

ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Albert Wolkerstorfer

Manuscript Title: Vitiligo, een nieuw tijdperk

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									
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 <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="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>							
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;">Incyte</td><td style="height: 20px;">PI; Payments to institution</td></tr> <tr><td style="height: 20px;">Abbvie</td><td style="height: 20px;">PI; Payments to institution</td></tr> <tr><td style="height: 20px;">MSD</td><td style="height: 20px;">PI; Payments to institution</td></tr> </table>		Incyte	PI; Payments to institution	Abbvie	PI; Payments to institution	MSD	PI; Payments to institution
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3	Royalties or licenses	☒ None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="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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4	Consulting fees	☐ None <table border="1"> <tr> <td>Incyte</td> <td>Payments to institution</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Incyte	Payments to institution						
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None <table border="1"> <tr> <td>Incyte</td> <td>Payments to institution</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Incyte	Payments to institution						
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6	Payment for expert testimony	☒ None <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	☐ None <table border="1"> <tr> <td>Incyte</td> <td></td> </tr> <tr> <td>Abbvie</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Incyte		Abbvie					
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8	Patents planned, issued or pending	☒ None <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	☒ None <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	☒ 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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11	Stock or stock options	☒ None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td>Humeca</td> <td>Device for transplantation to institution</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Humeca	Device for transplantation to institution				
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13	Other financial or non-financial interests	☒ None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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.