

## ICMJE DISCLOSURE FORM

**Date:** 12/1/2022

**Your Name:** Huhtanen Jani

**Manuscript Title:** Single-cell characterization of anti-LAG3+anti-PD1 treatment in melanoma patients

**Manuscript Number (if known):** 164809-JCI-RG-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.

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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>	
<b>13</b>	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.

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**Your Name:** Kasanen Henna

**Manuscript Title:** Single-cell characterization of anti-LAG3+anti-PD1 treatment in melanoma patients

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## ICMJE DISCLOSURE FORM

**Date:** 12/23/2022

**Your Name:** Peltola Katriina

**Manuscript Title:** Single-cell characterization of anti-LAG3+anti-PD1 treatment in melanoma patients

**Manuscript Number (if known):** 164809-JCI-RG-1

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**Your Name:** Lönnberg Tapio

**Manuscript Title:** Single-cell characterization of anti-LAG3+anti-PD1 treatment in melanoma patients

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**Your Name:** Glumoff Virpi

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Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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:** 12/1/2022

**Your Name:** Brück Oscar

**Manuscript Title:** Single-cell characterization of anti-LAG3+anti-PD1 treatment in melanoma patients

**Manuscript Number (if known):** 164809-JCI-RG-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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4	Consulting fees	<input checked="" type="checkbox"/> None	
		Novartis	
		Sanofi	
		Amgen	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> 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:** 12/1/2022

**Your Name:** Dufva Olli

**Manuscript Title:** Single-cell characterization of anti-LAG3+anti-PD1 treatment in melanoma patients

**Manuscript Number (if known):** 164809-JCI-RG-1

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## ICMJE DISCLOSURE FORM

**Date:** 12/1/2022

**Your Name:** Peltonen Karita

**Manuscript Title:** Single-cell characterization of anti-LAG3+anti-PD1 treatment in melanoma patients

**Manuscript Number (if known):** 164809-JCI-RG-1

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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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## ICMJE DISCLOSURE FORM

**Date:** 12/1/2022

**Your Name:** Vikkula Johanna

**Manuscript Title:** Single-cell characterization of anti-LAG3+anti-PD1 treatment in melanoma patients

**Manuscript Number (if known):** 164809-JCI-RG-1

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	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:** 12/1/2022

**Your Name:** Jokinen Emmi

**Manuscript Title:** Single-cell characterization of anti-LAG3+anti-PD1 treatment in melanoma patients

**Manuscript Number (if known):** 164809-JCI-RG-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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## ICMJE DISCLOSURE FORM

**Date:** 12/1/2022

**Your Name:** Ilander Mette

**Manuscript Title:** Single-cell characterization of anti-LAG3+anti-PD1 treatment in melanoma patients

**Manuscript Number (if known):** 164809-JCI-RG-1

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## ICMJE DISCLOSURE FORM

**Date:** 12/1/2022

**Your Name:** Hee Lee Moon

**Manuscript Title:** Single-cell characterization of anti-LAG3+anti-PD1 treatment in melanoma patients

**Manuscript Number (if known):** 164809-JCI-RG-1

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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
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## ICMJE DISCLOSURE FORM

**Date:** 12/1/2022

**Your Name:** Mäkelä Siru

**Manuscript Title:** Single-cell characterization of anti-LAG3+anti-PD1 treatment in melanoma patients

**Manuscript Number (if known):** 164809-JCI-RG-1

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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" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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:** 12/1/2022

**Your Name:** Nyakas Marta

**Manuscript Title:** Single-cell characterization of anti-LAG3+anti-PD1 treatment in melanoma patients

**Manuscript Number (if known):** 164809-JCI-RG-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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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						



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## ICMJE DISCLOSURE FORM

**Date:** 12/1/2022

**Your Name:** Li Bin

**Manuscript Title:** Single-cell characterization of anti-LAG3+anti-PD1 treatment in melanoma patients

**Manuscript Number (if known):** 164809-JCI-RG-1

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11	Stock or stock options	<input type="checkbox"/> None	
		Bristol-Myers Squibb	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

**Date:** 12/1/2022

**Your Name:** Hernberg Micaela

**Manuscript Title:** Single-cell characterization of anti-LAG3+anti-PD1 treatment in melanoma patients

**Manuscript Number (if known):** 164809-JCI-RG-1

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## ICMJE DISCLOSURE FORM

**Date:** 12/1/2021

**Your Name:** Bono Petri

**Manuscript Title:** Single-cell characterization of anti-LAG3+anti-PD1 treatment in melanoma patients

**Manuscript Number (if known):** 164809-JCI-RG-1

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11	Stock or stock options	<input type="checkbox"/> None	
		TILT Biotherapeutics	
		Faron Pharmaceuticals	
		Terveystalo	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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:** 12/1/2022

**Your Name:** Lähdesmäki Harri

**Manuscript Title:** Single-cell characterization of anti-LAG3+anti-PD1 treatment in melanoma patients

**Manuscript Number (if known):** 164809-JCI-RG-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.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

**Date:** 12/1/2022

**Your Name:** Kreutzman Anna

**Manuscript Title:** Single-cell characterization of anti-LAG3+anti-PD1 treatment in melanoma patients

**Manuscript Number (if known):** 164809-JCI-RG-1

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**Date:** 12/1/2022

**Your Name:** Mustjoki Satu

**Manuscript Title:** Single-cell characterization of anti-LAG3+anti-PD1 treatment in melanoma patients

**Manuscript Number (if known):** 164809-JCI-RG-1

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Bristol Myers Squibb	Lecture fee
		Novartis	Lecture fee
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Dren Bio	Advisory board
		Novartis	Advisory board
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