Date:	11/30/2023
Your Name:	MARIO ARPINATI
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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

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 onship 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.	X	None	
			Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not indicated in item #1 above).	X	None	
3	Royalties or licenses	X	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

			cations/Comments (e.g., if payments were to you or to your institution)
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	11/30/2023
Your Name:	FRANCESCO BARBATO
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

		-	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	11/30/2023
Your Name:	SALVATORE NICOLA BERTUCCIO
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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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.	X	None	
			Time frame: past 36 month	ns
2	2 Grants or contracts from any entity (if not	Х	None	
	indicated in item #1 above).			
3	Royalties or licenses	X	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or	X None	
	travel		
8	Patents planned, issued or pending	X None	
9	a Data Safety Monitoring	X None	
	Board or Advisory Board		
10	Leadership or fiduciary role in other board,	X None	
	society, committee or		
	advocacy group, paid or unpaid		

		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	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

		ICMJE DISCLOSURE FORM			
Dat	Date: 11/30/2023				
Υοι	ur Name:	MASSIMILIANO BONAFE			
Ma	nuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as	s early biomarkers of ICANS in patients with B		
		cell lymphomas treated with CD19.CAR-T cells			
Ma	nuscript Number (if kn	own): _ 173096-JCI-CMED-1			
corr affe ind The epi- tha	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 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 specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution)				
	Time frame: Since the initial planning of the work				
1	All support for the	Time name: since the initial planning of the			
-	present	X None			
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		relationship or indicate none (add rows as needed)	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	X None	
	of study		
	materials, medical		
	writing, article		
	processing charges, etc.)		
	No time limit for		
	this item.		
		Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Ministry of University and Research (MUR), #NEXTGENERATION EU (NGEU), National Recovery and Resilience Plan (NRRP), project MNESYS (PE0000006) – A Multiscale integrated approach to the study of the nervous system in health and disease (DN. 1553 11.10.2022) NEOVII	Payment to my Institution (GRANT to Bonafe) Payment to my Institution
3	Royalties or licenses	X None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None
6	Payment for expert testimony	X None
7	Support for attending meetings and/or travel	X None
8	Patents planned, issued or pending	X None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None

			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)
11	Stock or stock options	X	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X	None	
13	Other financial or non-financial interests	X	None	
Please place an "X" next to the following statement to indicate your agreement:				

Date:	11/30/2023
Your Name:	FRANCESCA BONIFAZI
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B
	cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision	None The Italian Ministry of Health, RC-2022-2773291.	Payment to my Institution (Bonifazi Grant)
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Project: Identificazione di biomarcatori di risposta clinica e di insorgenza di complicanze in pazienti ematologici sottoposti a terapia CAR-T	, , ,
		PNRR M4 C2 I1.3 HEAL ITALIA - Health Extended Alliance for Innovative Therapies, Advanced Labresearch, and Integrated Approaches of precision medicine;	Payment to my Institution (Bonifazi Grant)
		PNC programma "Ecosistema della Salute", codice PNC-E.3, HUB LIFESCIENCE TERAPIE AVANZATE;	Payment to my Institution (Bonifazi Grant)
		the Italian Association for research on leukemia, lymphoma and myeloma	Payment to Bonifazi
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not		
	indicated in item #1 above).	SEE #1	

		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	relationship or indicate none (add rows as needed)	inade to you or to your institution)
	licerises	X None	
4	Consulting fees		
•	consulting rees	X None	
5	Payment or		
	honoraria for	□ None	
	lectures, presentations,	Neovii	
	speakers bureaus,		
	manuscript	Novartis Kite	
	writing or educational	Gilead	
	events	Pfizer CEelgene	
		Merck Sharp Dohme	
6	Payment for expert testimony	X None	
	expert testimony	A None	
7	Support for attending	V. Nove	
	meetings and/or	X None	
	travel		
8	Patents planned, issued or	V. Name	
	pending	X None	
9	Participation on		
	a Data Safety Monitoring	X None	
	Board or		
	Advisory Board		
10	Leadership or		
	fiduciary role in other board,	X None	
	society,		

		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)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	11/30/2023
Your Name:	CAROLA CAVALLO
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

		· · · · · · · · · · · · · · · · · · ·	Comments (e.g., if payments were to your institution)
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	2/5/2024	
Your Name:	Caterina Severi	
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells	
Manuscript Number (if known):	173096-JCI-CMED-1	

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		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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	Abbelight	Employement
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Image: square of the square o	
8	Patents planned, issued or pending	Image: square of the square o	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Image: square of the property o	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	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.		

Date:	11/30/2023
Your Name:	ELISA DAN
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)	·e
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	11/30/2023
Your Name:	FRANCESCO DE FELICE
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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			Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not	Х	None	
	indicated in item #1 above).			
3	Royalties or licenses	X	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

			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)
11	Stock or stock options	x	None	
12	Receipt of equipment,	X	None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial interests	X	None	

Date:	11/30/2023
Your Name:	SERENA DE MATTEIS
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
ω	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	

		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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	11/30/2023
Your Name:	MICHELE DICATALDO
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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	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.	X	None	
			Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	Х	None	
3	Royalties or licenses	X	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

		-	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	_ 11/30/2023
Your Name:	MANUELA FERRACIN
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	11/30/2023
Your Name:	PAOLO GARAGNANI
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	11/30/2023
Your Name:	SERAFINA GUADAGNUOLO
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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8	Patents planned, issued or pending	X None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	11/30/2023
Your Name:	FRANCESCO IANNOTTA
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	11/30/2023
Your Name:	Katarzyna Malgorzata Kwiatkowska
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	11/30/2023
Your Name:	NOEMI LAPROVITERA
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	11/30/2023
Your Name:	ENRICO MAFFINI
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
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Date:	11/30/2023
Your Name:	DARIA MESSELODI
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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7	Support for attending meetings and/or travel	X None	
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13	Other financial or non-financial interests	X None	

Date:	11/30/2023
Your Name:	MARIA NADDEO
Manuscript Title	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
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11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	11/30/2023
Your Name:	CHIARA PIRAZZINI
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
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		-	Specifications/Comments (e.g., if payments were made to you or to your institution)
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	11/30/2023
Your Name:	FRANCESCA RICCI
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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8	Patents planned, issued or pending	X None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	11/30/2023
Your Name:	MARCELLO ROBERTO
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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13	Other financial or non-financial interests	X None	

Date:	11/30/2023
Your Name:	SPARTACO SANTI
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	X	None	
3	Royalties or licenses	X	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

			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)
11	Stock or stock options	x	None	
12	Receipt of equipment,	X	None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial interests	X	None	

Date:	11/30/2023
Your Name:	BARBARA SINIGAGLIA
Manuscript Title	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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

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 onship 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.	Х	None	
			Time frame: past 36 month	is .
2	Grants or contracts from any entity (if not indicated in item #1 above).	X	None	
3	Royalties or licenses	X	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	11/30/2023
Your Name:	GIANLUCA STORCI
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning o	of the work
	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. Grants or contracts from any entity (if not	None Time frame: past 36 months None	
2	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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Image: square of the property o	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	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.		

Date:	11/30/2023
Your Name:	MARTA TASSONI
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	_11/30/2023
Your Name:	PIERLUIGI TAZZARI
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	11/30/2023
Your Name:	ENRICA TOMASSINI
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

		-	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	11/30/2023
Your Name:	MARGHERITA URSI
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

			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)
11	Stock or stock options	x	None	
12	Receipt of equipment,	X	None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial interests	X	None	

Date:	11/30/2023
Your Name:	FRANCESCA VAGLIO
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Date:	11/25/2023	
Your Name:	Gian Maria Asioli	
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells.	
Manuscript Number (if known):	173096-JCI-CMED-1	

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		Time frame: Since the initial planning	of the work
	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. Grants or contracts from any entity (if not	None Time frame: past 36 month None None	Click the tab key to add additional rows.
3	indicated in item #1 above). 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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:	23th NOVEMBER 2023
Your Name:	PIETRO CORTELLI
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
2	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. Grants or contracts from any entity (if not indicated in item #1 above).	None Time frame: past 36 month None	Click the tab key to add additional rows.
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Image: square of the square o	
8	Patents planned, issued or pending	Image: square of the square o	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Image: square of the square o	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:		

Date:	_ 11/24/2023	
Your Name:	Beatrice Casadei	
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells	
Manuscript Number (if known):	173096-JCI-CMED-1	

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		Time frame: Since the initial planning	of the work
2	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. Grants or contracts from any entity (if not indicated in item #1 above).	None Time frame: past 36 month None	Click the tab key to add additional rows.
3	Royalties or licenses	None Non	

		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 Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Kite-Gilead Novartis	Payment was made to me Payment was made to me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None Kite-Gilead	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Kite-Gilead Celgene-BMS	Payment was made to me Payment was made to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			_
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	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.		

Date:	23 th NOVEMBER 2023
Your Name:	MATTEO CARELLA
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			_
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	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.		

Date:	11/1/2023
Your Name:	PIERLUIGI ZINZANI
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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		Time frame: Since the initial planning	of the work
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Time frame: past 36 month None	Click the tab key to add additional rows.
3	any entity (if not indicated in item #1 above).	None	
	licenses		

		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	
		THEA Pharma	Marsh Charm and Dahma
		EUSA Pharma Novartis	Merck Sharp and Dohme
		Novartis	
		()	
5	Payment or	□ None	
	honoraria for lectures,	Celttrion	Gilead
	presentations,	Jassen Cilag	Bristol Meyer Squibb
	speakers	TG therapeutics	Takesa
	bureaus,	Roche	EUSA pharma
	manuscript 	Servier	Kiowa Kirin
	writing or educational	Incyte	Beigene
	events		
6	Payment for	⊠ None	
	expert testimony		
7	Support for	None	
	attending		
	meetings and/or		
	travel		
•	Datanta ulaura d	N-v-	
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on	□ None	
	a Data Safety Monitoring	[c	January Cilar
	Board or	Secura Bio Celltrion	Janssen-Cilag Merck Sharp and Dohme
	Advisory Board	Gilead	TG Therapeutics
		Takeda	Roche
		EUSA Pharma	Kiowa Kirin International
		Novartis	ADC Therapeutics
		Incyte	Beigene
10	Leadership or	[⊠] None	
	fiduciary role in		
	other board,		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
	Please place an "X" next to the following statement to indicate your agreement:		
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	23 th NOVEMBER 2023
Your Name:	CINZIA PELLEGRINI
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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

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		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
	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. Grants or contracts from	None Time frame: past 36 month None	Click the tab key to add additional rows.
3	any entity (if not indicated in item #1 above).	None	
3	licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Image: square of the square o	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Image: square of the square o	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	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.			

Date:	11/27/2023
Your Name:	Maria Guarino
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells.
Manuscript Number (if known):	173096-JCI-CMED-1

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			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
	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.	X L	None	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).	[X]	None	
3	Royalties or licenses	[X]	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	Società Italiana di Ematologia (SIE)	Payment was made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Trieste University, Italy Accademia Nazionale di Medicina CTP SRL	Payment was made to me Payment was made to me Payment was made to me
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

			ities with whom you have this 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	X None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None		
13	Other financial or non-financial interests	X None		
Plea X			ing statement to indicate your agreeme	rding of any of the questions on this form.

Date:	11/30/2023
Your Name:	LUCREZIA ROSSINI
Manuscript Title:	Post-infusion CD19.CAR+ extracellular vesicles as early biomarkers of ICANS in patients with B cell lymphomas treated with CD19.CAR-T cells
Manuscript Number (if known):	173096-JCI-CMED-1

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)	ere
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	