

## ICMJE DISCLOSURE FORM

**Date:** 11/19/2024

**Your Name:** Marina Provenzano

**Manuscript Title:** The Splice Index as a prognostic biomarker of strength and function in myotonic dystrophy type 1

**Manuscript Number (if known):** [\[Click or tap here to enter text.\]](#)

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                           |                                                                                                                                                                                | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Specifications/Comments (e.g., if payments were made to you or to your institution) |  |  |  |  |  |  |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |  |  |  |  |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div> |                                                                                     |  |  |  |  |  |  |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>                                                                                                                    |                                                                                     |  |  |  |  |  |  |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>                                                                                                                    |                                                                                     |  |  |  |  |  |  |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 11/20/2024

**Your Name:** Kobe Ikegami

**Manuscript Title:** The Splice Index as a prognostic biomarker of strength and function in myotonic dystrophy type 1

**Manuscript Number (if known):** 185426-JCI-CME0D-1

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

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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |

# ICMJE DISCLOSURE FORM

**Date:** 12/8/2024

**Your Name:** Kameron Bates

**Manuscript Title:** The Splice Index as a prognostic biomarker of strength and function in myotonic dystrophy type 1

**Manuscript Number (if known):** 185426-JCI-CMED-1

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                           | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                   | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                                                                         |  |  |  |  |  |                                           |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                             |  |  |  |  |  |                                           |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table> |  |  |  |  |  | Click the tab key to add additional rows. |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                             |  |  |  |  |  |                                           |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                          |  |  |  |  |  |                                           |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                          |  |  |  |  |  |                                           |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 12/2/2024

**Your Name:** Alison Gaynor

**Manuscript Title:** The Splice Index as a prognostic biomarker of strength and function in myotonic dystrophy type 1

**Manuscript Number (if known):** 185426-JCI-CMED-1

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

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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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**Please place an “X” next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 11/21/2024

**Your Name:** Julia Hartman

**Manuscript Title:** The Splice Index as a prognostic biomarker of strength and function in myotonic dystrophy type 1

**Manuscript Number (if known):** 185426-JCI-CMED-1

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                           | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                   | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                                                                         |  |  |  |  |  |                                           |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                             |  |  |  |  |  |                                           |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table> |  |  |  |  |  | Click the tab key to add additional rows. |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                             |  |  |  |  |  |                                           |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                          |  |  |  |  |  |                                           |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                          |  |  |  |  |  |                                           |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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**Please place an “X” next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 11/21/2024

**Your Name:** Aileen S. Jones

**Manuscript Title:** The Splice Index as a prognostic biomarker of strength and function in myotonic dystrophy type 1

**Manuscript Number (if known):** 185426-JCI-CMED-1

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

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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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# ICMJE DISCLOSURE FORM

**Date:** 11/21/2024

**Your Name:** Amanda Butler

**Manuscript Title:** The Splice Index as a prognostic biomarker of strength and function in myotonic dystrophy type 1

**Manuscript Number (if known):** 185426-JCI-CMED-1

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

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|                                                           | 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)                                                                                                                         |  |  |  |  |  |                                           |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|-------------------------------------------|
| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                             |  |  |  |  |  |                                           |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table> |  |  |  |  |  | Click the tab key to add additional rows. |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                             |  |  |  |  |  |                                           |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                          |  |  |  |  |  |                                           |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                          |  |  |  |  |  |                                           |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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**Please place an “X” next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 11/21/2024

**Your Name:** Kiera N. Berggren

**Manuscript Title:** The Splice Index as a prognostic biomarker of strength and function in myotonic dystrophy type 1

**Manuscript Number (if known):** 185426-JCI-CMED-1

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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                                                                               |                                                                                     |  |  |  |  |  |  |

# ICMJE DISCLOSURE FORM

**Date:** 11/22/2024

**Your Name:** Jeanne Dekdebrun

**Manuscript Title:** The Splice Index as a prognostic biomarker of strength and function in myotonic dystrophy type 1

**Manuscript Number (if known):** 185426-JCI-CMED-1

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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                  |  |  |  |  |  |                                           |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table> |  |  |  |  |  | Click the tab key to add additional rows. |
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|                                                           | Click the tab key to add additional rows.                                                                                                                                      |                                                                                                                                                                                                  |  |  |  |  |  |                                           |
| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                  |  |  |  |  |  |                                           |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                          |  |  |  |  |  |                                           |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                          |  |  |  |  |  |                                           |
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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) |         |            |      |            |        |            |        |            |        |            |      |            |       |            |        |            |        |            |
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| 4       | Consulting fees                                                                                              | <input type="checkbox"/> None <table border="1"> <tr><td>Avidity</td><td>Individual</td></tr> <tr><td>Dyne</td><td>Individual</td></tr> <tr><td>Trinds</td><td>Individual</td></tr> <tr><td>Vertex</td><td>Individual</td></tr> <tr><td>Pepgen</td><td>Individual</td></tr> <tr><td>ATOM</td><td>Individual</td></tr> <tr><td>Lupin</td><td>Individual</td></tr> <tr><td>Arthex</td><td>Individual</td></tr> <tr><td>Sanofi</td><td>Individual</td></tr> </table> |                                                                                     | Avidity | Individual | Dyne | Individual | Trinds | Individual | Vertex | Individual | Pepgen | Individual | ATOM | Individual | Lupin | Individual | Arthex | Individual | Sanofi | Individual |
| Avidity | Individual                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |         |            |      |            |        |            |        |            |        |            |      |            |       |            |        |            |        |            |
| Dyne    | Individual                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |         |            |      |            |        |            |        |            |        |            |      |            |       |            |        |            |        |            |
| Trinds  | Individual                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |         |            |      |            |        |            |        |            |        |            |      |            |       |            |        |            |        |            |
| Vertex  | Individual                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |         |            |      |            |        |            |        |            |        |            |      |            |       |            |        |            |        |            |
| Pepgen  | Individual                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |         |            |      |            |        |            |        |            |        |            |      |            |       |            |        |            |        |            |
| ATOM    | Individual                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |         |            |      |            |        |            |        |            |        |            |      |            |       |            |        |            |        |            |
| Lupin   | Individual                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |         |            |      |            |        |            |        |            |        |            |      |            |       |            |        |            |        |            |
| Arthex  | Individual                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |         |            |      |            |        |            |        |            |        |            |      |            |       |            |        |            |        |            |
| Sanofi  | Individual                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |         |            |      |            |        |            |        |            |        |            |      |            |       |            |        |            |        |            |
| 5       | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                                                     |                                                                                     |         |            |      |            |        |            |        |            |        |            |      |            |       |            |        |            |        |            |
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| 6       | Payment for expert testimony                                                                                 | <input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                                                     |                                                                                     |         |            |      |            |        |            |        |            |        |            |      |            |       |            |        |            |        |            |
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| 8       | Patents planned, issued or pending                                                                           | <input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                                                     |                                                                                     |         |            |      |            |        |            |        |            |        |            |      |            |       |            |        |            |        |            |
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| 9       | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                                                     |                                                                                     |         |            |      |            |        |            |        |            |        |            |      |            |       |            |        |            |        |            |
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|                                                                                                                                                                                                                                                               | advocacy group, paid or unpaid                                                   |                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
| 11                                                                                                                                                                                                                                                            | Stock or stock options                                                           | <input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| 12                                                                                                                                                                                                                                                            | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| 13                                                                                                                                                                                                                                                            | Other financial or non-financial interests                                       | <input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                                                                               |                                                                                     |  |  |  |  |  |  |

# ICMJE DISCLOSURE FORM

**Date:** 11/21/2024

**Your Name:** Man Hung

**Manuscript Title:** The Splice Index as a prognostic biomarker of strength and function in myotonic dystrophy type 1

**Manuscript Number (if known):** 185426-JCI-CMED-1

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                           | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                   | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                                                                         |  |  |  |  |  |                                           |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                             |  |  |  |  |  |                                           |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table> |  |  |  |  |  | Click the tab key to add additional rows. |
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| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                          |  |  |  |  |  |                                           |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                          |  |  |  |  |  |                                           |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |  |  |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 11/21/2024

**Your Name:** Michael Kiefer

**Manuscript Title:** The Splice Index as a prognostic biomarker of strength and function in myotonic dystrophy type 1

**Manuscript Number (if known):** 185426-JCI-CMED-1

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                           | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                   | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                                                                         |  |  |  |  |  |                                           |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|-------------------------------------------|
| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                             |  |  |  |  |  |                                           |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table> |  |  |  |  |  | Click the tab key to add additional rows. |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                             |  |  |  |  |  |                                           |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                          |  |  |  |  |  |                                           |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                          |  |  |  |  |  |                                           |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |  |  |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>            |                                                                                     |  |  |  |  |  |  |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 12/9/2024

**Your Name:** Charles Thornton

**Manuscript Title:** The Splice Index as a prognostic biomarker of strength and function in myotonic dystrophy type 1

**Manuscript Number (if known):** 185426-JCI-CMED-1

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                           | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                                                                                                                                                                            | Specifications/Comments (e.g., if payments were made to you or to your institution) |                        |                                  |                        |                        |                                                             |  |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                        |                                  |                        |                        |                                                             |  |
| <b>1</b>                                                  | <div> <input type="checkbox"/> None </div> <table border="1"> <tr> <td>FDA under grant FD006071</td> <td>Support to institution</td> </tr> <tr> <td>Wyck Foundation</td> <td>Support to institution</td> </tr> <tr> <td>MDA under grant 961903</td> <td>Support for institution the tab key to add additional rows.</td> </tr> </table> | FDA under grant FD006071                                                            | Support to institution | Wyck Foundation                  | Support to institution | MDA under grant 961903 | Support for institution the tab key to add additional rows. |  |
| FDA under grant FD006071                                  | Support to institution                                                                                                                                                                                                                                                                                                                  |                                                                                     |                        |                                  |                        |                        |                                                             |  |
| Wyck Foundation                                           | Support to institution                                                                                                                                                                                                                                                                                                                  |                                                                                     |                        |                                  |                        |                        |                                                             |  |
| MDA under grant 961903                                    | Support for institution the tab key to add additional rows.                                                                                                                                                                                                                                                                             |                                                                                     |                        |                                  |                        |                        |                                                             |  |
| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                        |                                  |                        |                        |                                                             |  |
| <b>2</b>                                                  | <div> <input type="checkbox"/> None </div> <table border="1"> <tr> <td>NIH under NS48843, NS094393, AR079424</td> <td>Payment to institution</td> </tr> <tr> <td>Virginia Commonwealth University</td> <td>Payment to institution</td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                    | NIH under NS48843, NS094393, AR079424                                               | Payment to institution | Virginia Commonwealth University | Payment to institution |                        |                                                             |  |
| NIH under NS48843, NS094393, AR079424                     | Payment to institution                                                                                                                                                                                                                                                                                                                  |                                                                                     |                        |                                  |                        |                        |                                                             |  |
| Virginia Commonwealth University                          | Payment to institution                                                                                                                                                                                                                                                                                                                  |                                                                                     |                        |                                  |                        |                        |                                                             |  |
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| <b>3</b>                                                  | <div> <input type="checkbox"/> None </div> <table border="1"> <tr> <td>Royalties from Jackson Laboratories</td> <td>Payment to institution</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                            | Royalties from Jackson Laboratories                                                 | Payment to institution |                                  |                        |                        |                                                             |  |
| Royalties from Jackson Laboratories                       | Payment to institution                                                                                                                                                                                                                                                                                                                  |                                                                                     |                        |                                  |                        |                        |                                                             |  |
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| 4                                                               | Consulting fees                                                                                              | <input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Consulting fees from Sanofi, Kate Therapeutics, Entrada, Biogen</td> <td>Payment to individual</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>                                                                 |                                                                                     | Consulting fees from Sanofi, Kate Therapeutics, Entrada, Biogen | Payment to individual       |                                  |                             |                                                  |                          |  |  |
| Consulting fees from Sanofi, Kate Therapeutics, Entrada, Biogen | Payment to individual                                                                                        |                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                 |                             |                                  |                             |                                                  |                          |  |  |
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| 5                                                               | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Speaker honoraria from Alnylam</td> <td>Payment to individual</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>                                                                                                                                |                                                                                     | Speaker honoraria from Alnylam                                  | Payment to individual       |                                  |                             |                                                  |                          |  |  |
| Speaker honoraria from Alnylam                                  | Payment to individual                                                                                        |                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                 |                             |                                  |                             |                                                  |                          |  |  |
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| 6                                                               | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>                                                                                                                                                                         |                                                                                     |                                                                 |                             |                                  |                             |                                                  |                          |  |  |
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| 7                                                               | Support for attending meetings and/or travel                                                                 | <input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Virginia Commonwealth University</td> <td>Reimbursement to individual</td> </tr> <tr> <td>Myotonic Dystrophy Foundation</td> <td>Reimbursement to individual</td> </tr> <tr><td> </td><td> </td></tr> </table>                                                               |                                                                                     | Virginia Commonwealth University                                | Reimbursement to individual | Myotonic Dystrophy Foundation    | Reimbursement to individual |                                                  |                          |  |  |
| Virginia Commonwealth University                                | Reimbursement to individual                                                                                  |                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                 |                             |                                  |                             |                                                  |                          |  |  |
| Myotonic Dystrophy Foundation                                   | Reimbursement to individual                                                                                  |                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                 |                             |                                  |                             |                                                  |                          |  |  |
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| 8                                                               | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>                                                                                                                                                                         |                                                                                     |                                                                 |                             |                                  |                             |                                                  |                          |  |  |
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|                                                                 |                                                                                                              |                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                 |                             |                                  |                             |                                                  |                          |  |  |
| 9                                                               | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>                                                                                                                                                                         |                                                                                     |                                                                 |                             |                                  |                             |                                                  |                          |  |  |
|                                                                 |                                                                                                              |                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                 |                             |                                  |                             |                                                  |                          |  |  |
|                                                                 |                                                                                                              |                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                 |                             |                                  |                             |                                                  |                          |  |  |
|                                                                 |                                                                                                              |                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                 |                             |                                  |                             |                                                  |                          |  |  |
| 10                                                              | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Scientific Advisory Board Dyne</td> <td>Payment to individual</td> </tr> <tr> <td>Scientific Advisory Board PepGen</td> <td>Payment to individual</td> </tr> <tr> <td>Board of Directors Myotonic Dystrophy Foundation</td> <td>Reimbursement for travel</td> </tr> </table> |                                                                                     | Scientific Advisory Board Dyne                                  | Payment to individual       | Scientific Advisory Board PepGen | Payment to individual       | Board of Directors Myotonic Dystrophy Foundation | Reimbursement for travel |  |  |
| Scientific Advisory Board Dyne                                  | Payment to individual                                                                                        |                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                 |                             |                                  |                             |                                                  |                          |  |  |
| Scientific Advisory Board PepGen                                | Payment to individual                                                                                        |                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                 |                             |                                  |                             |                                                  |                          |  |  |
| Board of Directors Myotonic Dystrophy Foundation                | Reimbursement for travel                                                                                     |                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                 |                             |                                  |                             |                                                  |                          |  |  |

|    |                                                                                  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 11 | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|    |                                                                                  | Dyne                                                                                         | Options to individual                                                               |
|    |                                                                                  |                                                                                              |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |
| 13 | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |

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

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

## ICMJE DISCLOSURE FORM

**Date:** 11/21/2024

**Your Name:** [Nicholas E Johnson]

**Manuscript Title:** [The Splice Index as a prognostic biomarker of strength and function in myotonic dystrophy type 1]

**Manuscript Number (if known):** [Click or tap here to enter text.]

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                    |                                                                                                                                                                                | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Specifications/Comments (e.g., if payments were made to you or to your institution) |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------|-----|--------------|-----------------------------|----------------------|--------------------|-------------------------------------------|--------------------------------|----------------------|-------------------------|----------------------|----------------------|----------------------|---------------------|----------------------|--------|----------------------|------------------------|----------------------|--------|--|--|
| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| <b>1</b>                                           | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="display: flex; align-items: center;"> <input style="margin-right: 5px;" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td>NINDS</td><td>Grant to institution</td></tr> <tr><td>FDA</td><td>2R01FD006071</td></tr> <tr><td>Dyne Therapeutics</td><td>Grant to institution</td></tr> <tr><td>Wyck Foundation</td><td>Click the tab key to add additional rows.</td></tr> <tr><td>Muscular Dystrophy Association</td><td>Grant to institution</td></tr> <tr><td>Novartis Gene Therapies</td><td>Grant to institution</td></tr> <tr><td>Pfizer</td><td>Grant to institution</td></tr> <tr><td>Avidity Biosciences</td><td>Grant to institution</td></tr> <tr><td>Pepgen</td><td>Grant to institution</td></tr> <tr><td>Vertex Pharmaceuticals</td><td>Grant to institution</td></tr> <tr><td>Takeda</td><td></td></tr> </table> | NINDS                                                                               | Grant to institution | FDA | 2R01FD006071 | Dyne Therapeutics           | Grant to institution | Wyck Foundation    | Click the tab key to add additional rows. | Muscular Dystrophy Association | Grant to institution | Novartis Gene Therapies | Grant to institution | Pfizer               | Grant to institution | Avidity Biosciences | Grant to institution | Pepgen | Grant to institution | Vertex Pharmaceuticals | Grant to institution | Takeda |  |  |
| NINDS                                              | Grant to institution                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| FDA                                                | 2R01FD006071                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| Dyne Therapeutics                                  | Grant to institution                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| Wyck Foundation                                    | Click the tab key to add additional rows.                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| Muscular Dystrophy Association                     | Grant to institution                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| Novartis Gene Therapies                            | Grant to institution                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| Pfizer                                             | Grant to institution                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| Avidity Biosciences                                | Grant to institution                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| Pepgen                                             | Grant to institution                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| Vertex Pharmaceuticals                             | Grant to institution                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| Takeda                                             |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| <b>2</b>                                           | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="display: flex; align-items: center;"> <input style="margin-right: 5px;" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td>NINDS</td><td>U01NS124974</td></tr> <tr><td>CDC</td><td>U01DD001242</td></tr> <tr><td>Coalition to Cure Calpain 3</td><td>Grant to institution</td></tr> <tr><td>Cure Rare Diseases</td><td>Grant to institution</td></tr> <tr><td>AMO Pharma</td><td>Grant to institution</td></tr> <tr><td>ML bio</td><td>Grant to institution</td></tr> <tr><td>Fulcrum Therapeutics</td><td>Grant to institution</td></tr> <tr><td>Sarepta</td><td>Grant to institution</td></tr> <tr><td>Askbio</td><td>Grant to institution</td></tr> </table>                                                                                                                                                              | NINDS                                                                               | U01NS124974          | CDC | U01DD001242  | Coalition to Cure Calpain 3 | Grant to institution | Cure Rare Diseases | Grant to institution                      | AMO Pharma                     | Grant to institution | ML bio                  | Grant to institution | Fulcrum Therapeutics | Grant to institution | Sarepta             | Grant to institution | Askbio | Grant to institution |                        |                      |        |  |  |
| NINDS                                              | U01NS124974                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| CDC                                                | U01DD001242                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| Coalition to Cure Calpain 3                        | Grant to institution                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| Cure Rare Diseases                                 | Grant to institution                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| AMO Pharma                                         | Grant to institution                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| ML bio                                             | Grant to institution                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| Fulcrum Therapeutics                               | Grant to institution                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| Sarepta                                            | Grant to institution                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |
| Askbio                                             | Grant to institution                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                      |     |              |                             |                      |                    |                                           |                                |                      |                         |                      |                      |                      |                     |                      |        |                      |                        |                      |        |  |  |

|   |                                                                                                              | 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) |
|---|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|   |                                                                                                              | Arthex                                                                                       | Grant to institution                                                                |
| 3 | Royalties or licenses                                                                                        | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|   |                                                                                                              | University of Rochester                                                                      | CCMDHI, LGMDHI                                                                      |
|   |                                                                                                              |                                                                                              |                                                                                     |
|   |                                                                                                              |                                                                                              |                                                                                     |
| 4 | Consulting fees                                                                                              | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|   |                                                                                                              | Novartis                                                                                     | Personal fee                                                                        |
|   |                                                                                                              | Sarepta                                                                                      | Personal fee                                                                        |
|   |                                                                                                              | Askbio                                                                                       | Personal fee                                                                        |
|   |                                                                                                              | Vertex                                                                                       | Personal fee                                                                        |
|   |                                                                                                              | Dyne                                                                                         | Personal fee                                                                        |
|   |                                                                                                              | AMO Pharma                                                                                   | Personal fee                                                                        |
|   |                                                                                                              | Rgenta                                                                                       | Personal fee                                                                        |
|   |                                                                                                              | Kate Therapeutics                                                                            | Personal fee                                                                        |
|   |                                                                                                              |                                                                                              |                                                                                     |
|   |                                                                                                              |                                                                                              |                                                                                     |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|   |                                                                                                              |                                                                                              |                                                                                     |
|   |                                                                                                              |                                                                                              |                                                                                     |
|   |                                                                                                              |                                                                                              |                                                                                     |
| 6 | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|   |                                                                                                              |                                                                                              |                                                                                     |
|   |                                                                                                              |                                                                                              |                                                                                     |
|   |                                                                                                              |                                                                                              |                                                                                     |
| 7 | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|   |                                                                                                              |                                                                                              |                                                                                     |
|   |                                                                                                              |                                                                                              |                                                                                     |
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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) |                    |                  |                     |                  |                      |                  |  |  |
|----------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------|------------------|---------------------|------------------|----------------------|------------------|--|--|
| 8                    | Patents planned, issued or pending                                                                | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                       |                                                                                     |                    |                  |                     |                  |                      |                  |  |  |
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|                      |                                                                                                   |                                                                                                                                                                                                                                                                                                          |                                                                                     |                    |                  |                     |                  |                      |                  |  |  |
| 9                    | Participation on a Data Safety Monitoring Board or Advisory Board                                 | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>Biogen</td> <td>DSMB member</td> </tr> <tr> <td>Fulcrum</td> <td>DSMB member</td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                      |                                                                                     | Biogen             | DSMB member      | Fulcrum             | DSMB member      |                      |                  |  |  |
| Biogen               | DSMB member                                                                                       |                                                                                                                                                                                                                                                                                                          |                                                                                     |                    |                  |                     |                  |                      |                  |  |  |
| Fulcrum              | DSMB member                                                                                       |                                                                                                                                                                                                                                                                                                          |                                                                                     |                    |                  |                     |                  |                      |                  |  |  |
|                      |                                                                                                   |                                                                                                                                                                                                                                                                                                          |                                                                                     |                    |                  |                     |                  |                      |                  |  |  |
| 10                   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                       |                                                                                     |                    |                  |                     |                  |                      |                  |  |  |
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|                      |                                                                                                   |                                                                                                                                                                                                                                                                                                          |                                                                                     |                    |                  |                     |                  |                      |                  |  |  |
| 11                   | Stock or stock options                                                                            | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>Angle Therapeutics</td> <td>Personal options</td> </tr> <tr> <td>Juvena Therapeutics</td> <td>Personal options</td> </tr> <tr> <td>Myogene Therapeutics</td> <td>Personal options</td> </tr> <tr> <td></td> <td></td> </tr> </table> |                                                                                     | Angle Therapeutics | Personal options | Juvena Therapeutics | Personal options | Myogene Therapeutics | Personal options |  |  |
| Angle Therapeutics   | Personal options                                                                                  |                                                                                                                                                                                                                                                                                                          |                                                                                     |                    |                  |                     |                  |                      |                  |  |  |
| Juvena Therapeutics  | Personal options                                                                                  |                                                                                                                                                                                                                                                                                                          |                                                                                     |                    |                  |                     |                  |                      |                  |  |  |
| Myogene Therapeutics | Personal options                                                                                  |                                                                                                                                                                                                                                                                                                          |                                                                                     |                    |                  |                     |                  |                      |                  |  |  |
|                      |                                                                                                   |                                                                                                                                                                                                                                                                                                          |                                                                                     |                    |                  |                     |                  |                      |                  |  |  |
| 12                   | Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                       |                                                                                     |                    |                  |                     |                  |                      |                  |  |  |
|                      |                                                                                                   |                                                                                                                                                                                                                                                                                                          |                                                                                     |                    |                  |                     |                  |                      |                  |  |  |
|                      |                                                                                                   |                                                                                                                                                                                                                                                                                                          |                                                                                     |                    |                  |                     |                  |                      |                  |  |  |
|                      |                                                                                                   |                                                                                                                                                                                                                                                                                                          |                                                                                     |                    |                  |                     |                  |                      |                  |  |  |
| 13                   | Other financial or non-financial interests                                                        | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                       |                                                                                     |                    |                  |                     |                  |                      |                  |  |  |
|                      |                                                                                                   |                                                                                                                                                                                                                                                                                                          |                                                                                     |                    |                  |                     |                  |                      |                  |  |  |
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|                      |                                                                                                   |                                                                                                                                                                                                                                                                                                          |                                                                                     |                    |                  |                     |                  |                      |                  |  |  |

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

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

# ICMJE DISCLOSURE FORM

**Date:** 12/9/2024

**Your Name:** Melissa Hale

**Manuscript Title:** The Splice Index as a prognostic biomarker of strength and function in myotonic dystrophy type 1

**Manuscript Number (if known):** 185426-JCI-CMED-1

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                    |                                                                                                                                                                                | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                                                                                                 | Specifications/Comments (e.g., if payments were made to you or to your institution) |                               |                                |  |  |                                           |  |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------|--------------------------------|--|--|-------------------------------------------|--|
| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                                                                                                                                                                                              |                                                                                     |                               |                                |  |  |                                           |  |
| 1                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> None <table border="1"> <tr> <td>Myotonic Dystrophy Foundation</td> <td>Early Career Development Grant</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td colspan="2">Click the tab key to add additional rows.</td> </tr> </table> |                                                                                     | Myotonic Dystrophy Foundation | Early Career Development Grant |  |  | Click the tab key to add additional rows. |  |
| Myotonic Dystrophy Foundation                      | Early Career Development Grant                                                                                                                                                 |                                                                                                                                                                                                                                                              |                                                                                     |                               |                                |  |  |                                           |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                              |                                                                                     |                               |                                |  |  |                                           |  |
| Click the tab key to add additional rows.          |                                                                                                                                                                                |                                                                                                                                                                                                                                                              |                                                                                     |                               |                                |  |  |                                           |  |
| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                              |                                                                                     |                               |                                |  |  |                                           |  |
| 2                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                            |                                                                                     |                               |                                |  |  |                                           |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                              |                                                                                     |                               |                                |  |  |                                           |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                              |                                                                                     |                               |                                |  |  |                                           |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                              |                                                                                     |                               |                                |  |  |                                           |  |
| 3                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                            |                                                                                     |                               |                                |  |  |                                           |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                              |                                                                                     |                               |                                |  |  |                                           |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                              |                                                                                     |                               |                                |  |  |                                           |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                              |                                                                                     |                               |                                |  |  |                                           |  |

|         |                                                                                                              | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                                                                      | Specifications/Comments (e.g., if payments were made to you or to your institution) |        |              |         |              |  |  |  |  |
|---------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------|--------------|---------|--------------|--|--|--|--|
| 4       | Consulting fees                                                                                              | <input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Juvena</td> <td>Personal Fee</td> </tr> <tr> <td>Arrakis</td> <td>Personal Fee</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> |                                                                                     | Juvena | Personal Fee | Arrakis | Personal Fee |  |  |  |  |
| Juvena  | Personal Fee                                                                                                 |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
| Arrakis | Personal Fee                                                                                                 |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
| 5       | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                          |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
| 6       | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                          |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
| 7       | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                          |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
| 8       | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                          |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
| 9       | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                          |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
| 10      | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                          |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |
|         |                                                                                                              |                                                                                                                                                                                                                                   |                                                                                     |        |              |         |              |  |  |  |  |

|    |                                                                                  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 11 | Stock or stock options                                                           | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|    |                                                                                  | Myogene Therapeutics                                                                         | Personal options                                                                    |
|    |                                                                                  |                                                                                              |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |
| 13 | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |

**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.