

ICMJE DISCLOSURE FORM

Date: 03/22/2021

Your Name: Swetha Ann Alexander

Manuscript Title: **Safety of Immune Checkpoint Inhibitors in Patients with Cancer and Pre-existing Autoimmune Disease**

Manuscript number (if known): ATM-2020-CI-08(ATM-20-8124)

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

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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	
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 summarize the above conflict of interest in the following box:

Swetha Ann Alexander does not have any conflict of interest

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: 3/18/2021

Your Name: Umang Swami

Manuscript Title: **Safety of Immune Checkpoint Inhibitors in Patients with Cancer and Pre-existing Autoimmune Disease**

Manuscript number (if known): **ATM-2020-CI-08(ATM-20-8124)**

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

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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	
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 summarize the above conflict of interest in the following box:

Umang Swami does not have any conflicts of interest

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

X___ 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: 3/24/2021

Your Name: ANEET KAUR

Manuscript Title: **Safety of Immune Checkpoint Inhibitors in Patients with Cancer and Pre-existing Autoimmune Disease**

Manuscript number (if known): **ATM-2020-CI-08(ATM-20-8124)**

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> X </u> None	
6	Payment for expert testimony	<u> X </u> None	
7	Support for attending meetings and/or travel	<u> X </u> None	
8	Patents planned, issued or pending	<u> X </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	
11	Stock or stock options	<u> X </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> None	

Please summarize the above conflict of interest in the following box:

None

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

 X 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: 3/23/2021

Your Name: Yubo Gao

Manuscript Title: **Safety of Immune Checkpoint Inhibitors in Patients with Cancer and Pre-existing Autoimmune Disease**

Manuscript number (if known): **ATM-2020-CI-08(ATM-20-8124)**

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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	
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 summarize the above conflict of interest in the following box:

There is nothing to disclose for this manuscript. Yubo Gao

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.

ICMJJE DISCLOSURE FORM

Date: _____
 _____ 03-24-2021

Your Name: _____
 _____ Munazza Fatima

Manuscript Title: **__ Safety of Immune Checkpoint Inhibitors in Patients with Cancer and Pre-existing Autoimmune Disease _____**

Manuscript number (if known): _____ ATM-2020-CI-08(ATM-20-8124)

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges.	____ None	

	processing charges, etc.) No time limit for this item.		
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	
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	___ None	

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

Please summarize the above conflict of interest in the following box:

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

X___ 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: 3/24/21
 Your Name: Meredith Ginn, PharmD
 Manuscript Title: Safety of Immune Checkpoint Inhibitors in Patients with Cancer and Pre-existing Autoimmune Disease
 Manuscript number (if known): ATM-2020-CI-08(ATM-20-8124)

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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	
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	

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

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

form.

Meredith Guin

ICMJE DISCLOSURE FORM

Date: 3/24/2021
Your Name: Jill Stein
Manuscript Title: Safety of Immune Checkpoint Inhibitors in Patients with Cancer and Pre-existing Autoimmune Disease
Manuscript number (if known): ATM-2020-CI-08(ATM-20-8124)

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- 1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) None
No time limit for this item.

- 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

- 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
- 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 summarize the above conflict of interest in the following box:

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.

Jim Stein

ICMJE DISCLOSURE FORM

Date: 3/18/2021

Your Name: Petros Grivas

Manuscript Title: **Safety of Immune Checkpoint Inhibitors in Patients with Cancer and Pre-existing Autoimmune Disease**

Manuscript number (if known): ATM-2020-CI-08(ATM-20-8124)

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Merck, Mirati Therapeutics, Pfizer, Clovis Oncology, Bavarian Nordic, Immunomedics, Debiopharm, Bristol-Myers Squibb, QED Therapeutics, GlaxoSmithKline	institution

3	Royalties or licenses	None	
4	Consulting fees	AstraZeneca; Bayer; Bristol-Myers Squibb; Clovis Oncology; Dyania Health, Driver; EMD Serono; Exelixis; Foundation Medicine; Genentech/Roche; Genzyme; GlaxoSmithKline; Heron Therapeutics; Immunomedics; Infinity Pharmaceuticals, Janssen; Merck; Mirati Therapeutics; Pfizer; Seattle Genetics; QED Therapeutics	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	AstraZeneca; Clovis Oncology	me
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	see #4	
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	Kure IT Cancer Research	institution

	writing, gifts or other services		
13	Other financial or non-financial interests	<u> </u> None	

Please summarize the above conflict of interest in the following box:

Consulting: AstraZeneca; Bayer; Bristol-Myers Squibb; Clovis Oncology; Dyania Health, Driver; EMD Serono; Exelixis; Foundation Medicine; Genentech/Roche; Genzyme; GlaxoSmithKline; Heron Therapeutics; Immunomedics; Infinity Pharmaceuticals, Janssen; Merck; Mirati Therapeutics; Pfizer; Seattle Genetics; QED Therapeutics
Travel support: AstraZeneca, Clovis Oncology
Funding to Institutions: Merck, Mirati Therapeutics, Pfizer, Clovis Oncology, Bavarian Nordic, Immunomedics, Debiopharm, Bristol-Myers Squibb, QED Therapeutics, GlaxoSmithKline, Kure IT Cancer Research

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

 X 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: 03/18/21

Your Name: Yousef Zakharia

Manuscript Title: **Safety of Immune Checkpoint Inhibitors in Patients with Cancer and Pre-existing Autoimmune Disease**

Manuscript number (if known): ATM-2020-CI-08(ATM-20-8124)

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Institution clinical trial support from NewLink Genetics, Pfizer, Exelixis, Eisai.	
3	Royalties or licenses	None	

4	Consulting fees	____ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Pfizer, Novartis	
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	Amgen, Roche Diagnostics, Novartis, Janssen, Eisai, Exelixis, Castle Bioscience, Array, Bayer, Pfizer, Clovis, EMD serono; Janssen Research and Development	
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 summarize the above conflict of interest in the following box:

Advisory Board: Amgen, Roche Diagnostics, Novartis, Janssen, Eisai, Exelixis, Castle Bioscience, Array, Bayer, Pfizer, Clovis, EMD serono.

Grant/research support from: Institution clinical trial support from NewLink Genetics, Pfizer, Exelixis, Eisai.

DSMC: Janssen Research and Development
Consultant honorarium: Pfizer, Novartis

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

x 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: 3-23-21

Your Name: Namrata Singh

Manuscript Title: **Safety of Immune Checkpoint Inhibitors in Patients with Cancer and Pre-existing Autoimmune Disease**

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Rheumatology Research Foundation	
		American Heart Association	
3	Royalties or licenses	None	

4	Consulting fees	<u> </u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

Please summarize the above conflict of interest in the following box:

Dr Singh is supported by grants from the Rheumatology Research Foundation and the American Heart Association.

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

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