## **ICMJE DISCLOSURE FORM**

3/4/2025
Ulrike Protzer
Chimeric Antigen Receptor (CAR) T-cell Therapy Engineering Immune Cells To Treat Liver Diseases
JHEPAT-D-24-02926

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.

All support for the	Time frame: Since the initial planning	of the work
oresent manuscript (e.g.,	☐ None  German Research foundation (DFG) via TRR338,	Research grant to institution (TUM)
unding, provision	project No. 452881907	nescaren grant to institution (1500)
of study materials,	BayCellator consortium	Research grant to institution (TUM)
article processing	European Union's Horizon 2020 research and innovation programme: TherVacB Consortium;	Research grant to institution (Helmholtz Munich)
No time limit for	Support through the German Center for Infection Research (DZIF), project HBV Cure	Research grant to institution (Helmholtz Munich)
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	Time frame: past 36 month	ns
Grants or contracts from	□ None	
any entity (if not	SCG Cell Therapy	Research grant to institution
indicated in item	CNAT-M (with Ethris and XL Protein)	Research grant to institution
#1 above).	Roche Diagnostics	Collaborative research grant to institution
Royalties or licenses	⊠ None	
	SCG Cell Therapy	License of S-CAR, HBV-specific TCRs from Helmholtz Munich
	SCG Cell Therapy	License of T-cell engager antibodies from Helmholtz Munich
	of study materials, medical writing, rticle processing harges, etc.)  No time limit for his item.  Grants or contracts from any entity (if not indicated in item #1 above).	BayCellator consortium  European Union's Horizon 2020 research and innovation programme: TherVacB Consortium;  Support through the German Center for Infection Research (DZIF), project HBV Cure  Time frame: past 36 month of SCG Cell Therapy  CNAT-M (with Ethris and XL Protein)  Royalties or licenses  SCG Cell Therapy  SCG Cell Therapy

		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	
		Aligos	Personal fees
		Gilead	Personal fees
		GSK	Personal fees
		Sanofi	Personal fees
		Abbvie	Personal fees
5	Payment or honoraria for	⊠ None	
	lectures,	Abbott	Personal fees, speaker bureau
	presentations,	MSD	Personal fees, speaker bureau
	speakers	Gilead	Personal fees, speaker bureau
	bureaus,		Personal fees, speaker bureau
	manuscript 		
	writing or educational events		
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or	None	
	travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety	□ None	
	Monitoring	AATech	Advisory board, personal fees
	Board or	Aligos	Advisory board, personal fees
	Advisory Board	Arbutus	Advisory board, personal fees
		BioNTech	Advisory board, no fees
		Leukocare	Advisory board, personal fees
		J&J	Advisory board, personal fees
		Merck	Advisory board, personal fees
		Gilead	Advisory board, personal fees
		GSK	Advisory board, personal fees
			i i
		Sanofi Pasteur	Advisory board, personal fees
		Sobi	Advisory board, personal fees
		Roche	Advisory board, no fees

		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	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options	□ None  German Center for Infection Research University Hospital Cologne University of Regensburg  □ None	Executive Board, Topic-Lead Hepatitis  Supervisory board  Advisory board
		SCG Cell Therapy Inc	Shareholder, stock option, board member
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

3 12/13/2021 ICMJE Disclosure Form

ICMJE DISCLOSURE FORM		
Date:	3/5/2025	
Your Name:	Scott L. Friedman	
Manuscript Title:	Chimeric Antigen Receptor (CAR) T-cell Therapy Engineering Immune Cells To Treat Liver Diseases	
Manuscript Number (if known):	JHEPAT-D-24-02926	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub."  The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned	rt for the work reported in this manuscript without time limit. For all other items, the time	

			e all entities with whom you have this onship 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 month:	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH	None  2R01DK128289	
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  SEE ATTACHED	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Seminar Seminar Visiting Professor	U. of Pittsburgh Liver Center U. Pennsylvania NIDDK GI Center Baylor College of Medicine
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Falk Foundation Meeting on Liver Immunology  Keynote Speaker, International Congress of Diabetes and Metabolism	Munich  Gyeungyen – South Korea
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None 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  SEE ATTACHED	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None     Non	
Plea ⊠		t to the following statement to indicate your agreement to answered every question and have not altered the wo	

## **ICMJE DISCLOSURE FORM**

Dat	e:		3/5/2025	
Your Name:			Michael Hudecek	
Ma	nuscript Title:		Chimeric Antigen Receptor (CAR) T-c Treat Liver Diseases	ell Therapy Engineering Immune Cells To
Ма	nuscript Number (if k	known):	JHEPAT-D-24-02926	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		ript. "Rela of the man e in doubt os/activition ension, you	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufactionships	/interest, it is preferable that you do so.
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time
			l entities with whom you have this ship 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.	Funding	g: SFB TRR338 LETSimmun (DFG, German ch Foundation)	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	BMS	one	
3	Royalties or licenses	Fred Hu	utch Cancer Center, Seattle, WA Maximilians University, Würzburg, GER	

		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  Janssen, Kite/Gilead, BMS	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	□ None  Fred Hutch Cancer Center, Seattle, WA  Julius Maximilians University, Würzburg, GER	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None  Kite/Gilead	
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  Co-founder and equity owner, T-CURX GmbH,  Würzburg, Germany	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠	·	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

## ICMJE DISCLOSURE FORM

Date:	8/26/2021
Your Name:	Elmar Jaeckel
Manuscript Title:	Chimeric Antigen Receptor (CAR) T-cell Therapy Engineering Immune Cells To Treat Liver Diseases
Manuscript Number (if known):	JHEPAT-D-24-02926

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		relationship or indicate none (add rows as needed)		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	Quell Therapeutics, London, UK	Payments to me as founder of the company
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	☐ None  Quell Therapeutics, London, UK	
7	Support for attending meetings and/or travel	None     ■	
8	Patents planned, issued or pending	□ None  Quell Therapeutics, London, UK	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Quell Therapeutics, London, UK	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship 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	Que	None  Il Therapeutics, London, UK		
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.					