Date:	1/6/2022	
Your Name:	Danillo G. Augusto	
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function	
Manuscript Number (if known):	156978-INS-CMED-TR-2	

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3	Royalties or licenses	None     ■	
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	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:			

Date:	1/5/2022
Your Name:	Riley Bove
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function
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ъ	Royalties or licenses	None	
4	Consulting fees	□ None	
		Alexion Biogen EMD Serono Genzyme Sanofi	Roche Genentech  Novartis
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
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13	Other financial or non-financial interests		None	
	Please place an "X" next to the following statement to indicate your agreement:			

Date:	1/6/2022
Your Name:	Kristen Mittl
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function
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	Please place an "X" next to the following statement to indicate your agreement:			

Date:	1/5/2022	
Your Name:	Joseph Sabatino	
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function	
Manuscript Number (if known):	156978-INS-CMED-TR-2	

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	this item.		
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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None  Physicians' Education Resource  DKBmed	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	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	
	Please place an "X" next to the following statement to indicate your agreement:			

Date:	1/5/2022	
Your Name:	William M Rowles]	
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function	
Manuscript Number (if known):	156978-INS-CMED-TR-2	

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13	Other financial or non-financial interests		None	
	Please place an "X" next to the following statement to indicate your agreement:			

Date:	1/7/2022	
Your Name:	Bonny Alvarenga	
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function	
Manuscript Number (if known):	156978-INS-CMED-TR-2	

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Your Name:	Matthew Laurie
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function
Manuscript Number (if known):	156978-INS-CMED-TR-2

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1	All support for the present		None	
	manuscript (e.g., funding, provision	Unive	ersity of California San Francisco COVID Fund	Research funding for Covid projects in the DeRisi laboratory
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13	Other financial or non-financial interests		None	
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Date:	1/5/2022
Your Name:	Collin M. Spencer
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function
Manuscript Number (if known):	156978-INS-CMED-TR-2

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Date:	1/5/2022	
Your Name:	Rita Loudermilk	
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function	
Manuscript Number (if known):	156978-INS-CMED-TR-2	

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Date:	1/7/2022	
Your Name:	Jessa Alexander	
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function	
Manuscript Number (if known):	156978-INS-CMED-TR-2	

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13	Other financial or non-financial interests		None	
	Please place an "X" next to the following statement to indicate your agreement:			

Date:	1/6/2022
Your Name:	Ravi Dandekar
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function
Manuscript Number (if known):	156978-INS-CMED-TR-2

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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.

		e all entities with whom you have this ionship 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).	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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

			e all entities with whom you have this ionship 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:			

Date:	1/7/2022
Your Name:	Chloe Gerungan
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function
Manuscript Number (if known):	156978-INS-CMED-TR-2

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		Time frame: past 36 month	s
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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

			e all entities with whom you have this ionship 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:			

Date:	1/6/2022
Your Name:	Jill Hollenbach
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function
Manuscript Number (if known):	156978-INS-CMED-TR-2

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		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

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3	Royalties or licenses	None     ■	
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

			e all entities with whom you have this ionship 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:			

Date:	1/6/2022
Your Name:	Kira Mcpolin
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function
Manuscript Number (if known):	156978-INS-CMED-TR-2

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		Time frame: past 36 month	s
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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

			e all entities with whom you have this ionship 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:			

Date:	1/6/2022	
Your Name:	Sharon Sagan	
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function	
Manuscript Number (if known):	156978-INS-CMED-TR-2	

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		Time frame: Since the initial planning	of the work
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		Time frame: past 36 month	s
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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

			e all entities with whom you have this ionship 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:			

Date:	1/6/2022
Your Name:	Michael Robert Wilson
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function
Manuscript Number (if known):	156978-INS-CMED-TR-2

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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	☐ None	
	manuscript (e.g.,	NINDS	K08NS096117
	funding, provision	Westridge Foundation	
	of study materials,		Click the tab key to add additional rows.
	medical writing,		
	article processing		
	charges, etc.) No time limit for		
	this item.		
		Time frame: past 36 month	s
2	Grants or contracts from	□ None	
	any entity (if not	Roche / Genentech	
	indicated in item		
	#1 above).		

		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)
8	Royalties or licenses	None     ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Roche / Genentech Novartis Takeda	Speaking honorarium Speaking honorarium Speaking honorarium
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	

			e all entities with whom you have this ionship 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:			

Date:	1/6/2022
Your Name:	Scott Zamvil
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function
Manuscript Number (if known):	156978-INS-CMED-TR-2

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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	of the work
1	All support for the present	□ None	
	manuscript (e.g.,	NIH	R01NS092835
	funding, provision	NIH	R01AI131624
	of study materials,	NIH	Cli R21NS108159ck the tab key to add additional rows.
	medical writing,	National Multiple Sclerosis Society	RG1701-26628
	article processing charges, etc.)	Maisin Foundation	
	No time limit for		
	this item.		
		Time frame: past 36 months	S
2	Grants or contracts from	□ None	
	any entity (if not	Weill Institute for Neurosciences (UCSF)	
	indicated in item	Race to Erase MS Symposium	
	#1 above).		

		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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Alexion Biogen-Idec EMD-Serono Teva Pharmaceuticals	Genzyme Novartis Roche-Genentech
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None     Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Lilly BioMS Teva	Opexa Therapeutics
10	Leadership or fiduciary role in other board,	None     ■	

			e all entities with whom you have this ionship 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:			

Date:	1/6/2022
Your Name:	Jayant Rajan
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function
Manuscript Number (if known):	156978-INS-CMED-TR-2

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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.

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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.)	None	Click the tab key to add additional rows.
	No time limit for this item.		
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	 es Foundation /NIAID	As PI for unrelated work As co-investigator on 2 grants

		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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	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)
	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:			

Date:	1/6/2022
Your Name:	Colin Robert Zamecnik, PhD
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function
Manuscript Number (if known):	156978-INS-CMED-TR-2

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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  □ David Friedberg	Click the tab key to add additional rows.
	Time frame: past 36 months		s
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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

			e all entities with whom you have this ionship 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:				

Date:	1/6/2022
Your Name:	Joseph L. DeRisi
Manuscript Title:	Multiple sclerosis therapies differentially impact SARS-CoV-2 vaccine-induced antibody and T cell immunity and function
Manuscript Number (if known):	156978-INS-CMED-TR-2

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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.

		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	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.	Chan Zuckerberg Biohub  Time frame: past 36 months	Gift of unrestricted funds for research  Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None 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	
		Public Health Company, Inc Allen & Co.	Scientific Advisor Scientific conference organizer
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None  Various small invited academic lectures at universities. Approximately 10 of these over the past 36 months.	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None related to the work being submitted	
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  Dr. DeRisi is a member of the board of the Chan Zuckerberg Biohub, and non-profit 501c3 medical research organization affiliated with UCSF, Stanford, and UCB	

		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	Dr. DeRisi has received stock options from The Public Health Company, Inc.	Compensation for Scientific Advisory role
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:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		



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 ICI 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.)

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**

<u>Structured format</u> 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.