

ICMJE DISCLOSURE FORM

Date: 11/16/2021

Your Name: Xuan Cao]

Manuscript Title: Aqueous Proteins Help Predict the Response of Neovascular Age-related Macular Degeneration Patients to Anti-VEGF Therapy

Manuscript Number (if known): 144469-JCI-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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Please place an "X" next to the following statement to indicate your agreement:

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

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Date: 11/16/2021

Your Name: Lijun Chen

Manuscript Title: Aqueous Proteins Help Predict the Response of Neovascular Age-related Macular Degeneration Patients to Anti-VEGF Therapy

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Date: 11/16/2021

Your Name: Yassine J Daoud

Manuscript Title: Aqueous Proteins Help Predict the Response of Neovascular Age-related Macular Degeneration Patients to Anti-VEGF Therapy

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Date: 11/16/2021

Your Name: AUMREETAM DINABANDHU

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Date: 11/16/2021

Your Name: Chuanyu Guo

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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 checked="" type="checkbox"/> 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: 11/16/2021

Your Name: James T. Handa

Manuscript Title: Aqueous Proteins Help Predict the Response of Neovascular Age-related Macular Degeneration Patients to Anti-VEGF Therapy

Manuscript Number (if known): 144469-JCI-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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		Bayer Pharmaceuticals, Inc.	Royalties made to me
4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 11/16/2021

Your Name: Ming-Wen Hu

Manuscript Title: Aqueous Proteins Help Predict the Response of Neovascular Age-related Macular Degeneration Patients to Anti-VEGF Therapy

Manuscript Number (if known): 144469-JCI-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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ICMJE DISCLOSURE FORM

Date: 11/16/2021

Your Name: Kathleen Jee

Manuscript Title: Aqueous Proteins Help Predict the Response of Neovascular Age-related Macular Degeneration Patients to Anti-VEGF Therapy

Manuscript Number (if known): 144469-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 11/16/2021

Your Name: Danyal Malik

Manuscript Title: Aqueous Proteins Help Predict the Response of Neovascular Age-related Macular Degeneration Patients to Anti-VEGF Therapy

Manuscript Number (if known): 144469-JCI-CMED-RV-3

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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: 11/16/2021

Your Name: Silvia Montaner

Manuscript Title: Aqueous Proteins Help Predict the Response of Neovascular Age-related Macular Degeneration Patients to Anti-VEGF Therapy

Manuscript Number (if known): 144469-JCI-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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ICMJE DISCLOSURE FORM

Date: 11/16/2021

Your Name: Tapan P. Patel

Manuscript Title: Aqueous Proteins Help Predict the Response of Neovascular Age-related Macular Degeneration Patients to Anti-VEGF Therapy

Manuscript Number (if known): 144469-JCI-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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ICMJE DISCLOSURE FORM

Date: 11/16/2021

Your Name: Jiang Qian]

Manuscript Title: Aqueous Proteins Help Predict the Response of Neovascular Age-related Macular Degeneration Patients to Anti-VEGF Therapy

Manuscript Number (if known): 144469-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 11/16/2021

Your Name: Jaron C. Sanchez

Manuscript Title: Aqueous Proteins Help Predict the Response of Neovascular Age-related Macular Degeneration Patients to Anti-VEGF Therapy

Manuscript Number (if known): 144469-JCI-CMED-RV-3

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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: 11/16/2021

Your Name: Akrit Sodhi

Manuscript Title: Aqueous Proteins Help Predict the Response of Neovascular Age-related Macular Degeneration Patients to Anti-VEGF Therapy

Manuscript Number (if known): 144469-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 11/16/2021

Your Name: Yuefan Wang

Manuscript Title: Aqueous Proteins Help Predict the Response of Neovascular Age-related Macular Degeneration Patients to Anti-VEGF Therapy

Manuscript Number (if known): 144469-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 11/16/2021

Your Name: Zhiyong Yang

Manuscript Title: Aqueous Proteins Help Predict the Response of Neovascular Age-related Macular Degeneration Patients to Anti-VEGF Therapy

Manuscript Number (if known): 144469-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 11/16/2021

Your Name: Hui Zhang

Manuscript Title: Aqueous Proteins Help Predict the Response of Neovascular Age-related Macular Degeneration Patients to Anti-VEGF Therapy

Manuscript Number (if known): 144469-JCI-CMED-RV-3

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> 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.