

ICMJE DISCLOSURE FORM

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.

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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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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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		The Italian Ministry of Health, RC-2022-2773291. Project: Identificazione di biomarcatori di risposta clinica e di insorgenza di complicanze in pazienti ematologici sottoposti a terapia CAR-T	Payment to my Institution (Bonifazi Grant)						
		PNRR M4 C2 I1.3 HEAL ITALIA - Health Extended Alliance for Innovative Therapies, Advanced Lab-research, 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						
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Gilead																	
Pfizer																	
CEelgene																	
Merck Sharp Dohme																	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1104 1516 1205"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>															
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1310 1516 1411"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>															
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1520 1516 1621"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>															
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1730 1516 1831"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>															
10	Leadership or fiduciary role in other board, society,	<input checked="" type="checkbox"/> 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)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 11/30/2023

Your Name: CAROLA CAVALLLO

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.

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 100px;">X</div> <div>None</div> </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>						
3	Royalties or licenses	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 100px;">X</div> <div>None</div> </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 296 1516 432"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 556 1516 657"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 898 1516 999"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1123 1516 1224"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1348 1516 1449"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1572 1516 1673"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1797 1516 1898"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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11	Stock or stock options	<div> <input checked="" type="checkbox"/> None </div> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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13	Other financial or non-financial interests	<div> <input checked="" type="checkbox"/> None </div> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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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: 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: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">Abbelight</td> <td style="width: 50%;">Employement</td> </tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>		Abbelight	Employement				
Abbelight	Employement								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 260 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 478 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 695 1516 793"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE 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

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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4	Consulting fees	<p><input checked="" type="checkbox"/> None</p> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 296 1516 396"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 537 1516 674"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 798 1516 898"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1142 1516 1243"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1367 1516 1467"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1591 1516 1692"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1816 1516 1917"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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ICMJE DISCLOSURE FORM

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

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.

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 296 1516 432"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 558 1516 657"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 898 1516 999"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1125 1516 1226"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1352 1516 1453"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1579 1516 1680"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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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: 11/30/2023

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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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

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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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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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

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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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: 11/30/2023

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

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 537 1516 674"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1142 1516 1243"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1367 1516 1467"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1591 1516 1692"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1816 1516 1917"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

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

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CMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE FORM

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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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: 11/30/2023

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

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.

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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

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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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1348 1516 1449"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 11/25/2023

Your Name: Gian Maria Ascoli

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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 478 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 695 1516 793"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

ICMJE DISCLOSURE 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

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: past 36 months								
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

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

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 394"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="386 478 1516 583"> <tr> <td>Kite-Gilead</td> <td>Payment was made to me</td> </tr> <tr> <td>Novartis</td> <td>Payment was made to me</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Kite-Gilead	Payment was made to me	Novartis	Payment was made to me				
Kite-Gilead	Payment was made to me										
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1045 1516 1150"> <tr><td>Kite-Gilead</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Kite-Gilead							
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1266 1516 1371"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1476 1516 1581"> <tr> <td>Kite-Gilead</td> <td>Payment was made to me</td> </tr> <tr> <td>Celgene-BMS</td> <td>Payment was made to me</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Kite-Gilead	Payment was made to me	Celgene-BMS	Payment was made to me				
Kite-Gilead	Payment was made to me										
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1665 1516 1770"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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ICMJE DISCLOSURE 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

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

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

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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	society, committee or advocacy group, paid or unpaid	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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ICMJE DISCLOSURE 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

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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: 11/27/2023

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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ICMJE DISCLOSURE FORM

Date: 11/30/2023

Your Name: LUCREZIA ROSSINI

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