

# ICMJE DISCLOSURE FORM

**Date:** 10/3/2024

**Your Name:** Irene González Navarro

**Manuscript Title:** Assessing advances in three decades of clinical antiretroviral therapy on the HIV-1 reservoir

**Manuscript Number (if known):** 183952-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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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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**Date:** 10/3/2024

**Your Name:** Cristina Gálvez

**Manuscript Title:** Assessing advances in three decades of clinical antiretroviral therapy on the HIV-1 reservoir

**Manuscript Number (if known):** 183952-JCI-CMED-1

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**Date:** 10/3/2024

**Your Name:** Víctor Urrea Gales

**Manuscript Title:** Assessing advances in three decades of clinical antiretroviral therapy on the HIV-1 reservoir

**Manuscript Number (if known):** 183952-JCI-CMED-1

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**Manuscript Number (if known):** 183952-JCI-CMED-1

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**Your Name:** Sara Morón-López

**Manuscript Title:** Assessing advances in three decades of clinical antiretroviral therapy on the HIV-1 reservoir

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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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8	Patents planned, issued or pending	<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>									
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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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"> <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"> <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:** 10/3/2024

**Your Name:** Maria C. Puertas

**Manuscript Title:** Assessing advances in three decades of clinical antiretroviral therapy on the HIV-1 reservoir

**Manuscript Number (if known):** 183952-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"/> <b>None</b> <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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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 10/3/2024

**Your Name:** Eulàlia Grau Segú

**Manuscript Title:** Assessing advances in three decades of clinical antiretroviral therapy on the HIV-1 reservoir

**Manuscript Number (if known):** 183952-JCI-CMED-1

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## ICMJE DISCLOSURE FORM

**Date:** 10/3/2024

**Your Name:** Beatriz Mothe

**Manuscript Title:** Assessing advances in three decades of clinical antiretroviral therapy on the HIV-1 reservoir

**Manuscript Number (if known):** 183952-JCI-CMED-1

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## ICMJE DISCLOSURE FORM

**Date:** 10/3/2024

**Your Name:** Lucia Bailón

**Manuscript Title:** Assessing advances in three decades of clinical antiretroviral therapy on the HIV-1 reservoir

**Manuscript Number (if known):** 183952-JCI-CMED-1

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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"/> <b>None</b> <table border="1"> <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"/> <b>None</b> <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"> <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"> <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"> <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:** 10/3/2024

**Your Name:** Cristina Miranda Sánchez

**Manuscript Title:** Assessing advances in three decades of clinical antiretroviral therapy on the HIV-1 reservoir

**Manuscript Number (if known):** 183952-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.

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.

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%; 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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## ICMJE DISCLOSURE FORM

**Date:** 10/3/2024

**Your Name:** Felipe García

**Manuscript Title:** Assessing advances in three decades of clinical antiretroviral therapy on the HIV-1 reservoir

**Manuscript Number (if known):** 183952-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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**Please place an "X" next to the following statement to indicate your agreement:**

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

## ICMJE DISCLOSURE FORM

**Date:** 10/3/2024

**Your Name:** Lorna Leal

**Manuscript Title:** Assessing advances in three decades of clinical antiretroviral therapy on the HIV-1 reservoir

**Manuscript Number (if known):** 183952-JCI-CMED-1

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
		HIPRA	Role as consultant
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
6	Payment for expert testimony	<input type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b>	
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## ICMJE DISCLOSURE FORM

**Date:** 10/3/2024

**Your Name:** Vincent Marconi

**Manuscript Title:** Assessing advances in three decades of clinical antiretroviral therapy on the HIV-1 reservoir

**Manuscript Number (if known):** 183952-JCI-CMED-1

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NIH	Study section chair										

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <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:** 10/3/2024

**Your Name:** Bonaventura Clotet

**Manuscript Title:** Assessing advances in three decades of clinical antiretroviral therapy on the HIV-1 reservoir

**Manuscript Number (if known):** 183952-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.

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.

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <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:** 10/3/2024

**Your Name:** Maria Salgado Bernal

**Manuscript Title:** Assessing advances in three decades of clinical antiretroviral therapy on the HIV-1 reservoir

**Manuscript Number (if known):** 183952-JCI-CMED-1

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# ICMJE DISCLOSURE FORM

**Date:** 10/3/2024

**Your Name:** Javier Martinez-Picado

**Manuscript Title:** Assessing advances in three decades of clinical antiretroviral therapy on the HIV-1 reservoir

**Manuscript Number (if known):** 183952-JCI-CMED-1

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