Manuscript Title:	Nicolas Gomez Banoy		
<u>-</u>	Pody mass index and adinasity influence res		
<u></u>	endometrial cancer	sponses to immune checkpoint inhibition in	
Manuscript Number (if known):	180516-JCI-CMED-RV-2		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to a content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may 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 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.		ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. xample, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	entities with whom you have this nip 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	of the work	
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.	TS Grant #UL1 TR001866 Time frame: past 36 months	Click the tab key to add additional rows.	

1 12/13/2021 ICMJE Disclosure Form

2

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Royalties or

licenses

⊠ None

⊠ None

			cations/Comments (e.g., if payments were o you or to your institution)
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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)
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	
Plea ×	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.			

Date:	5/10/2024
Your Name:	Christian Dagher
Manuscript Title:	Body mass index and adiposity influence responses to immune checkpoint inhibition inendometrial cancer
Manuscript Number (if known):	180516-JCI-CMED-RV-2

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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	Click the tab key to add additional rows.	
		Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Bobst International Fellowship for Citizens of Lebanon		
3	Royalties or licenses	None 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)
4	Consulting fees	None 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	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	
Plea [⊠]	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.		

fkr/hanfafker

Date:	5/10/2024
Your Name:	Eduardo Ortiz, MD
Manuscript Title:	Body mass index and adiposity influence responses to immune checkpoint inhibition in endometrial cancer
Manuscript Number (if known):	180516-JCI-CMED-RV-2

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		e all entities with whom you have this ionship 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 plannir	ng 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 mon	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None I
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 I
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None I I I I I I I I I I I I I I I I I I I

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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	
Plea	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.		

Date:			5/10/2024		
You	r Name:		Britta Weigelt		
Manuscript Title:			Body mass index and adiposity influence responses to immune checkpoint inhibition in endometrial cancer		
Mar	nuscript Number (if k	(nown):	180516-JCI-CMED-RV-2		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed be content of your manuscript. "Related" means any relation with for-profit or not-for-profit third pa affected by the content of the manuscript. Disclosure represents a commitment to transparency a indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is prefer			ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /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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			l entities with whom you have this ship 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	
	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.	No	one	Click the tab key to add additional rows.	
			Time frame: past 36 montl	ns	
2	Grants or contracts from	[⊠] No	one		
	any entity (if not indicated in item #1 above).	Repare	Therapeutics	Grant paid to the institution	
3	indicated in item		Therapeutics	Grant paid to the institution	
3	indicated in item #1 above).			Grant paid to the 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)
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	

		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	[□] None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[□] None			
13	Other financial or non-financial interests	AstraZeneca Employment	Immediate family member		
Plea [⊠]	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.				

Date:	5/10/2024
Your Name:	Carlo Sevilla
Manuscript Title:	Body mass index and adiposity influence responses to immune checkpoint inhibition in endometrial cancer
Manuscript Number (if known):	180516-JCI-CMED-RV-2

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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 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Commande to you or to	mments (e.g., if payments were your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	

		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	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea [⊠]	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.			

Date:		5/10/2024			
Your Name:		Caroline S Jiang	Caroline S Jiang		
Manuscript Title:		Body mass index and adiposity influence resendometrial cancer	ponses to immune checkpoint inhibition in		
Ma	nuscript Number (if	known): 180516-JCI-CMED-1			
content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned. In item #1 below, report all suppo		arency, we ask you to disclose all relationships/activities ript. "Related" means any relation with for-profit or not of the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activity/os/activities/interests should be defined broadly. For exension, you should declare all relationships with manufactentioned in the manuscript. all support for the work reported in this manuscript with past 36 months.	t-for-profit third parties whose interests may be t to transparency and does not necessarily interest, it is preferable that you do so. cample, if your manuscript pertains to the cturers of antihypertensive medication, even if		
		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 o	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.	Supported in part by grant # UL1 TR001866 from the National Center for Advancing Translational Sciences (NCATS, National Institutes of Health (NIH) Clinical and Translational Science Award (CTSA) program	Click the tab key to add additional rows.		
		Time frame: past 36 months			
2	Grants or	[⊠] 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)
4	Consulting fees	None Non	
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	

		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	[⊠ None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠ None			
13	Other financial or non-financial interests	None			
Plea	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.				

Date:		_ 5	/10/2024		
Your Name:		<u>[</u> J	Juan C. Osorio		
Manuscript Title:			Body mass index and adiposity influence responses to immune checkpoint inhibition in endometrial cancer		
Ma	nuscript Number (if kı	nown): <u>1</u>	80516-JCI-CMED-RV-2		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub! The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		pt. "Relate f the manu in doubt a s/activities/ nsion, you s entioned in	d" means any relation with for-profit or no script. Disclosure represents a commitme bout whether to list a relationship/activity interests should be defined broadly. For each bould declare all relationships with manuful the manuscript.	es/interests listed below that are related to the ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if ithout time limit. For all other items, the time	
			ntities with whom you have this	Specifications/Comments (e.g., if payments were	
		relationshi	p or indicate none (add rows as needed)	made to you or to your institution)	
		relationshi	p or indicate none (add rows as needed) Time frame: Since the initial planning		
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	Time frame: Since the initial planning e K08CA266740-01A1. Osorio (PI) Physician Scholar Award. Osorio (PI)	of the work Click the tab key to add additional rows.	
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	None NIH NCI 1 Gerstner None Rockefelle (PI) Bochner-F Career Av	Time frame: Since the initial planning E K08CA266740-01A1. Osorio (PI) Physician Scholar Award. Osorio (PI) Time frame: past 36 month	of the work Click the tab key to add additional rows.	

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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)
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	

		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	[⊠] None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	[⊠] None			
Plea	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.				

Date:	5/10/2024
Your Name:	Andrew Pagano
Manuscript Title:	Body mass index and adiposity influence responses to immune checkpoint inhibition in endometrial cancer
Manuscript Number (if known):	180516-JCI-CMED-RV-2

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		Time frame: past 36 month	S
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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

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		relati	onship or indicate none (add rows as needed)	made to you or to your institution)
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	
Plea ×	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.			

Date:	5/10/2024
Your Name:	William A. Zammarrelli
Manuscript Title:	Body mass index and adiposity influence responses to immune checkpoint inhibition in endometrial cancer
Manuscript Number (if known):	180516-JCI-CMED-RV-2

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7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)
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	
Plea ×	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.			

Date:	5/10/2024
Your Name:	Andrew Plodkowski
Manuscript Title:	Body mass index and adiposity influence responses to immune checkpoint inhibition in endometrial cancer
Manuscript Number (if known):	Click or tap here to enter text.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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			ifications/Comments (e.g., if payments were e to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that have answered every question and have not altered the wording of any of the questions on this form.			

Date:	5/10/2024
Your Name:	Jeffrey Girshman
Manuscript Title:	Body mass index and adiposity influence responses to immune checkpoint inhibition in endometrial cancer
Manuscript Number (if known):	180516-JCI-CMED-RV-2

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			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

			ifications/Comments (e.g., if payments were e to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None 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	
Plea	•	e following statement to indicate your agreeme	

Date:	5/10/2024
Your Name:	Jennifer Mueller
Manuscript Title:	Body mass index and adiposity influence responses to immune checkpoint inhibition in endometrial cancer
Manuscript Number (if known):	180516-JCI-CMED-RV-2

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.

		e all entities with whom you have this onship 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 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None		

			ifications/Comments (e.g., if payments were e to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		e all entities with whom you have this ionship 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	•	e following statement to indicate your agreeme	

Date:	5/10/2024
Your Name:	Paul Cohen
Manuscript Title:	Body mass index and adiposity influence responses to immune checkpoint inhibition in endometrial cancer
Manuscript Number (if known):	180516-JCI-CMED-RV-2

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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 we made to you or to your institution)		Specifications/Comments (e.g., if payments were made to you or to your institution)
1	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.		Time frame: Since the initial planning None	Of the work Click the tab key to add additional rows.
				Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

			cations/Comments (e.g., if payments were o you or to your institution)
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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)
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	
Plea ×	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.			

Date:	5/10/2024
Your Name:	Vicky Makker
Manuscript Title:	Body mass index and adiposity influence responses to immune checkpoint inhibition in endometrial cancer
Manuscript Number (if known):	180516-JCI-CMED-RV-2

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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 None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	AstraZeneca, Bristol Myers Squibb, Clasi, Duality, Eisai, Faeth, Karyopharm, Merck, Takeda, Zymeworks, Cullinan	Institutuional

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses		None	
		'		
4	Consulting fees		None	
5	Payment or honoraria for		None	
	lectures, presentations,			
	speakers bureaus, manuscript			
	writing or educational events			
6 Payment for expert testimony None				
7 Support for attending				
	meetings and/or travel	Mer	ck, Eisai, Karyopharm	
8	Patents planned, issued or		None	
	pending			
9	Participation on a Data Safety Monitoring Board or Advisory Board		None	
10	Leadership or		None	
	fiduciary role in other board,			

		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)	
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Clovis, Duality, Eisai, Faeth, GlaxoSmithKline, Iteos, Karyopharm, Lilly, Moreo, Morphosys, Novartis, Zymeworks UNPAID consultant Merck, MSD, Immunocore, Regeneron, iTEOS, Sutro, Cullinan	UNPAID consultant	
13	Other financial or non-financial interests	None None		
Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

3 12/13/2021 ICMJE Disclosure Form

Date: May 3, 2024

Your Name: Carol Aghajanian, MD

Manuscript Title: Body mass index and adiposity influence responses to immune checkpoint inhibition in endometrial

cancer

Manuscript number (if known): 180516-JCI-CMED-RV-2

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	Clinical trial funding to institution (MSK): Abbvie – MSK PI, GOG3005 Artios Pharma –International Coordinating Investigator & MSK PI, ARTIST Astra Zeneca - MSK PI, SOLO1/GOG 3004; National Coordinating Investigator & MSK PI, D081RC00001; ENGOT-ov46; AGO-OVAR 23; GOG-3025 Clovis – MSK PI, ARIEL 2 & 3 Genentech/Roche – MSK PI, GOG3015 (IMagyn050)

3	Royalties or licenses	X None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	Blueprint Medicine – Virtual Advisory Board 6/30/21 (no consulting fee) Merck - Global Cervical and Ovarian Cancer Virtual Advisory Board 7/10/23 AstraZeneca - AZ eVOLVE DMC 4/26/23-ongoing AstraZeneca – Future Clinical Strategies for Endometrial Cancer Virtual Advisory Board 3/13/24 Verastem, RAMP 301 Steering Committee, 3/6/24-ongoing
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	GOG Foundation, Board of Directors (unpaid) NRG Oncology Board of Directors (unpaid)
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	

13	Other financial or non- financial interests	X None	

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

 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.