

ICMJE DISCLOSURE FORM

Date: 10-June 2021

Your Name: Dan F Spandau, Ph.D.

Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial

Manuscript number (if known): 150972-JCI-CMED-1 R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | 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) |
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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.) No time limit for this item. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
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| 11 | Stock or stock options | <input type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input type="checkbox"/> None | |
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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: 10-June 2021

Your Name: Roy Chen M.D., M.S.

Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial

Manuscript number (if known): 150972-JCI-CMED-1 R1

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ICMJE DISCLOSURE FORM

Date: 10-June 2021

Your Name: Jeffrey J. Wargo, M.D.

Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial

Manuscript number (if known): 150972-JCI-CMED-1 R1

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ICMJE DISCLOSURE FORM

Date: 10-June 2021

Your Name: Craig A. Rohan, M.D.

Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial

Manuscript number (if known): 150972-JCI-CMED-1 R1

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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None Eli Lilly, Novartis, Jansson | Clinical trials related to dermatology—I receive no income from this |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

Date: 10-June 2021

Your Name: David Southern, M.S.

Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial

Manuscript number (if known): 150972-JCI-CMED-1 R1

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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| 11 | Stock or stock options | <input type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input type="checkbox"/> None | |
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☐ 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-June 2021

Your Name: Angela Zhang

Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial

Manuscript number (if known): 150972-JCI-CMED-1 R1

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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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

Date: 11-June 2021

Your Name: Mathew Loesch, D.O., Ph.D.

Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial

Manuscript number (if known): 150972-JCI-CMED-1 R1

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ICMJE DISCLOSURE FORM

Date: 12-June 2021

Your Name: Jonathan Weyerbacher, M.D

Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial

Manuscript number (if known): 150972-JCI-CMED-1 R1

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ICMJE DISCLOSURE FORM

Date: 09-June 2021

Your Name: Sunil Tholpady M.D.

Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial

Manuscript number (if known): 150972-JCI-CMED-1 R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | 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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input type="checkbox"/> None | |
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| 4 | Consulting fees | <input type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
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| 11 | Stock or stock options | <input type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input type="checkbox"/> None | |
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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-June 2021

Your Name: Davina Lewis M.S.

Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial

Manuscript number (if known): 150972-JCI-CMED-1 R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input type="checkbox"/> None | |
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| 4 | Consulting fees | <input type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
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| 11 | Stock or stock options | <input type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input type="checkbox"/> None | |
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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: 10-June 2021

Your Name: Matthew Kuhar, M.D.

Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial

Manuscript number (if known): 150972-JCI-CMED-1 R1

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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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input type="checkbox"/> None | |
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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: 6/11/ 2021

Your Name: Kenneth Y. Tsai, M.D., PhD

Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial

Manuscript number (if known): 150972-JCI-CMED-1 R1

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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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None | |
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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: 6/10/ 2021

Your Name Amber J. Castellanos

Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial

Manuscript number (if known): 150972-JCI-CMED-1 R1

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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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None | |
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| 11 | Stock or stock options | <input type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input type="checkbox"/> None | |
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☐ 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: 6/10/ 2021

Your Name Michael G. Kemp, Ph.D.

Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial

Manuscript number (if known): 150972-JCI-CMED-1 R1

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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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

Date: 6/11/ 2021

Your Name Michael Markey, Ph.D.

Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial

Manuscript number (if known): 150972-JCI-CMED-1 R1

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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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

Date: 6/12/2021
 Your Name E. Cates
 Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial
 Manuscript number (if known): 150972-JCI-CMED-1 R1

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ICMJE DISCLOSURE FORM

Date: 6/12/2021
 Your Name Amy R. Williams
 Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial
 Manuscript number (if known): 150972-JCI-CMED-1 R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | 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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input type="checkbox"/> None | |
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| 4 | Consulting fees | <input type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
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| 11 | Stock or stock options | <input type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input type="checkbox"/> None | |
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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: 6/12/2021
 Your Name Christina Knisely
 Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial
 Manuscript number (if known): 150972-JCI-CMED-1 R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | 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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input type="checkbox"/> None | |
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| 4 | Consulting fees | <input type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
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| 11 | Stock or stock options | <input type="checkbox"/> None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input type="checkbox"/> None | |
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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: 6/10/2021
 Your Name Sabina Bashir M.D.
 Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial
 Manuscript number (if known): 150972-JCI-CMED-1 R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | 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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input type="checkbox"/> None | |
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| 4 | Consulting fees | <input type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
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| 11 | Stock or stock options | <input type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

Date: 6/10/2021
 Your Name Ryan Gabbard M.D.
 Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial
 Manuscript number (if known): 150972-JCI-CMED-1 R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | 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) |
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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.) No time limit for this item. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input type="checkbox"/> None | |
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| 4 | Consulting fees | <input type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
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| 11 | Stock or stock options | <input type="checkbox"/> None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input type="checkbox"/> None | |
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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: 6/09/2021
 Your Name R Hoopes M.D.
 Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial
 Manuscript number (if known): 150972-JCI-CMED-1 R1

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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| 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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input type="checkbox"/> None | |
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| 4 | Consulting fees | <input type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
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| 11 | Stock or stock options | <input type="checkbox"/> None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input type="checkbox"/> None | |
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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: 6/08/2021
 Your Name Jeffrey B. Travers M.D., PhD
 Manuscript Title: Evidence that wounding can prevent non-melanoma skin cancer in aged skin: results from a randomized, prospective, controlled Trial
 Manuscript number (if known): 150972-JCI-CMED-1 R1

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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|---|--|---|---|
| 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. | <u>__x__</u> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <u>__ __</u> None NIH, VA (listed in manuscript). Clinical trials in dermatology from Novartis, Eli Lilly, Jannson | I take no direct income from any of these entities |
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| 3 | Royalties or licenses | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input type="checkbox"/> None Proctor & Gamble, INC | Expert testimony re: dermal effects of laundry detergents-payment made to me |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| 11 | Stock or stock options | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

