ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

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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”.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Steeve

2. Surname (Last Name)  
   Provencher

3. Date  
   03-June-2019

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Marie-Jose Goumans

5. Manuscript Title  
   Reply to: BET Bromodomain Inhibitors and Pulmonary Arterial Hypertension: Take Care of the Heart

6. Manuscript Identifying Number (if you know it)  
   Blue-201905-1078LE

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Are there any relevant conflicts of interest?  
☐ Yes ☑ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the ”X” button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|--------|----------------|------------------------|--------|----------|
| Resverlogix                 | ☑      | ☐              | ☐                      | ☐      | Unrestricted grant |

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 publication.

Are there any relevant conflicts of interest?  
☑ Yes ☐ No

If yes, please fill out the appropriate information below.

| Name of Entity               | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
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| Resverlogix                  | ☑      | ☐              | ☐                      | ☐      | Unrestricted grant |
| Actelion Pharmaceuticals      | ☑      | ☑              | ☐                      | ☐      | Unrestricted grant, Speaker and Consultant fees |
| AstraZeneca                  | ☐      | ☐              | ☑                      | ☐      | In-kind contribution |
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4.  Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  □ Yes  ✔ No

Section 5.  Relationships not covered above

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□ 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

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Dr. Provencher reports grants from Resverlogix, during the conduct of the study; grants from Resverlogix, grants and personal fees from Actelion Pharmaceuticals, non-financial support from AstraZeneca, outside the submitted work; .

Evaluation and Feedback

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- **Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Rolf

2. Surname (Last Name)  
   Berger

3. Date  
   03-June-2019

4. Are you the corresponding author?  
   Yes ☐  No ☑

Corresponding Author’s Name  
MJ Goumans

5. Manuscript Title  
   Reply to: BET Bromodomain Inhibitors and Pulmonary Arterial Hypertension: Take Care of the Heart

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Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Yes ☐  No ☑

Are there any relevant conflicts of interest?  
Yes ☑  No ☐

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 publication.

Are there any relevant conflicts of interest?  
Yes ☑  No ☐

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------|----------------|------------------------|--------|----------|
| Actelion; J&J  | ☐      | ☐             | ☐                      | ☑      | The UMCG contracts with Actelion and received fees for consultant and steering committee activities of Prof Berger |
| Lilly          | ☐      | ☐             | ☐                      | ☑      | The UMCG contracts with Lilly and received fees for consultant and steering committee activities of Prof Berger |

Berger
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? □ Yes ☑ No

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Section 6. Disclosure Statement

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The UMCG contracts with Actelion and Lilly and received fees for consultant and steering committee activities of Dr Berger outside the submitted work.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Ewelina

2. Surname (Last Name)  
Kulikowski

3. Date  
03-June-2019

4. Are you the corresponding author?  
[ ] Yes  [x] No

Corresponding Author’s Name  
Marie-José Goumans

5. Manuscript Title  
Reply to: BET Bromodomain Inhibitors and Pulmonary Arterial Hypertension: Take Care of the Heart

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Are there any relevant conflicts of interest?  
[ ] Yes  [x] No

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[ ] Yes  [x] No

If yes, please fill out the appropriate information below.

| Name of Entity         | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments                                      |
|------------------------|--------|----------------|------------------------|-------|-----------------------------------------------|
| Resverlogix Corp       |        | [x]            |                        |       | I am an employee and shareholder              |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
[ ] Yes  [x] No
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Dr. Kulikowski reports personal fees from Resverlogix Corp, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name) Diederik
2. Surname (Last Name) van der Feen
3. Date 03-June-2019

4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Marie-Jose Goumans

5. Manuscript Title
   Reply to: BET Bromodomain Inhibitors and Pulmonary Arterial Hypertension: Take Care of the Heart

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Are there any relevant conflicts of interest? Yes ☐ No ☑

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Dr. van der Feen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Marie-José

2. Surname (Last Name)
   Goumans

3. Date
   06-March-2019

4. Are you the corresponding author? □ Yes □ No

5. Manuscript Title
   Reply to: BET Bromodomain Inhibitors and Pulmonary Arterial Hypertension: Take Care of the Heart

6. Manuscript Identifying Number (if you know it)
   Blue-201905-1078LE

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Are there any relevant conflicts of interest? □ Yes □ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|--------|----------------|------------------------|--------|----------|
| the Netherlands CardioVascular Research Initiative | □ | | | | CVON grant no 2012-08 |

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? □ Yes □ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? □ Yes □ No
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Section 6. Disclosure Statement

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Dr. Goumans reports grants from the Netherlands CardioVascular Research Initiative during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Konda Babu

2. Surname (Last Name)  
   Kurakula

3. Date  
   03-June-2019

4. Are you the corresponding author?  
   Yes  No  
   Corresponding Author’s Name  
   Marie Jose Goumans

5. Manuscript Title  
   Reply to: BET Bromodomain Inhibitors and Pulmonary Arterial Hypertension: Take Care of the Heart

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  Yes  No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
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Dr. Kurakula has nothing to disclose.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Olivier

2. Surname (Last Name)  
   Boucherat

3. Date  
   04-June-2019

4. Are you the corresponding author?  
   Yes  ☑ No  
   Corresponding Author’s Name  
   MJ Goumans and S Bonnet

5. Manuscript Title  
   Reply to: BET Bromodomain Inhibitors and Pulmonary Arterial Hypertension: Take Care of the Heart

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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|--------|----------------|-----------------------|--------|----------|
| Resverlogix                 | ☑      | ☐              | ☐                     | ☐      |          |

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Dr. Boucherat reports grants from Resverlogix, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name) sebastien
2. Surname (Last Name) bonnet
3. Date 03-June-2019
4. Are you the corresponding author? ☑ Yes  ☐ No

5. Manuscript Title
Reply to: BET Bromodomain Inhibitors and Pulmonary Arterial Hypertension: Take Care of the Heart

6. Manuscript Identifying Number (if you know it)

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)
   Beatrijs

2. Surname (Last Name)
   Bartelds

3. Date
   20-June-2019

4. Are you the corresponding author?
   - Yes
   - No

   Corresponding Author’s Name

5. Manuscript Title
   Multicenter Preclinical Validation of BET Inhibition for the Treatment of Pulmonary Arterial Hypertension.

6. Manuscript Identifying Number (if you know it)
   Blue-201905-1078LE

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

- Yes
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Dr. Bartelds has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Harm Jan

2. Surname (Last Name)  
   Bogaard

3. Date  
   20-June-2019

4. Are you the corresponding author?  
   Yes □  No □

   Corresponding Author’s Name  
   Goumans

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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|-----------------------------|--------|----------------|------------------------|--------|----------|
| Actelion                    |       |                |                        |        |          |
| GSK                         |       |                |                        |        |          |
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