

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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Royalties: Funds are coming in to you or your institution due to your patent

Green 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fir Peter	, ,	2. Surname (Last Name) Green		3. Date 28-May-2013
4. Are you the corr	esponding author?	Yes ✓ No	Corresponding Au	
5. Manuscript Title Mucosal Healing	and Risk of Lymphopro	oliferative Malignancy in	Celiac Disease	
6. Manuscript Iden M12-3067	tifying Number (if you kn	ow it)		
Section 2.	The Work Under Co	onsideration for Publ	ication	
any aspect of the su statistical analysis, e	ıbmitted work (including	but not limited to grants, o		ment, commercial, private foundation, etc.) for study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation) clicking the "Add	with entities as descri	bed in the instructions. loort relationships that we	Jse one line for each	encial relationships (regardless of amount entity; add as many lines as you need by the 36 months prior to publication .
•	ut the appropriate info			
Name of Entity		Grant? Personal No	on-Financial Other	? Comments
mmusanT				scientific advisory board
Alvine Pharmaceutica	ls			scientific advisory board
Section 4.	Intellectual Proper	ty Patents & Copyr	iahte	
Do you have any	patents, whether planr	ned, pending or issued, k	proadly relevant to th	ne work? Yes 🗸 No

Green 2



Section 5. Polationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Green reports personal fees from ImmusanT, personal fees from Alvine Pharmaceuticals, outside the submitted work; .

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Green 3



1. Given Name (First Name) Anders	Surname (Last Name)Ekbom	3. Effective Date (07-August-2008 29-May-2013
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Patrick G. O'Connor, MD, MPH
5. Manuscript Title Mucosal Healing and Risk for Lympho	proliferative Malignancy i	n Celiac Disease: A Population-Based Cohort Study

Section 2. The Work Under Consideration for Publication

Ekbom

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	or Pub	lication				440
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					X ADD
2. Consulting fee or honorarium	√					× ADD
3. Support for travel to meetings for the study or other purposes	✓					×
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	✓					×
Payment for writing or reviewing the manuscript	✓					ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					ADD ×



Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
	oti s/mme liistevile voo					ADD
7. Other	✓					×

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
. Board membership	✓			, Q a management and an	
2. Consultancy	V				
3. Employment	V				
4. Expert testimony	V				
5. Grants/grants pending	V				
5. Payment for lectures including service on speakers bureaus		V	MSD		Approx \$1000 yr 2012
7. Payment for manuscript preparation	/				

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side th	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)	✓					ADD ×
9. Royalties	/					ADD X
Payment for development of educational presentations	/					ADD ×
11. Stock/stock options	/		259			ADD × ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	V					×
13. Other (err on the side of full disclosure)					<u> </u>	ADD ×
* This means money that your institution ** For example, if you report a consultance Section 4. Other relationships or active	nips	there is no	need to report tra		Iltancy on this line.	ADD
Are there other relationships or activ potentially influencing, what you wro	ote in the	e submitte	ed work?			
✓ No other relationships/condition Yes, the following relationships/c					est	
At the time of manuscript acceptance On occasion, journals may ask author	e, journa rs to disc	ls will ask lose furthe	authors to conf er information a	irm and, if necessary, ubout reported relation	update their disclosure statemonships.	ents
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4. Are you the corresponding author?	Yes No	
5. Manuscript Title Mucosci Healty 6. Manuscript Identifying Number (if y	nd rish for lymphy good muli	ymores in Celiac Direct

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2. Consulting fee or honorarium	X				
3. Support for travel to meetings for the study or other purposes	X				
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 					
5. Payment for writing or reviewing the manuscript	X				
Provision of writing assistance, medicines, equipment, or administrative support					



The Work	he Work Under Consideration for Publication						
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
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7. Other		N. N.	7951				× ADD

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. Board membership		X		Adjustry bound	for salety
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i. Grants/grants pending	×				
i. Payment for lectures including service on speakers bureaus	R				
. Payment for manuscript preparation				THE ONE ALBERTA STREET	

^{*} This means money that your institution received for your efforts on this study.

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8. Patents (planned, pending or issued) 9. Royalties 10. Payment for development of educational presentations 11. Stock/stock options 12. Travel/accommodations/meeting expenses unrelated to activities listed** 13. Other (err on the side of full disclosure)	Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
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* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.	* This means money that your institution ** For example, if you report a consultance	received cy above	d for your e there is no	fforts. o need to report trav	el related to that cons	ultancy on this line.
Section 4. Other relationships	Section 4. Other relations	nins				

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Hide All Table Rows Checked 'No'

Yes, the following relationships/conditions/circumstances are present (explain below):

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Lebwohl

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1

administrative support, etc.



Cartinus				
Section 1. Identifying Inforn	nation			
1. Given Name (First Name) Benjamin	2. Surname (Last Name) Lebwohl		3. Date 23-May-2013	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author	or's Name	
5. Manuscript Title Mucosal Healing and Risk of Lymphopr	roliferative Malignancy in	Celiac Disease		
6. Manuscript Identifying Number (if you ki	now it)	_		
Section 2. The Work Under C				
The Work Under C	onsideration for Publ	ication		
Did you or your institution at any time receany aspect of the submitted work (including statistical analysis, etc.)?				
Are there any relevant conflicts of inter	est? Yes No			
If yes, please fill out the appropriate inf Excess rows can be removed by pressin		ve more than one enti	ty press the "ADD" button to ad	d a row.
Name of Institution/Company	Grant? Personal No	on-Financial Support?	Comments	
National Center for Advancing Translational Sciences, National Institutes of Health, (KL2 TR000081)	V			
The American Scandinavian Foundation	✓			
The Celiac Sprue Association	✓			
Section 3. Polygant financial				
Relevant financial	activities outside the	submitted work.		
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of inter-	ribed in the instructions. Uport relations hips that we	Jse one line for each er	ntity; add as many lines as you n	eed by

Lebwohl 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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Lebwohl 3



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Are there any relevant conflicts of intere	st? 🗸 Yes 🔝 🗈	No	
	-	ı have more than one ent	ity press the "ADD" button to add a row.
Excess rows can be removed by pressing			
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support? Other	Comments
NIH	✓		
	-		
Section 3. Relevant financial a	activities outside t	he submitted work.	
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Are there any relevant conflicts of intere	st? 🗸 Yes 🗌 🏻	No	
If yes, please fill out the appropriate info	rmation below.		
Name of Entity	Grant? Personal Fees?	Non-Financial Other	Comments
Alba Therapeutics	✓		
Alvine inc			
2GPharma			



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
lmmunosanT		✓				
Flamentera inc	✓	✓				
Section 4. Intellectual Propert						
Intellectual Propert	y Pate	ents & Co	pyrights			
Do you have any patents, whether planne	ed, pend	ing or issue	ed, broadly releva	nt to the	work? Yes V No	
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Based on the above disclosures, this form below.	ı will auto	omatically	generate a disclo:	sure state	ment, which will appear in the box	×
Dr. Murray reports grants from NIH, duri fees from Alvine inc, grants from 2GPhar inc, outside the submitted work;.						I



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Section 1.	Identifying Inform	nation		
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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nar	me
5. Manuscript Title Mucosal Healing		oliferative Malignancy in (Celiac Disease	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Publi	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, do	a third party (government, cor ata monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,
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of compensation clicking the "Add	the appropriate boxes i) with entities as descri	in the table to indicate wh ibed in the instructions. U port relationships that we	ether you have financial rela se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.
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Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	Yes 🗸 No

Smedby 2



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Royalties: Funds are coming in to you or your institution due to your patent

Neugut 1



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1. Given Name (First Name) Alfred	2. Surname (Last Name) Neugut	3. Date 23-May-2013
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Lebwohl
5. Manuscript Title Mucosal Healing and Risk of Lymphopro Mucosal Healing and Risk of Lymphopro 6. Manuscript Identifying Number (if you kn M12-3067	oliferative Malignancy in C	
Section 2. The Work Under Co	onsideration for Public	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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Ludvigsson 1



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1. Given Name (First Name) Jonas	2. Surname (Last Name) Ludvigsson	3. Date 24-May-2013
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5. Manuscript Title Mucosal Healing and Risk of Lymphopr	roliferative Malignancy in Celiac Disease	
6. Manuscript Identifying Number (if you k M12-3067	now it)	
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