ICMJE DISCLOSURE FORM

Date: 12/14/2021

Your Name: Chris Severyn, MD, PhD

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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	
		C.J.S. is a Pete and Arline Harman Fellow with the Stanford Maternal & Child Health Research Institute (MCHRI) and supported by the MCHRI	Private grant at Stanford University that funded my stipend as a fellow and partially funded the sequencing and compute effort to complete the research
		NIH T32-DK098132	Trainee on the non-hematologic institutional training grant
		NIH S100D023452	This work utilized computing resources provided by the Stanford Genetics Bioinformatics Service Center, supported by NIH S10 Instrumentation Grant S100D023452
		NIH S10 Shared Instrumentation Grant 1S10OD02014101	Computing costs were supported via a NIH S10 Shared Instrumentation Grant
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **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)
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**	
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**	

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

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 12/14/2021

Your Name: Benjamin Siranosian

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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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**	
		Imago Biosciences	Contract bioinformatics work
		Cellular Longevity Inc.	Employee
3	Royalties or licenses	X **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	X **None**	
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	X **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**	
		Imago Biosciences	Contract bioinformatics work
		Cellular Longevity Inc.	Employee
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: 12/14/2021

Your Name: Sandra Kong

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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3	Royalties or licenses	☒ **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**	
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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: Click or tap to enter a date. 12/14/21

Your Name: Click or tap here to enter text. Angel Moreno

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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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: 12/15/2021

Your Name: Michelle M. Li

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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3	Royalties or licenses	☒ **None**	

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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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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: 12/15/2021

Your Name: Nan Chen

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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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**	
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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: 12/15/2021

Your Name: Christine N. Duncan, MD

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 12/14/2021

Your Name: Leslie Lehmann, MD.

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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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**	
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ICMJE DISCLOSURE FORM

Date: 12/15/2021

Your Name: Steven Margossian

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 12/14/2021

Your Name: Shan Sun

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 12/14/2021

Your Name: Tessa Andermann, MD

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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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:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 12/15/2021

Your Name: Sophie Silverstein

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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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**	

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ICMJE DISCLOSURE FORM

Date: 12/15/2021

Your Name: Soomin Kim

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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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	
		Dana-Farber Cancer Institute	Salary for role as research technician
			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**	

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ICMJE DISCLOSURE FORM

Date: 12/14/2021

Your Name: Olga Birbrayer

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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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**	

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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**	

		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**	

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ICMJE DISCLOSURE FORM

Date: 12/14/2021

Your Name: Niaz Banaei

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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

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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**	

		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**	

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ICMJE DISCLOSURE FORM

Date: 12/14/2021

Your Name: Jerome Ritz

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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		NIH grant CA229092	
			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**	

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ICMJE DISCLOSURE FORM

Date: 12/14/2021

Your Name: Anthony Fodor

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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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**	
		Gelesis	Payments made to me
		ByHeart	Payments made to me
		L-Nutra	Payments made 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**	
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**	

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ICMJE DISCLOSURE FORM

Date: 12/14/2021

Your Name: Wendy B. London

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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**	
		Merck	Payment to me
		Jubilant Draximage	Payment to me
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**	

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ICMJE DISCLOSURE FORM

Date: 12/14/2021

Your Name: Ami S. Bhatt

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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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**	
		V Scholar grant	Academic grant
		Damon Runyon Cancer Foundation Clinical Investigator Award	Academic grant
		NIH	Academic grant
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**	
		Kaleido Biosciences	Consulting – unrelated to the work
		biomX	Consulting – unrelated to the work
		Guardant	Honorarium – unrelated to the work
		January.ai	Former SAB member – unrelated to the work
		Caribou Biosciences	SAB member – unrelated to the work
		ArcBio (EdenRoc)	SAB member – unrelated to the work
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**	
		Board of Directors Member, Global oncology (nonprofit)	

		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**	
		January.ai	Former SAB member – unrelated to the work
		Caribou Biosciences	SAB member – unrelated to the work
		ArcBio (EdenRoc)	SAB member – unrelated to the work
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: 12/14/2021

Your Name: Jennifer Whangbo

Manuscript Title: Randomized controlled trial of gut decontamination in pediatric patients undergoing allogeneic hematopoietic cell transplantation

Manuscript Number (if known): 154344-JCI-CMED-1

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

		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**	
		Mallinckrodt Pharmaceuticals	Chronic GVHD Advisory Board
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** Vor Biopharma: Stock options	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☐ **None** Vor Biopharma: Employee	

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

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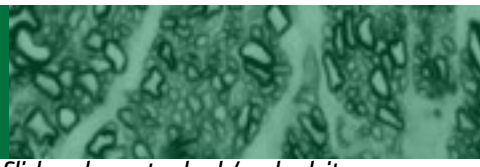
JCI insight



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 Insight website.

Required files

Manuscript

☑ PDF of a clean version of the entire manuscript, including Figures, Figure legends, and Tables

☑ PDF of a marked-up version of the entire manuscript showing revisions and prefaced by a point-by-point response to reviewer comments

☑ Word or RTF file of all text of the submission, including Figure legends, Tables, Table legends, and References (without Figures, images, or point-by-point responses)

☑ Single PDF file of completed ICMJE uniform disclosure forms from all authors

☑ For clinical trials, 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

☑ Single file containing supplemental material, figures, and modest-sized tables, as:

- ☑ (a) (if applicable) a PDF highlighting reviewer-requested changes
- ☑ (b) a clean, publication-quality PDF

☑ Upload any supplemental videos and/or large Excel files separately

Gels

☑ APDF, PPT, or PPTX file (distinct from any other supplemental material) that shows the entire unedited gel

☑ Clearly indicate which bands were used for the figures

Formatting

☑ Maximum 12,000 words (all text inclusive of title page, full text, references, figure legends, and tables)

☑ Double-spacing 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 numbered

☑ Each section begins on a new page

Abbreviations and acronyms

☑ Standard JCI Insight abbreviations and acronyms used without definition

☑ All other abbreviations and acronyms 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 and protein names and symbols

☑ Conform to official NCBI Gene Nomenclature

☑ Presented according to JCI Insight 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 of someone outside the author's research team (an 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, bold, italics, etc.

Figure and table callouts

☑ Figures and tables called out in numerical order

☑ "Figure", "Table", "Supplemental Figure", "Supplemental Table", etc., spelled out

☑ Callouts in parentheses (no boldface or italics) unless grammatically part of the sentence: "the levels increased (Figure 5A)"; "data shown in Table 2"

☑ Parts called out as follows: "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 provided in full (for example, "Benita J. Sjögren") and in the appropriate order

☑ No titles, honorifics, degrees, or certifications

☑ Author 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 assigned consecutively using superscripted numbers (1, 2, 3, etc.)

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- ☑ 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 defined at first use

Main text (presented in the following order)

☑ **Introduction**
☑ **Results**
☑ **Discussion**
☑ **Methods**
☑ Demographic reporting
  ☑ 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) provided for each proprietary item used
☑ For animal models, precise genotype, strain, number of backcrosses, sex, age , and source are specifed
☑ Description of all antibodies used, including the source and catalog/clone number for commercial antibodies or (reference to) a description of the generation of custom antibodies
☑ 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 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 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 name and location of the appropriate institutional review board(s)
  ☑ For human studies, a statement indicating receipt of written informed consent from participants and/or their parents/guardians
  ☑ For use of photographs of patients, a separate statement of written informed consent

☑ Author contributions

☑ Contribution of each author (identified by initials) is specified
☑ Grammatically complete sentences
☑ 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 provided as applicable
☑ Other appropriate acknowledgments, such as of colleagues for advice

☑ References

☑ Styled according to Journal reference instructions

☑ Figure legends

☑ Maximum 300 words
☑ Each begins with stand-alone title, irrespective of the individual parts
☑ Figure parts called out in boldface: (**A**), (**B**–**D**), (**C** and **E**)
☑ Symbols and abbreviations introduced in figures are defined
☑ In each figure legend where appropriate, the statistical test(s) used is described
☑ Variance around the mean and statistical analysis not provided for figures representing fewer than 3 independent samples
☑ For figure panels representing multiple experiments, exact number of samples (*n*) is reported
☑ For representative experiments, the number of times the experiment was conducted is reported
☑ For histological panels and insets, scale bars are defined or total original magnification is specified in the figure legends

☑ Figures

☑ Prepared according to Journal figure instructions
☑ For clinical trials, the appropriate flow diagram appears as a figure
☑ Parts labeled with capital letters: A, B, C, etc., with no designated subparts
☑ Graphs of quantitative data 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 separated with a thin vertical line (black on gray background; white on black background); a note in the legend states 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
☑ Each table fits on a single page and is presented on its own page
☑ Preceded by brief titles
☑ Callouts to footnotes (designated with superscript capital letters) 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

☑ Supplemental material

☑ A single PDF file includes all supplemental material except videos and spreadsheets. See "Methods" above for large data sets
☑ Before submission, carefully review all supplmental files; they will not be checked by a copy editor. The Journal is not responsible for any errors contained in supplemental material.

Supplemental document 3 | CONSORT (*Con*solidated *S*tandards *o*f *R*eporting *T*rials) checklist

Section/Topic	Item No	Checklist item	Reported on page No.
Title and abstract			
	1a	Identification as a randomized trial in the title or abstract	1 (Title) 4 (abstract)
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	26-27, Figure 1
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	4, 7-9
	2b	Specific objectives or hypotheses	4, 26-27
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	26-27
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	none
Participants	4a	Eligibility criteria for participants	26, 32, Supp. Document 2
	4b	Settings and locations where the data were collected	32
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	26-27, Supp. Table 1
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	26-27
	6b	Any changes to trial outcomes after the trial commenced, with reasons	none
Sample size	7a	How sample size was determined	26
	7b	When applicable, explanation of any interim analyses and stopping guidelines	N/A
Randomization:			
Sequence generation	8a	Method used to generate the random allocation sequence	26
	8b	Type of randomization; details of any restriction (such as blocking and block size)	26
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	N/A
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	26

Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	N/A
	11b	If relevant, description of the similarity of interventions	26
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	26, 31-32
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	26, 31-32
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analyzed for the primary outcome	Figure 1
	13b	For each group, losses and exclusions after randomization, together with reasons	Figure 1
Recruitment	14a	Dates defining the periods of recruitment and follow-up	26, 32
	14b	Why the trial ended or was stopped	N/A
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Table 1
Numbers analyzed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	26, Fig 1
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Figures 3, 4 Table 2
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	Table 2
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	26-27
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	13
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	23-24
Generalizability	21	Generalizability (external validity, applicability) of the trial findings	24-25
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	20-25
Other information			
Registration	23	Registration number and name of trial registry	4, 32
Protocol	24	Where the full trial protocol can be accessed, if available	32
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	5, 34