

# ICMJE DISCLOSURE FORM

Date: 07/10/2021  
 Your Name: Shen Dong  
 Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients  
 Manuscript number (if known): 147474-INS-CMED-RV-3

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None        	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None   	
3	Royalties or licenses	<input type="checkbox"/> 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	
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	
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: 07/10/2021  
 Your Name: Kamir J. Hiam-Galvez  
 Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients  
 Manuscript number (if known): 147474-INS-CMED-RV-3

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# ICMJE DISCLOSURE FORM

Date: 07/10/2021  
 Your Name: Cody T. Mowery  
 Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients  
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# ICMJE DISCLOSURE FORM

Date: 07/10/2021  
 Your Name: Kevan C. Herold, MD  
 Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients  
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I have no conflicts of interest related to this manuscript.

July 11, 2021



# ICMJE DISCLOSURE FORM

Date: 07/10/2021  
 Your Name: Stephen Gitelman  
 Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients  
 Manuscript number (if known): 147474-INS-CMED-RV-3

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None Caladrius Biosciences	Made to my institution to support a clinical trial that I led with autologous ex vivo expanded regulatory T cells in type 1 diabetes
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None Avotres, Inc.	
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 type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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S. G. H.

07/12/21

# ICMJE DISCLOSURE FORM

Date: 07/10/2021  
 Your Name: Jonathan H. Esensten  
 Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients  
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Jonathan H. Esensten MD, PhD 7/12/2021

# ICMJE DISCLOSURE FORM

Date: 07/10/2021  
 Your Name: WeiHong Liu  
 Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients  
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# ICMJE DISCLOSURE FORM

Date: 07/10/2021  
 Your Name: Angela Lares  
 Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients  
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Date: 07/10/2021  
 Your Name: Ashley Leinbach  
 Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients  
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Date: 07/10/2021  
 Your Name: Michael Lee  
 Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients  
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Date: 07/10/2021  
 Your Name: Stanley J. Tamaki  
 Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients  
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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> 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	
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	
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:

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: 07/10/2021  
 Your Name: Whitney Tamaki  
 Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients  
 Manuscript number (if known): 147474-INS-CMED-RV-3

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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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<input type="checkbox"/> 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	
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	
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:

  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: 07/10/2021  
 Your Name: Courtney Tamaki  
 Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients  
 Manuscript number (if known): 147474-INS-CMED-RV-3

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3	Royalties or licenses	<u>None</u>	

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	
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: 07/10/2021  
 Your Name: Morvarid Mehdizadeh  
 Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients  
 Manuscript number (if known): 147474-INS-CMED-RV-3

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> 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	
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	
11	Stock or stock options	____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
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# ICMJE DISCLOSURE FORM

Date: 07/10/2021  
 Your Name: Amy Putnam  
 Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients  
 Manuscript number (if known): 147474-INS-CMED-RV-3

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	



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	
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: 07/10/2021  
 Your Name: Matthew H. Spitzer, PhD  
 Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients  
 Manuscript number (if known): 147474-INS-CMED-RV-3

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> Roche/Genentech, Bristol Myers Squibb, Valitor	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	___ Astellas, Five Prime, Earli	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__ None	
6	Payment for expert testimony	_X___ None	
7	Support for attending meetings and/or travel	__X__ None	
8	Patents planned, issued or pending	__X__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None Teiko.bio	
11	Stock or stock options	___ Teiko.bio	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X__ None	
13	Other financial or non-financial interests	_X___ None	

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# ICMJE DISCLOSURE FORM

Date: 07/10/2021  
 Your Name: Chun J. Ye  
 Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients  
 Manuscript number (if known): 147474-INS-CMED-RV-3

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> 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	
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	
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: 07/10/2021  
 Your Name: Qizhi Tang  
 Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients  
 Manuscript number (if known): 147474-INS-CMED-RV-3

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	

4	Consulting fees	Sonoma Biotherapeutics	I received payments as personal income as a co-founder and scientific advisor of Sonoma Biotherapeutics.
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	Yes	I am a co-inventor of several issued or pending patents related to regulatory T cell therapy, although none of the technologies in those patents were used in work described in this manuscript.
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	UCSF Living Therapeutics Initiative	I am a member of the steering committee.
11	Stock or stock options	Sonoma Biotherapeutics	I received stock as a co-founder and scientific advisor of Sonoma Biotherapeutics.
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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**form.**

# ICMJE DISCLOSURE FORM

Date: 07/10/2021  
 Your Name: Jeffrey Bluestone  
 Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients  
 Manuscript number (if known): 147474-INS-CMED-RV-3

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<b>Time frame: past 36 months</b>			
2		<input checked="" type="checkbox"/> None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
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	<p><input type="checkbox"/> None</p> <p>LabX IGO, Nantes, France; Rachmiel Levine-Arthur Riggs Diabetes Research Symposium, Irvine, CA; La Jolla Institute for Allergy &amp; Immunology; Barbara Davis Diabetes Center, University of Colorado, Denver, CO; ETH Zürich -- Institute of Molecular Health Sciences, Zurich, SW; McNair Symposium, Baylor College of Medicine, Houston, TX; University of Colorado Diabetes Speaker Series, Denver, CO; Stanford University Immunology Seminar Series, Palo Alto, Ca; New York University, New York City, NY; Immunology Seminar Series, Memorial Sloan Kettering Cancer Center, New York City, NY; Stanford Drug Discovery Symposium, Palo Alto, CA; BioLegend Symposium, La Jolla, CA; Don Summers Memorial Lecture, University of Utah Biosciences Symposium, Salt Lake City, UT</p>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<p><input type="checkbox"/> None</p> <p>LabX IGO, Nantes, France; Rachmiel Levine-Arthur Riggs Diabetes Research Symposium, Irvine, CA; La Jolla Institute for Allergy &amp; Immunology; Barbara Davis Diabetes Center, University of Colorado, Denver, CO; ETH Zürich -- Institute of Molecular Health Sciences, Zurich, SW; McNair Symposium, Baylor College of Medicine, Houston, TX; University of Colorado Diabetes Speaker Series, Denver, CO; Stanford University Immunology Seminar Series, Palo Alto, Ca; New York University, New York City, NY; Immunology Seminar Series, Memorial Sloan Kettering Cancer Center, New York City, NY; Stanford Drug Discovery Symposium, Palo Alto, CA; BioLegend Symposium, La Jolla, CA; Don Summers Memorial Lecture, University of Utah Biosciences Symposium, Salt Lake City, UT</p>	
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 type="checkbox"/> None	

		Sonoma Biotechnology	
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 type="checkbox"/> None	
		Sonoma Biotechnology	

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