committee or	☒ **None**	

		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)
	advocacy group, paid or unpaid		
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None**	
		As Department Division Director of Dermatology at the University of Toronto, I have received program support in the form of equipment donations from Pierre-Fabre and L'Oréal	
13	Other financial or non-financial interests	☒ **None**	

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: 4/6/2022

Your Name: Vinod Chandran

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): 159721-INS-CMED-TR-2

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 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	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ None	
		AbbVie	Amgen
		Eli Lilly	
3	Royalties or licenses	☐ None	
		Oxford University Press	

		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)
4	Consulting fees	☐ **None**	
		AbbVie	Janssen
		Amgen	Novartis
		BMS	Pfizer
		Eli Lilly	UCB
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**	
		Janssen	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		Group for Research and Assessment of Psoriasis and Psoriatic Arthritis	Canadian Rheumatology Association
		Canadian Psoriasis Network	Canadian Spondylitis Association

		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)
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**	
		AstraZeneca (spousal employment)	

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: 8/5/2022

Your Name: Mark Silverberg

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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 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**	
		Click the tab key to add additional rows.	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		research support from Abbvie, Janssen, Takeda, Pfizer, Gilead and Amgen.	To Institution
3	Royalties or licenses	☒ **None**	

		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)
4	Consulting fees	☐ **None**	
		Abbvie, Janssen, Takeda, Pfizer, Gilead and Amgen.	To Dr. Silverberg directly
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		speaker honoraria from Abbvie, Janssen, Takeda, Pfizer, Gilead and Amgen.	To Dr. Silverberg directly
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**	

		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)
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 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: 4/6/2022

Your Name: Anne-Claude Gingras

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases]**

Manuscript Number (if known): Click or tap here to enter text.

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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ None	
		The equipment used is housed in the Network Biology Collaborative Centre at the Lunenfeld-Tanenbaum Research Institute, a facility supported by Canada Foundation for Innovation funding (Grant CFI 33474), the Ontario Government, Genome Canada and Ontario Genomics (OGI-139).	Support for the automated equipment for ELISA
		Canadian Institutes of Health Research (FDN 143301)	Support to the general Gingras lab operations / indirect support for this study
		Canada Research Chair (Tier 1) in Functional Proteomics	Salary support to Anne-Claude Gingras
		COVID-19 Immunity Task Force / Public Health Agency of Canada	Support for the assay calibration, Mt Sinai
		Canadian Institutes of Health Research grants VS1-175545, GA2- 177716, GA1-177703	Support for the VOC and ELISA work to Mt Sinai
Time frame: 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)
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		Providence Therapeutics	Vaccine company based in Canada. Our team has helped (based on service-contract) to analyze antibody levels in preclinical and phase I trials. Manuscript is here: https://pubmed.ncbi.nlm.nih.gov/35044832/. I receive no consultation fees for this work. The work is not directly related to the manuscript.
		CIHR funding to a number of SARS-CoV-2 studies, as a co-PI/collab in grants to Tania Watts (VR1-172711), Stephen Hwang (COVENANT), Jordan Lerner-Ellis (VR4-172753), Philip Awadalla (SUPPORT-Canada), Keith Jarvi (VR2- 173208), Steven Drews (CIHR 172723)	Studies are peripherally related to the current study
		Ontario Research fund on SARS-CoV-2. Co-PI on grants to Keith Jarvi (C-568-1476-JARVI) and Jennifer Gommerman (O-COVID-19)	Studies are peripherally related to the current study
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**	

		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)
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**	
		Chair, CIHR Institute of genetics, Institute Advisory Board	Unpaid – not related to present work. CIHR is the funder for academic research (medical/health)
		Member (chair from Feb 2022), National Research Council of Canada (NRC) HHT division	Unpaid – not directly related to current work, but we have a collaborative agreement with the NRC for the use of antigens for ELISA assays
		Member, Working parties for the COVID-19 Immunity task force (CITF) / testing and immunology	Unpaid – CITF coordinates efforts on immune monitoring related to COVID-19. Note that the team receives funding from the CITF for specific projects, even though this is an unpaid position
		Pillar lead, Functional Genomics and Structure-Function, CoVaRR-Net	Unpaid – CoVaRR-Net is a network supported by the CIHR to coordinate the efforts on the academic characterization of variants of SARS-CoV-2 in Canada. Note that the team receives funding through CoVaRR-Net to develop reagents and disseminate through the Canadian ecosystem
11	Stock or stock options	☐ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None**	

		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)
13	Other financial or non-financial interests	☒ **None**	

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: 4/6/2022

Your Name: Tania Watts

Manuscript Title: **Accelerated waning of immunity to SARS-CoV-2 mRNA vaccines in patients with immune mediated inflammatory diseases**

Manuscript Number (if known): Click or tap here to enter text.

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<table>
<tr><th colspan="2"></th><th>Name all entities with whom you have this relationship or indicate none (add rows as needed)</th><th>Specifications/Comments (e.g., if payments were made to you or to your institution)</th></tr>
<tr><td colspan="4">Time frame: Since the initial planning of the work</td></tr>
<tr><td>1</td><td>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.</td><td colspan="2">☐ None

Canadian institutes for health research grants: CIHR FDN-143250, VS1-175545, VR-1 172711, 177716 — Federal funding agency-payable to the institution
Private donation to University of Toronto from Juan and Stefania Speck for the IMPACT study — Payable to the institution
Click the tab key to add additional rows.</td></tr>
<tr><td colspan="4">Time frame: past 36 months</td></tr>
<tr><td>2</td><td>Grants or contracts from any entity (if not indicated in item #1 above).</td><td colspan="2">☐ None

Canada Research Chair in anti-viral immunity — Salary support, federal govt. Paid to University
Public Health institute of Canada-Mosaic study — Grant to Dalhousie university subgrant to U of Toronto for Watts portion of study
Canadian Cancer Society — Research grant to University for Watts research
Canadian Institutes of Health research grant signal 4 for T cell activation — Basic research grant, payable to Unviersity for Watts lab research</td></tr>
</table>

		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)
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **None**	
		Advisor Crescendo Biologics	Consulting fees to be paid directly to me
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**	
		Member, Ontario Science Table	Advisory-provides science briefs to public on COVID19,unpaid
10	Leadership or fiduciary role in	☒ **None**	

		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)
	other board, society, committee or advocacy group, paid or unpaid		
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 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.

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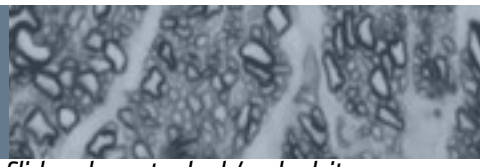

Click on boxes to check/uncheck items.

Checklist for submitting a revised Clinical Medicine manuscript

In addition to addressing the items noted in the decision letter regarding your manuscript, ensure that your revised manuscript adheres to the guidelines below. For full submission details, visit the JCI website.

Required files

Manuscript

- ☑ PDF of a clean version of the entire manuscript; include references, figures, figure legends, and tables.
- ☑ PDF of a marked-up version of the entire manuscript showing revisions and beginning with a point-by-point response to reviewer comments.
- ☑ Word or RTF file of all manuscript text; include references, figure legends, tables, and table legends (but not figures, images, markup, or point-by-point responses).
- ☑ Single PDF file of completed ICMJE uniform disclosure forms from all authors.
- ☐ For clinical trials, a PDF of the appropriate reporting checklist (CONSORT, STROBE. etc.).

Figures

- ☑ Publication-quality figures in TIFF format. See detailed instructions for figure preparation.
- ☑ Recommended: Graphical abstract (details available here).

Supplemental material

- ☐ Supplemental information, figures, and modest-sized tables, as:
  - ☑ (a) (if applicable) a PDF in which reviewer-requested changes are highlighted
  - ☑ (b) a clean, publication-quality PDF
- ☑ Upload any supplemental videos and/or large spreadsheets separately.
- ☑ Before submission, carefully review all supplemental files; they will not be checked by a copy editor. The Journal is not responsible for any errors contained in supplemental material.

Gels and blots

- ☐ For any figure showing a cropped blot or gel: a PDF, PPT, or PPTX file (distinct from any other supplemental material) that shows the entire unedited image.
- ☐ Annotate each image as, e.g., "Full unedited gel for Figure 2B."
- ☐ Clearly indicate which bands were used for the figures.

Formatting and style

- ☑ Recommended 9,000/maximum 12,000 words (including title page, full text, references, figure legends, and tables).
- ☑ Double-spaced throughout, including references and tables; figure legends may be single spaced if necessary to keep a figure and its legend on the same page.
- ☑ All pages are numbered.
- ☑ Each section begins on a new page.

Abbreviations and acronyms

- ☑ Standard JCI abbreviations and acronyms are used without definition.
- ☑ All other abbreviations and acronyms are spelled out at first use in the Abstract and again at first use in the main text (with the abbreviated form appearing in parentheses) and used without definition thereafter.

Gene names and symbols

- ☐ Gene names and symbols conform to official NCBI Gene Nomenclature.
- ☐ Presented according to JCI Gene nomenclature and style.

Italicization

- ☐ Generally reserved for gene symbols, genotypes, and species names.
- ☐ Terms such as in vivo, in vitro, etc., are not italicized.

Unpublished data, manuscripts in preparation or under review, and personal communications

- ☐ Cited parenthetically in the text, not as numbered references; e.g., "(Jane L. Doe, UCLA, Los Angeles, California, USA, unpublished observations)."
- ☐ Written permission to cite unpublished observations by individuals external to the author's research team (email is sufficient) is submitted.

Reference citations

- ☑ Appear in parentheses preceded by a space, e.g., "as described previously (1, 2)"; "several research groups (4–10) have found."
- ☑ No superscript, boldface, italics, etc.

Figure and table callouts

- ☑ Figures and tables are called out in numerical order.
- ☑ "Figure," "Table," "Supplemental Figure," "Supplemental Table," etc., are spelled out.
- ☑ Callouts appear in parentheses (no boldface or italics) preceded by a space, unless grammatically part of the sentence: "the levels increased (Figure 5A)"; "data shown in Table 2."
- ☑ Parts are called out as, e.g., "Figure 1A," "Figure 2, A and B," "Figure 3, B–D."

Manuscript preparation and required reporting

☐ Title page

☑ Manuscript title

- ☑ Clear, concise, and limited to 15 words, including conjunctions.
- ☑ Refers to the relevant disease or disease model studied.
- ☑ No subtitles, colons, periods, or nonstandard abbreviations.

☐ Authors and affiliations

- ☑ Author names are provided in full (for example, "Benita J. Sjögren") and in the appropriate order.
- ☑ No titles, honorifics, degrees, or certifications.
- ☑ Affiliations correspond to the period when the work was performed.
- ☐ For authors whose affiliation has changed since completion of the work, specify the present affiliation and location below the numbered list.
- ☑ Affiliation footnotes are assigned consecutively using superscripted numbers (1, 2, 3, etc.).
- ☑ Affiliations include departments, institutions, city, state (if applicable), and country (but not mailing addresses or zip/regional codes).
- ☑ Corresponding author's complete name, address, telephone number (including country code if applicable), and email address.
- ☐ Consortium/study groups shown as authors (e.g., CARDIoGRAM Consortium)
  - ☐ Unless the members of the group appear as authors, each individual member and their affiliation are listed in the supplemental material, under the heading Supplemental Acknowledgments.
  - ☐ The following sentence appears in Acknowledgments: "See Supplemental Acknowledgments for details on {name of consortium}."

☑ Conflict-of-interest statement

- ☑ A statement consistent with the Journal's conflict-of-interest policy is included; if no author has a conflict, state the following: "The authors have declared that no conflict of interest exists."
- ☐ If patents are involved, the patent or patent application number(s) are provided and the names of the associated authors specified.

☐ Abstract

☑ Structured format with the sections Background, Methods, Results, Conclusion, Trial registration, Funding.
☑ Maximum 250 words.
☑ No references.
☑ All nonstandard abbreviations are defined at first use.

Main text (presented in the following order)

☑ **Introduction**
☑ **Results**
☑ **Discussion**
☑ **Methods**
☐ Demographic reporting (see details here)
  ☐ Reporting on race and ethnicity adheres to NIH guidelines or other applicable authoritative standards.
  ☐ Descriptors for any demographic identities are clear, unbiased, and up-to-date.
  ☐ Data for any demographic variable are inclusive; if any information is unavailable or incomplete, an explanation is provided.
  ☐ Specify whether the participants or investigators made the classifications; and whether the options were defined by the investigators or participants.
☑ Complete manufacturer name (omit location) is provided for each proprietary item used.
☐ For animal models, precise genotype, strain, number of backcrosses, sex, age, and source are specifed.
☐ Antibodies: Commercial — source and catalog/clone number are specified for each; custom — generation of antibodies is described (or an appropriate reference is cited).
☑ Source of all cell lines used is indicated.
☐ Data sets for gene expression microarrays, SNP arrays, and high-throughput sequencing studies are deposited in a public repository, and accession number(s) provided in Methods in the main text (for publication, data must be publicly available).
☐ Statistics
  ☑ Section appears near the end of Methods (before "Study approval").
  ☑ The *P* value used to determine significance of differences is specified; e.g., "A *P* value less than 0.05 was considered significant."
  ☑ Analysis appropriately corrects for multiple comparisons (more than 2 groups) and for repeated measures (multiple measurements within subjects).
  ☑ If samples were excluded, a statement describes inclusion/exclusion criteria.
☑ Study approval
  ☑ Stand-alone paragraph at the end of Methods.
  ☑ Declaration of approval of human and/or animal studies, specifying the official name and location of the applicable institutional review board(s).
  ☑ For human studies, a statement indicates receipt of written informed consent from participants and/or their parents/guardians.
  ☐ For use of photographs of participants, a separate statement of written informed consent is included.

☑ Author contributions

☑ Contribution of each author (identified by initials) is specified; e.g., designing research studies, conducting experiments, acquiring data, analyzing data, providing reagents, writing the manuscript. Multiple contributions may be listed for a single individual, and more than one individual may be associated with a single contribution.
☑ Grammatically complete sentences are used.
☑ For manuscripts with 2 or more co–first authors, the method used to assign authorship order among these authors is stated.

☐ Acknowledgments

☐ States sources of support in the form of grants, equipment, or drugs.
☐ Grant numbers are provided as applicable.
☐ Other acknowledgments, such as of colleagues for advice, are included as appropriate.

☐ References

☑ Prepared according to How to prepare references for submission.

☐ Figure legends

☑ Maximum 300 words.
☑ Each begins with a stand-alone title, irrespective of the individual parts.
☑ Figure parts are called out in boldface: (**A**), (**B–D**), (**C** and **E**).
☑ Symbols and abbreviations introduced in figures are defined and used consistently throughout.
☐ Use of terms within the legends is consistent with that in the figures themselves.
☑ In each figure legend where appropriate, the statistical test(s) used are described.
☐ For each panel representing multiple experiments, the exact number of samples (*n*) is reported.
☐ For representative experiments, the number of times the experiment was conducted is reported.
☑ Error bars are defined either in Statistics or in the individual legends; e.g., "Data represent mean ± SEM."
☑ Variance around the mean and statistical analysis are not provided for figures representing fewer than 3 independent samples.
☐ For histological panels and insets, scale bars are defined or total original magnification is specified in the legends.

☐ Figures

☑ Prepared according to How to prepare figures for submission.
☐ For clinical trials, the appropriate flow diagram appears as a figure.
☑ Parts are labeled with capital letters: A, B, C, etc., with no designated subparts.
☑ Graphs of quantitative data are presented as either dot plots, with average and appropriate error bars indicated; or box-and-whisker plots, with values defined in the legend (bounds of the boxes, lines within the boxes, whiskers, and any outlying values). Dynamite plunger plots are not permitted.
☐ If lanes in a gel or blot image are spliced together into a composite image, the lanes are distinguished with a thin vertical dividing line (black on a gray background; or white on a black background). State in the legend that the lanes were run on the same gel but were noncontiguous.

☐ Tables

☑ Prepared in Word table format (not pasted in from another application).
☑ Self-contained and self-explanatory.
☑ Preceded by brief titles.
☑ Each table fits on a single page and is presented on its own page.
☐ Callouts to footnotes (designated with superscript capital letters) are assigned alphabetically row by row.
☐ No subparts or subsections (for example, Table 1A and Table 1B).
☐ Column headings in tables apply to all values throughout the column; a new row of column headings may not be introduced within a table.
☐ See "Methods" above for reporting on demographics.