ICMJE DISCLOSURE FORM

Date:___7/19/2021_____
Your Name:__S. Alice Long_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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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 NIAID-ITN	Payments to my institution for generation of data and analyses
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	

4	Consulting fees	__x__ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__ None	
6	Payment for expert testimony	__x__ None	
7	Support for attending meetings and/or travel	__x__ None	
8	Patents planned, issued or pending	_x___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__ None	
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: July 21, 2021
Your Name: Antoinette Moran
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	**Specifications/Comments (e.g., if payments were made to you or to your institution)**
Time frame: Since the initial planning of the work			
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 Immune Tolerance Network	Grant to University of Minnesota
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	____ None NIH TrialNet	Grant to University of Minnesota
		NIH R01 DK101402	Grant to University of Minnesota
		Cystic Fibrosis Foundation	Grant to University of Minnesota
		JDRF	Grant to University of Minnesota
		Benaroya Research Institute	Grant to University of Minnesota
	Intrexon		Grant to University of Minnesota

	Provention Bio		Grant to University of Minnesota
3	Royalties or licenses	X_ None	
4	Consulting fees	____ None	
		Bionest Partners	Personal payment
		Proteostatsis Therapeutics	Personal payment
		Dompe	Personal payment
		Provenion Bio	Personal payment
		Vertex	Personal payment
		Abata	Personal payment
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	
		Vertex	Personal payment
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	____ None	
		Novo Nordisk DSMB	Personal payment
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	____ None	
		Abbott Diabetes	Supplies only for research study (non financial)
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:_____19JULY2021_____
Your Name:_____Carla J Greeenbaum_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	**Specifications/Comments (e.g., if payments were made to you or to your institution)**
Time frame: Since the initial planning of the work			
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 Immune Tolerance Network (NIH)	Grant award to institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	____ None BMS	IIS study for which BMS is providing study drug
		Janssen	IIS study for which Janssen is providing study drug
		Provention Bio	Clinical site investigator for pharma trial
		Pfizer	Clinical site investigator for pharma trial
		ActioBio	Clinical site investigator for pharma trial
3	Royalties or licenses	__X__ None	

4	Consulting fees	_X__ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__ None	
6	Payment for expert testimony	___X_ None	
7	Support for attending meetings and/or travel	____X None	
8	Patents planned, issued or pending	__X__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	____ None Merck Scientific Ad Board	One time session
		Enthera Pharma Ad Board	One time session
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:__7/19/2021_____
Your Name:__Carol Lucille Soppe_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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

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

4	Consulting fees	_X___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X___ None	
6	Payment for expert testimony	_X___ None	
7	Support for attending meetings and/or travel	_X___ None	
8	Patents planned, issued or pending	_X___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__ None	
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	__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:_____19 Jul 2021_____
Your Name:_____Darrell M Wilson_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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			
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.**	____ NIH	Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH	TrialNet studies Institution
		Tolerion	SUNRISE study Institution
3	Royalties or licenses	__X__ None	

4	Consulting fees	____ Tolerion SAB	Payment to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ ADA	CGM presentation at 2021 meeting mentions diabetes studies - ?honorarium self
6	Payment for expert testimony	__X__ None	
7	Support for attending meetings and/or travel	____ Tolerion	Investigator start up meeting, reimbursed expenses
8	Patents planned, issued or pending	__X__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Intrexon T1D partners	Member DSMB AG019-T1D-101 self
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: 07/19/2021
Your Name: DAVID BAIDAL
Manuscript Title: IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known): 150074

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	
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	

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	
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:

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

David Baidoo 07/19/2021

ICMJE DISCLOSURE FORM

Date: 7/20/2021

Your Name: Desmond Schatz, M.D.

Manuscript Title: IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes

Manuscript number (if known): 150074

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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.**	X None	
	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	

4	Consulting fees	__X__ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__ None	
6	Payment for expert testimony	__X__ None	
7	Support for attending meetings and/or travel	__X__ None	
8	Patents planned, issued or pending	__X__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__ None	
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	

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ICMJE DISCLOSURE FORM

Date:_07/19/2021_____
Your Name: Elisavet Serti_____
Manuscript Title: IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):_150074_____

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

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

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ICMJE DISCLOSURE FORM

Date:_____7/20/21_____
Your Name:____Eva Tsalikian_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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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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	

4	Consulting fees	__x__ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_x___ None	
6	Payment for expert testimony	__x__ None	
7	Support for attending meetings and/or travel	__x__ None	
8	Patents planned, issued or pending	_x___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_x___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__ None	
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	

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ICMJE DISCLOSURE FORM

Date:_____21/07/2021_____
Your Name:_____Hendrik Johannes Nel_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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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	

4	Consulting fees	__X__ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__ None	
6	Payment for expert testimony	__X__ None	
7	Support for attending meetings and/or travel	_X___ None	
8	Patents planned, issued or pending	_X___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__ None	
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: July 27, 2021
Your Name: Henry Rodriguez, MD
Manuscript Title: **IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes**
Manuscript number (if known): 150074

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			
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	
		Immune Tolerence Network	Funding for research included in the manuscript, paid to USF.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	____ None	
		Intrexon	Funding for research, paid to USF.
		Provention Bio	Funding for research, paid to USF.
3	Royalties or licenses	_X_ None	

4	Consulting fees	____ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__ None Provention Bio.	Non-product, disease-state presentations
6	Payment for expert testimony	__X__ None	
7	Support for attending meetings and/or travel	____ None Intrexon	Travel to investigator meeting.
		Provention Bio	Travel to investigator meeting.
8	Patents planned, issued or pending	__X__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	____ None Provention Bio	Advisory Board member
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	

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

July 27, 2021

ICMJE DISCLOSURE FORM

Date: July, 21, 2021
Your Name: James McNamara, MD
Manuscript Title: IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known): 150074

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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.**	__X__ None	Federal employee, no external support
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	

4	Consulting fees	__X__ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__ None	
6	Payment for expert testimony	__X__ None	
7	Support for attending meetings and/or travel	__X__ None	
8	Patents planned, issued or pending	__X__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__ None	
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:_____July 19, 2021_____
Your Name:__Jane H Buckner, MD_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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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	
		Immune Tolerance Network (NIAID)	
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	

4	Consulting fees	__x_ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_x_ None	
6	Payment for expert testimony	__x None	
7	Support for attending meetings and/or travel	_x_ None	
8	Patents planned, issued or pending	_x_ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_x_ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____ None Member TrialNet Mechanistic Studies Group	
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	

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_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:__20JUL2021_____
Your Name:____Jason Gaglia_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Avotres, Inc	Payments to institution
		Janssen	Payments to institution
3	Royalties or licenses	__x__ None	

4	Consulting fees	____ Vertex Pharmaceuticals	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__ None	
6	Payment for expert testimony	__x__ None	
7	Support for attending meetings and/or travel	_x___ None	
8	Patents planned, issued or pending	__x__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_x___ None	
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	

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_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:____July 21, 2021_____
Your Name:_____Karen Boyle_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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			
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.**	Rho's support for the DAIT-SACCC is provided under Grant #5UM2AI117870	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	See above	
3	Royalties or licenses	__X__ None	

4	Consulting fees	__X__ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__ None	
6	Payment for expert testimony	__X__ None	
7	Support for attending meetings and/or travel	__X__ None	
8	Patents planned, issued or pending	__X__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__ None	
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:__07/20/2021_____
Your Name:___Karen Cerosaletti PhD_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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Time frame: Since the initial planning of the work			
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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	

4	Consulting fees	__x__ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__ None	
6	Payment for expert testimony	__x__ None	
7	Support for attending meetings and/or travel	__x__ None	
8	Patents planned, issued or pending	__x__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__ None	
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	

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_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:__07/20/2021_____
Your Name:_Katharina Lambert_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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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	

4	Consulting fees	_X___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__ None	
6	Payment for expert testimony	_X___ None	
7	Support for attending meetings and/or travel	_X___ None	
8	Patents planned, issued or pending	__X__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__ None	
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	

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ICMJE DISCLOSURE FORM

Date:_____July 26, 2021_____
Your Name:_____Kevan C. Herold, MD_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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Time frame: Since the initial planning of the work			
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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	

4	Consulting fees	____ None Provention Bio	Consultant
		NexImmune	Sci Adv Board
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	____ None NexImmune	Sci Adv Board
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	

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ICMJE DISCLOSURE FORM

Date:____7/26/2021_____
Your Name:_____Kristina Utzschneider_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	____ None VA Cooperative Study Program: Study on pentoxifyline in diabetic kidney disease	
		GRADE Study	
3	Royalties or licenses	__x__ None	

4	Consulting fees	____ None Nevro	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None Clinical Education Alliance	
		The Endocrine Society	
6	Payment for expert testimony	__x__ None	
7	Support for attending meetings and/or travel	__x__ None	
8	Patents planned, issued or pending	__x__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__ None	
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	

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ICMJE DISCLOSURE FORM

Date:_____ ___19 July 2021_____
Your Name:_____Kurt J. GRIFFIN, PhD, MD_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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			
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 Immune Tolerance Network (and indirectly, other entities as relevant to the study as a whole)	Study funding paid to my institution (Sanford Heallth)
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	

4	Consulting fees	__x__ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__ None	
6	Payment for expert testimony	__x__ None	
7	Support for attending meetings and/or travel	__x__ None	
8	Patents planned, issued or pending	__x__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___x_ None	
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:__July 22, 2021_____
Your Name:__Lia Weiner_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	See above	
3	Royalties or licenses	__X__ None	

4	Consulting fees	__X__ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__ None	
6	Payment for expert testimony	__X__ None	
7	Support for attending meetings and/or travel	__X__ None	
8	Patents planned, issued or pending	__X__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__ None	
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:_____7/20/2021_____
Your Name:____Linda A DiMeglio_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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Time frame: Since the initial planning of the work			
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		NIH	The NIH supported our institution's work for the study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ None Provention, Janssen, Caladrius	Payment to my institution for research trial work
3	Royalties or licenses	__xx__ None	

4	Consulting fees	_xx___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_xx___ None	
6	Payment for expert testimony	_xx___ None	
7	Support for attending meetings and/or travel	_xx___ None	
8	Patents planned, issued or pending	_xx___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	____ None Merck	Advisory Board work
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__xx__ None	
11	Stock or stock options	__xx__ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xx___ None	
13	Other financial or non-financial interests	_xx___ None	

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_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: July 22, 2021
Your Name: Lynette L. Keyes-Elstein
Manuscript Title: IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known): 150074

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	Rho's support for the DAIT-SACCC is provided under Grant #5UM2AI117870	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	See above	
3	Royalties or licenses	__X__ None	

4	Consulting fees	__X__ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__ None	
6	Payment for expert testimony	__X__ None	
7	Support for attending meetings and/or travel	__X__ None	
8	Patents planned, issued or pending	__X__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__ None	
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: 22 Jul 2021
Your Name: Prof Maria Craig
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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			
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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	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
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: July 27,2021
Your Name: Dr Mark Harris
Manuscript Title: IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known): 150074

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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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	

4	Consulting fees	__ X __ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__ X __ None	
6	Payment for expert testimony	_ X ___ None	
7	Support for attending meetings and/or travel	__ X __ None	
8	Patents planned, issued or pending	__ X __ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__ X __ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__ X __ None	
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: 7/26/2021

Your Name: Philip Baskin

Manuscript Title: IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes

Manuscript number (if known): 150074

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			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	X None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
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:_____20/7/21_____
Your Name:___Ranjeny Thomas_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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Time frame: Since the initial planning of the work			
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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	

4	Consulting fees	__x__ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__ None	
6	Payment for expert testimony	_x___ None	
7	Support for attending meetings and/or travel	_x___ None	
8	Patents planned, issued or pending	__x__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_x___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_x___ None	
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: 7/26/21

Your Name: ROBIN GOLAND

Manuscript Title: IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes

Manuscript number (if known): 150074

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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

4	Consulting fees	✓ None RS	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	✓ None RS	
6	Payment for expert testimony	✓ None RS	
7	Support for attending meetings and/or travel	✓ None RS	
8	Patents planned, issued or pending	✓ None RS	
9	Participation on a Data Safety Monitoring Board or Advisory Board	✓ None RS	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	✓ None RS	
11	Stock or stock options	✓ None RS	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	✓ None RS	
13	Other financial or non-financial interests	✓ None RS	

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.** Robin Sharp

ICMJE DISCLOSURE FORM

Date:__07/21/2021_____
Your Name:___Sai Kanaparthi _____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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

4	Consulting fees	__x__ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__ None	
6	Payment for expert testimony	__x__ None	
7	Support for attending meetings and/or travel	__x__ None	
8	Patents planned, issued or pending	__x__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__ None	
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:_____July 20, 2021_____
Your Name:_____ Sandra Lord_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	__X__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	

4	Consulting fees	__X__ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__ None	
6	Payment for expert testimony	__X__ None	
7	Support for attending meetings and/or travel	__X__ None	
8	Patents planned, issued or pending	__X__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__ None	
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:__07/27/2021_____
Your Name:___Srinath Sanda_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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Time frame: Since the initial planning of the work			
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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	

4	Consulting fees	__x__ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__ None	
6	Payment for expert testimony	__x__ None	
7	Support for attending meetings and/or travel	__x__ None	
8	Patents planned, issued or pending	__x__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__ None	
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:_____July 23,2021_____
Your Name:_____Stephen E. Gitelman _____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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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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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	____ None NIDDK, Juvenile Diabetes Research Foundation, Caladrius, Intrexon, Janssen, Pfizer, Provention Bio, Tolerion	I have had contracts or grants with each of these entitites to support work on clinical trials in beta cell preservation in type 1 diabetes

3	Royalties or licenses	__X__ None	
4	Consulting fees	____ None Avotres, Biologic,	I have served as a consultant for these companies on issues related to type 1 diabetes within the past 36 months
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ 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	__None A. ImmunoMolecular Therapeutics, Provention Bio, Sab Biotherapeutics, Tolerion B. Novo Nordisk	A. I have served on an advisory board for these companies on issues related to type 1 diabetes within the past 36 months B. I served on a DSMB for a pediatric type 2 diabetes study
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____ 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:_____7/26/2021_____
Your Name:___Steven M. Willi, MD_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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			
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/NIAID	Funding and supplies provided to my institution to support this research study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	____ None Provention Bio, Eli Lilly, Janssen, Merck	Funding and supplies provided to my institution to support a clinical research study
3	Royalties or licenses	_X__ None	

4	Consulting fees	_X__ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X__ None Boehringer-Ingelheim	Advisory Panel for pediatric type 2 diabetes study design
		Medtronic	Consultant re: racial/ethnic equity in diabetes care
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	____ None NIH	DSMB for Artificial Pancreas Studies
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.

Steven M. Willi, MD

ICMJE DISCLOSURE FORM

Date: July 27, 2021
Your Name: Wayne V. Moore, MD, PhD
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
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:_____19 JUL 2021_____
Your Name:____William E. Russell_____
Manuscript Title:__ IL-6 receptor blockade does not slow β-cell loss in new onset type 1 diabetes
Manuscript number (if known):____150074_____

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		Subaward agreement with Benaroya Research Institute at Virginia Mason	UM1AI109565, Main PI Gerald Nepom, VUMC PI William Russell, Immune Tolerance Network
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