ICMJE DISCLOSURE FORM

Date: 9/22/2025

Your Name: Gilles Benichou

Manuscript Title: **Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy**

Manuscript Number (if known): 194138-JCI-RG-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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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**	
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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: 9/22/2025

Your Name: Hang T. T. Nguyen

Manuscript Title: **Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy**

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ICMJE DISCLOSURE FORM

Date: 9/22/2025

Your Name: Koji Takeda

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Date: 9/22/2025

Your Name: Poulomi Roy

Manuscript Title: **Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy**

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Date: 9/22/2025

Your Name: Vasilescu Elena Rodica

Manuscript Title: **Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy**

Manuscript Number (if known): 194138-JCI-RG-1

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ICMJE DISCLOSURE FORM

Date: 9/22/2025

Your Name: Shunya Mashiko

Manuscript Title: **Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy**

Manuscript Number (if known): 194138-JCI-RG-1

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Date: 9/22/2025

Your Name: TALITA FERREIRA MARQUES AGUIAR

Manuscript Title: **Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy**

Manuscript Number (if known): 194138-JCI-RG-1

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ICMJE DISCLOSURE FORM

Date: 9/22/2025

Your Name: Yoshifumi Naka

Manuscript Title: **Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy**

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Date: 9/23/2025

Your Name: Aleix Olivella

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Date: 9/22/2025

Your Name: Hector Cordero

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Date: 9/22/2025

Your Name: Laura Donadeu Casassas

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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	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		Instituto de Salud Carlos III grant MV23/00037	Payments made to my institution
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: 9/22/2025

Your Name: Oriol Bestard

Manuscript Title: **Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy**

Manuscript Number (if known): 194138-JCI-RG-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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3	Royalties or licenses	☒ **None**	

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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: 9/22/2025

Your Name: R. Glenn KIng

Manuscript Title: **Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy**

Manuscript Number (if known): 194138-JCI-RG-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.**	☐ None	
		NIH	1R56AI176507-01A1
			Click the tab key to add additional rows.
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: 9/22/2025

Your Name: Sarah B.See

Manuscript Title: **Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy**

Manuscript Number (if known): 194138-JCI-RG-1

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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: 9/22/2025

Your Name: Lorea Roson

Manuscript Title: **Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy**

Manuscript Number (if known): 194138-JCI-RG-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: Since the initial planning of the work			
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			Click the tab key to add additional rows.
Time frame: past 36 months			
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**	

		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**	

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

X 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: 9/22/2025

Your Name: Kevin Clerkin

Manuscript Title: Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy

Manuscript Number (if known): 194138-JCI-RG-1

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		NIH/ National Heart Lung and Blood Institute 5K23HL148528	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		NIH/ National Heart Lung and Blood Institute 5K23HL148528	
3	Royalties or licenses	☒ **None**	

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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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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: 9/22/2025

Your Name: Max Dietzel

Manuscript Title: **Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy**

Manuscript Number (if known): 194138-JCI-RG-1

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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)
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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: 9/22/2025

Your Name: Emmanuel Zorn

Manuscript Title: **Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy**

Manuscript Number (if known): 194138-JCI-RG-1

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		AI116814, AI154845 and AI176507	
			Click the tab key to add additional rows.
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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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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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: 9/22/2025

Your Name: Mattea Ausmeier

Manuscript Title: **Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy**

Manuscript Number (if known): 194138-JCI-RG-1

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3	Royalties or licenses	☒ **None**	

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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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 9/22/2025

Your Name: José González Costello

Manuscript Title: **Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy**

Manuscript Number (if known): 194138-JCI-RG-1

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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**	
		Chiesi, Longwood	Payments to me
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
		Chiesi, Astellas, Longwood	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None**	
		Chiesi	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		President Spanish Heart Failure Association 2020-2022	

		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: 9/22/2025

Your Name: Evan Kransdorf

Manuscript Title: **Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy**

Manuscript Number (if known): 194138-JCI-RG-1

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Time frame: past 36 months			
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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)
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**	

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: 9/22/2025

Your Name: ~~Click or tap here to enter text.~~ Maryjane Farr

Manuscript Title: **Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy**

Manuscript Number (if known): 194138-JCI-RG-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.

		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**	

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13	Other financial or non-financial interests	☑ **None**	

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Mary Jane Lamb MD

ICMJE DISCLOSURE FORM

Date: 9/22/2025

Your Name: Joren C Madsen

Manuscript Title: **Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy**

Manuscript Number (if known): 194138-JCI-RG-1

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ICMJE DISCLOSURE FORM

Date: 9/22/2025

Your Name: Matthias J Szabolcs

Manuscript Title: **Dominant intragraft plasma cells target bilirubin, revealing local heme catabolism in human cardiac allograft vasculopathy**

Manuscript Number (if known): 194138-JCI-RG-1

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