ICMJE DISCLOSURE FORM

Date: 6/6/2025

Your Name: Priscila Ribeiro Andrade

Manuscript Title: Dynamics of Th1/Th17 Responses and Antimicrobial Pathways in Leprosy Skin Lesions

Manuscript Number (if known): 190736-JCI-RG-RV-2

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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3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 6/6/2025

Your Name: Feiyang Ma

Manuscript Title: Dynamics of Th1/Th17 Responses and Antimicrobial Pathways in Leprosy Skin Lesions

Manuscript Number (if known): 190736-JCI-RG-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/7/2025

Your Name: Jing Lu

Manuscript Title: Dynamics of Th1/Th17 Responses and Antimicrobial Pathways in Leprosy Skin Lesions

Manuscript Number (if known): 190736-JCI-RG-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/7/2025

Your Name: Jaime de Anda

Manuscript Title: Dynamics of Th1/Th17 Responses and Antimicrobial Pathways in Leprosy Skin Lesions

Manuscript Number (if known): 190736-JCI-RG-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/6/2025

Your Name: Ernest Lee

Manuscript Title: Dynamics of Th1/Th17 Responses and Antimicrobial Pathways in Leprosy Skin Lesions

Manuscript Number (if known): 190736-JCI-RG-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/6/2021

Your Name: George W Agak

Manuscript Title: Dynamics of Th1/Th17 Responses and Antimicrobial Pathways in Leprosy Skin Lesions

Manuscript Number (if known): 190736-JCI-RG-RV-2

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		NIH R01AR081337	
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		Scientific Program Committee	24 Months

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ICMJE DISCLOSURE FORM

Date: 6/10/2025

Your Name: Craig J Dobry

Manuscript Title: Dynamics of Th1/Th17 Responses and Antimicrobial Pathways in Leprosy Skin Lesions

Manuscript Number (if known): 190736-JCI-RG-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/6/2025

Your Name: Bruno Jorge de Andrade Silva

Manuscript Title: Dynamics of Th1/Th17 Responses and Antimicrobial Pathways in Leprosy Skin Lesions

Manuscript Number (if known): 190736-JCI-RG-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/9/2025

Your Name: Rosane M. B. Teles

Manuscript Title: Dynamics of Th1/Th17 Responses and Antimicrobial Pathways in Leprosy Skin Lesions

Manuscript Number (if known): 190736-JCI-RG-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/10/2025

Your Name: Lilah Mansky

Manuscript Title: Dynamics of Th1/Th17 Responses and Antimicrobial Pathways in Leprosy Skin Lesions

Manuscript Number (if known): 190736-JCI-RG-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/9/2025

Your Name: JONATHAN PERRIE

Manuscript Title: Dynamics of Th1/Th17 Responses and Antimicrobial Pathways in Leprosy Skin Lesions

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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**	
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**	

Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 6/10/2025

Your Name: Dennis Jay Montoya

Manuscript Title: Dynamics of Th1/Th17 Responses and Antimicrobial Pathways in Leprosy Skin Lesions

Manuscript Number (if known): 190736-JCI-RG-RV-2

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 relationship or indicate none (add rows as needed)	**Specifications/Comments (e.g., if payments were made to you or to your institution)**
		Time frame: Since the initial planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☒ **None**	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **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**	
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**	

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ICMJE DISCLOSURE FORM

Date: 6/7/2025

Your Name: Bryan Bryson

Manuscript Title: Dynamics of Th1/Th17 Responses and Antimicrobial Pathways in Leprosy Skin Lesions

Manuscript Number (if known): 190736-JCI-RG-RV-2

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

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ICMJE DISCLOSURE FORM

Date: 6/6/2025

Your Name: Johann E. Gudjonsson

Manuscript Title: Dynamics of Th1/Th17 Responses and Antimicrobial Pathways in Leprosy Skin Lesions

Manuscript Number (if known): 190736-JCI-RG-RV-2

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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**	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **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**	
		Almirall	Eli Lilly
		AbbVie	Sanofi
		Incyte	UCB
		Novartis	
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**	
		Sanofi	
		Apollo Therapeutics	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		Society for Investigative Dermatology Board of Directors	
		International Psoriasis Council Board of Directors	

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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**	

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ICMJE DISCLOSURE FORM

Date: 6/12/2025

Your Name: Gerard C. L. Wong

Manuscript Title: Dynamics of Th1/Th17 Responses and Antimicrobial Pathways in Leprosy Skin Lesions

Manuscript Number (if known): 190736-JCI-RG-RV-2

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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.**	☐ **None**	
		NSF-DMR2325840	
		4R37AI052453-21	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **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**	
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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 6/6/2025

Your Name: Euzenir Nunes Sarno

Manuscript Title: Dynamics of Th1/Th17 Responses and Antimicrobial Pathways in Leprosy Skin Lesions

Manuscript Number (if known): 190736-JCI-RG-RV-2

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

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4	Consulting fees	☒ **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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 6/7/2025

Your Name: Matteo Pellegrini

Manuscript Title: Dynamics of Th1/Th17 Responses and Antimicrobial Pathways in Leprosy Skin Lesions

Manuscript Number (if known): 190736-JCI-RG-RV-2

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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.**	☐ **None**	
		R01AI022553	
		R01AR040312	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 6/6/2025

Your Name: Robert L Modlin

Manuscript Title: Dynamics of Th1/Th17 Responses and Antimicrobial Pathways in Leprosy Skin Lesions

Manuscript Number (if known): 190736-JCI-RG-RV-2

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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.**	☐ None	
		National Institutes of Health R01 AI022553	Research funding provided to UCLA; supported bulk RNA-sequencing, data analyses and experiments
		National Institutes of Health R01 AR040312	Research funding provided to UCLA; supported bulk RNA-sequencing, data analyses and experiments
		National Institutes of Health R01 AR073252	Research funding provided to UCLA; supported bulk RNA-sequencing, data analyses and experiments
		National Institutes of Health R01 AI166313	Research funding provided to UCLA; supported bulk RNA-sequencing, data analyses and experiments
		National Institutes of Health R01 AI169526	Research funding provided to UCLA; supported bulk RNA-sequencing, data analyses and experiments
		National Institutes of Health P50 AR080594	Research funding provided to UCLA; supported bulk RNA-sequencing, data analyses and experiments
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **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)
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **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,	☒ **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)
	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**	

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