ICMJE DISCLOSURE FORM

Date: 1/19/2026

Your Name: Cynthia L Gay

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ **None**	
		Grant funding to my institution for conduct of the trial	Funding for my role as site protocol PI for the study
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

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

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11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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☒ 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: 1/16/2026

Your Name: Yinyan Xu

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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ICMJE DISCLOSURE FORM

Date: 1/17/2026

Your Name: Ann Marie Kathryn Weideman

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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		UNC CFAR grant number (P30AI050410)	
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ICMJE DISCLOSURE FORM

Date: 1/16/2026

Your Name: Fiona Shaw

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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ICMJE DISCLOSURE FORM

Date: 1/16/2026

Your Name: JoAnn Kuruc

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Shayla Conrad

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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ICMJE DISCLOSURE FORM

Date: 1/16/2026

Your Name: Sofia Mariano

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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ICMJE DISCLOSURE FORM

Date: 1/16/2026

Your Name: Shahryar Samir

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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ICMJE DISCLOSURE FORM

Date: 1/23/2026

Your Name: Sallay Kallon

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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ICMJE DISCLOSURE FORM

Date: 1/14/2026

Your Name: Alexis Sponaugle

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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

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

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☒ 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: 1/21/2026

Your Name: Joanna Warren

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			

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3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	

		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	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 1/16/2026

Your Name: Genevieve Tyndale Clutton

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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

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ICMJE DISCLOSURE FORM

Date: 1/19/2026

Your Name: Maria Abad Fernandez

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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ICMJE DISCLOSURE FORM

Date:	1/27/2026
Your Name:	Carolina Kapper
Manuscript Title:	T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age
Manuscript Number (if known):	ms. 193547-JCI-CRPH-1

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6	Payment for expert testimony	☒ **None**	
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11	Stock or stock options	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 1/22/2026

Your Name: Alexander Bradley

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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		Grant funding to my institution for conduct of the trial	Funding for my role as for the study
			Click the tab key to add additional rows.
Time frame: past 36 months			

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6	Payment for expert testimony	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 1/16/2026

Your Name: Caroline Baker

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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ICMJE DISCLOSURE FORM

Date: 1/19/2026

Your Name: Susan Pedersen

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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ICMJE DISCLOSURE FORM

Date: 1/15/2026

Your Name: Mathew Moeser

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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

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ICMJE DISCLOSURE FORM

Date: 1/15/2026

Your Name: Lauren Burke

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Bayer	Speaker at World Liver Forum, Sept 2025
6	Payment for expert testimony	☐ **None**	
		Pete Fisher, Esq. – Georgia Department of Law	Case review
7	Support for attending meetings and/or travel	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 1/16/2026

Your Name: EDMUND WEE

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	

		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	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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

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

16JAN26

ICMJE DISCLOSURE FORM

Date: 1/18/2026

Your Name: Alison Crook

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	**Specifications/Comments (e.g., if payments were made to you or to your institution)**
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☒ **None**	
			Click the tab key to add additional rows.
Time frame: 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)
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	

		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	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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

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☒ 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: 1/16/2026

Your Name: Greg Laird

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	**Specifications/Comments (e.g., if payments were made to you or to your institution)**
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☒ **None**	
			Click the tab key to add additional rows.
Time frame: 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)
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	

		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	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☐ **None**	
		Accelevir Diagnostics	I am an employee of and shareholder in Accelevir Diagnostics, a for profit company. However, this is not related to or impacted by the content of this manuscript.

	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)

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: 1/16/2026

Your Name: Joshua Cyktor

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	**Specifications/Comments (e.g., if payments were made to you or to your institution)**
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ **None**	
		NIH – NIAID – DAIDS	Study testing funding
			Click the tab key to add additional rows.
Time frame: 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)
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	

		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	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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

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☒ 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: 1/21/2026

Your Name: John W. Mellors, MD

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	**Specifications/Comments (e.g., if payments were made to you or to your institution)**
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ **None**	
		NIH	Research grants to the University of Pittsburgh
			Click the tab key to add additional rows.
Time frame: 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)
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		NIH	Research grants to the University of Pittsburgh
		Gilead Sciences	Research grants to the University of Pittsburgh
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☐ **None**	
		Gilead Sciecnes	Current
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	

		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	☒ **None**	
		None related to the current work.	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☐ **None**	
		Galapagos NV)	Share options; Unrelated to the current work
		Infectious Disease Connect, Inc.	Share options; Unrelated to the current work
		MingMed Biotechnology Co., Ltd.	Share options; Unrelated to the current work
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☐ **None**	
		University of Pittsburgh	Employer
		Galapagos NV	Unrelated to the current work
		Infectious Diseases Connect, Inc.	Consultant / Strategic Advisor; Unrelated to the

		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)
			current work

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: 1/14/2026

Your Name: Shuntai Zhou

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☒ **None**	
			Click the tab key to add additional rows.
Time frame: 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)
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	

		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	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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

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☒ 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: 2/1/2026

Your Name: Lawrence Fox, MD, PHD

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-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.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	**Specifications/Comments (e.g., if payments were made to you or to your institution)**
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ **None**	
		Division of AIDS, NIAID, NIH	Employed as medical officer in 2024
			Click the tab key to add additional rows.
Time frame: 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)
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	

		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	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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☒ 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: 1/16/2026

Your Name: Joseph J Eron

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ **None**	
		National Institutes of Health	
			Click the tab key to add additional rows.
Time frame: 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)
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None** ViiV Healthcare Gilead Sciences	Contract to UNC Chapel Hill Contract to UNC Chapel Hill
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **None** ViiV Healthcare Gilead Sciences Merck & Co	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	

		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	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None**	
		TaiMed Pharmaceutials	
		Merck & Co	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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☒ 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: 1/16/2026

Your Name: David M Margolis

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-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.

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ **None**	
		NIH	Research grants to UNC Chapel Hill
			Click the tab key to add additional rows.
Time frame: 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)
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	

		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	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None**	
		Merck Research Laboratories	Honoraria, expenses
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 1/16/2026

Your Name: Michael Hudgens

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ **None** NIH Click the tab key to add additional rows.	Payment to institution
Time frame: 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)
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	

		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	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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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)
☒ 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: 1/14/2026

Your Name: Tomáš Hanke

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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Time frame: past 36 months			

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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

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ICMJE DISCLOSURE FORM

Date: 1/16/2026

Your Name: Nilu Goonetilleke

Manuscript Title: T-cell expansion following MVA.HIVconsvX vaccination in people with HIV-1 on ART negatively associates with age

Manuscript Number (if known): ms. 193547-JCI-CRPH-1

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<tr><td>1</td><td>All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.</td><td colspan="2">☐ None
<table><tr><td>U01AI131310 (N.G)</td><td>Support clinical trials and research assasy</td></tr><tr><td>(UM1TR004406</td><td>Regulatory Support</td></tr><tr><td>P30AI050410</td><td>Infrastructure Support</td></tr></table></td></tr>
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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)
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☐ **None**	
		U.S. Departments of Justice	Expert Consultant (payments to me)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	

		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	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None**	
		Martin Delaney DARE SAB	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		ACTG Immunology Director	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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