Date:_05/24/2021
Your Name:_Hirokazu Ogino
Manuscript Title:_ Randomized trial of neoadjuvant vaccination with tumor-cell lysate induces T cell response in low
grade gliomas
Manuscript number (if known):

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 <u>current manuscript only</u>.

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

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

Date:	05/31/202	1
Your Name:	Jennie	W Taylor, MD, MPH
Manuscript	Title:	Randomized trial of neoadjuvant vaccination with tumor-cell lysate induces T cell response in low-grade gliomas
Manuscript	number	(if known):

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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		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	None	
	manuscript (e.g., funding,	Agios	Research funding
	provision of study materials,	BMS	Research funding
	medical writing, article	Navio	Research funding
	processing charges, etc.)	Abbvie	Research funding
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	✓None	
	any entity (if not indicated		
	in item #1 above).	_	
3	Royalties or licenses	<u>√</u> None	
4	Consulting fees	None	

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

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

Date:_05/24/2021
Your Name:_Takahide Nejo
Manuscript Title: Randomized trial of neoadjuvant vaccination with tumor-cell lysate induces T cell response in low
grade gliomas
Manuscript number (if known):

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

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

Date:	5/24/2	
Your Name:	David Gibson_	
Manuscript Ti	tle: <u>Randomized trial of ne</u>	oadjuvant vaccination with tumor-cell lysate induces T cell response in low-
grade gliomas	<u> </u>	
Manuscript nu	umber (if known):	

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 <u>current</u> <u>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)	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,	X_None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	lectures, presentations,	X_None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
_			
7	Support for attending meetings and/or travel	_XNone	
	-		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
	ł		
13	Other financial or non-	X_None	
13	Other financial or non- financial interests	X_None	

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

Date:05/24/2021	
Your	
Name:PayalWatchmaker	
Manuscript Title: Randomized trial of neoadjuvant vaccination with tumor-cell lysate induces T cell	
response in low-grade gliomas .	
Manuscript number (if known):	
, , , , , , , , , , , , , , , , , , , ,	

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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		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.	None	
		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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert testimony	None	
	testimony		
_			
7	Support for attending meetings and/or travel	None	
	g ,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	Nene	
11	Stock or stock options	None	
42			
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

Date: 5/28/21
Your Name: Kaori Okada
Manuscript Title: Neoadjuvant vaccination with GBM6-AD lysate plus poly-ICLC
induces CD8 ⁺ T cell response in low-grade glioma
Manuscript number (if known):

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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		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)
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 None	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
4	Royalties or licenses Consulting fees	None	

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

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

Date:_	5/24	/2021
Your N	Name:_	Atsuro Saijo
Manu	script T	itle: Randomized trial of neoadjuvant vaccination with tumor-cell lysate induces T cell response in low-grade gliomas
Manu	script n	number (if known):

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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		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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	

<u>x</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:5/28/2021	
Your Name:	_Meghan Tedesco
Manuscript Title:Ra	andomized Trial of Neoadjuvant Vaccination with Tumor-Cell Lysate Induces T Cell Ressponse in
Low-Grade Gliomas _	
Manuscript number (f known):

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

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

Date:	5/24/2021	
Your Name:	Anny Shai	
Manuscript Title:_	Randomized trial of neoadjuv	ant vaccination with tumor-cell lysate induces T-Cell response in low-
grade gliomas		
Manuscript numb	er (if known):	

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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		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	None	
	manuscript (e.g., funding, provision of study materials,	NIH/NCI	Services were provided by the UCSF Brain Tumor SPORE Biorepository NIH/NCI 5P50CA097257-18
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	xNone	
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending meetings and/or travel	xNone	
	,		
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_xNone	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other		
4.2	services	NI .	
13	Other financial or non-	_xNone	
	financial interests		

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

Date:_05/24/2021	
our Name:_Cynthia M Wong	
Manuscript Title:_ Randomized trial of neoadjuvant vaccination with tumor-cell lysate induces T cell respo	nse in low-
rade gliomas	
Manuscript number (if known):	

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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		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	None	
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
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	None	
	testimony		
_		NI NI	
7	Support for attending meetings and/or travel	None	
	meetings and or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
11	Stock of Stock options	NOTIC	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date:6/1/2021
Your Name:Jane Rabbitt
Manuscript Title: Randomized trial of neoadjuvant vaccination with tumor-cell lysate induces T cell
response in low-grade gliomas
Manuscript number (if known):

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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		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

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

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

Date: 4/17/21
Your Name: Michael Olin
Manuscript Title: Neoadjuvant vaccination with GBM6-AD lysate plus poly-ICLC
induces CD8 ⁺ T cell response in low-grade glioma
Manuscript number (if known):

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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		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	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	I am an inventor of the GBM6-AD vaccine	GBM6-AD is exclusively licensed to the University of Minnesota. I receive a portion of royalties as an inventor.

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

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

Date: April 21 , 2021
our Name: Christopher Moertel, MD
Manuscript Title: Neoadjuvant vaccination with GBM6-AD lysate plus poly-ICLC induces CD8 ⁺ T cell response in lov grade glioma
Manuscript number (if known):

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 <u>current</u> <u>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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,	OX2 Therapeutics	I am a paid consultant for OX2 Therapeutics. OX2 has an option to license GBM6-AD.
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	Hope on Wheels Hyundai	Award to University of Minnesota: Employing the CD200
	any entity (if not indicated	Dealers	Checkpoint to Optimize Immunotherapy for Pediatric
	in item #1 above).		Brain Tumors.
3	Royalties or licenses	X_None	

4	Consulting fees	As above – OX2	As above
		Recombinetics, Inc.	Consultant to Surrogen
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6		X None	
0	Payment for expert testimony	A NOTIE	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	Attone	
	0.1.7		
8	Patents planned, issued or	62/250,376	CD200 Derived Peptide Augments Tumor Induced
	pending		Suppression
	periumg		
		14/788,088	Use of OX2 Inhibitors Conjugated to Adjuvants to
			Overcome Tumor Induced Suppression and Enhance
			Immune Responses.
_	Double of the control	VALSTS	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	A NOTIC	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	OX2 Therapeutics	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	V None	
13	other financial or non- financial interests	X None	

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

Date: 26 May 2021
Your Name: Yasuhiko Nishioka
Manuscript Title: Randomized trial of neoadjuvant vaccination with tumor-cell lysate induces T cell
response in low-grade gliomas_
Manuscript number (if known):

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 <u>current</u> manuscript only.

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)	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	
		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	

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

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

Date: May 19, 2020
Your Name: Andres M Salazar
Manuscript Title:_ Neoadjuvant vaccination with GBM6-AD lysate plus poly-ICLC induces CD8 + T cell response in low
grade glioma _
Manuscript number (if known):

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 <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)	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	Provided study drug, Oncovir Inc
		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,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	Officer and own stock in Oncovir, Inc, which provided drug and advice.	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

__x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form. Andres M. Salazar, MD

Date:5/24/2021				
Your Name:Annette Molinaro				
Manuscript Title: "Randomized trial of neoadjuvant vaccination with tumor-cell lysate induces T cell response in low-				
grade gliomas"				
Manuscript number (if known):				

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 <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)	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	_XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel X_None X_None X_None X_None	XNone	
speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending X_None X_None	XNone	
manuscript writing or educational events 6 Payment for expert testimony 7 Support for attendingXNone	XNone	
educational events Payment for expert testimony Support for attendingX_None	XNone	
6 Payment for expertX_None 7 Support for attendingX_None	XNone	
testimony	XNone	
7 Support for attendingXNone		
8 Patents planned, issued orX_None	d orXNone	
pending		
9 Participation on a DataXNone	XNone	
Safety Monitoring Board or	rd or	
Advisory Board		
10 Leadership or fiduciary roleX_None	roleX_None	
in other board, society,		
group, paid or unpaid	′	
11 Stock or stock options _XNone	_XNone	
12 Receipt of equipment,X_None	XNone	
materials, drugs, medical	cal	
writing, gifts or other services		
13 Other financial or nonXNone	XNone	
financial interests		

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

Date:5/24/2021
Your Name:Joanna J. Phillips
Manuscript Title: Randomized trial of neoadjuvant vaccination with tumor-cell
lysate induces T cell response in low-grade gliomas
Manuscript number (if known):

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 <u>current</u> <u>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)	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	None	
	manuscript (e.g., funding, provision of study materials,	NIH/NCI	Services were provided by the UCSF Brain Tumor SPORE Biorepository NIH/NCI 5P50CA097257-18
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	Time frame: past 36 months		
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).	A.	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	x_None	
	manuscript writing or educational events		
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data	x_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society, committee or advocacy group, paid or 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	

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

Date	21	May	202	1
vale	24	iviav	ZUZ	. 1

Your Name Nicholas Butowski

Manuscript Title Randomized trial of neoadjuvant vaccination with tumor-cell lysate induces T cell response in low-grade gliomas

Manuscript number (if known):		
ivianuscript number (if known):		

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 <u>current</u> <u>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)	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.	xNone	
		Time frame: past	26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	30 months
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

5	Payment or honoraria for	xNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony		
7	Support for attending meetings and/or travel	xNone	
	3		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or Advisory Board		
40	•	•	
10	Leadership or fiduciary role	_xNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	xNone	
	financial interests		

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

Date:	05/27/21
Your Name:	Jennifer L. Clarke, MD, MPH
Manuscript Title:_Randomize	d trial of neoadjuvant vaccination with tumor-cell lysate induces T cell response in
low-grade gliomas_	
Manuscript number (if know	n):

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 <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)	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.	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	Agios Pharmaceuticals (clinical trial funding) Novartis (clinical trial funding) Merck (clinical trial funding)
3	Royalties or licenses	x_None	
4	Consulting fees	None	Agios Pharmaceuticals

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	None	I am a member of a DSMB for a clinical trial run by the
	Safety Monitoring Board or		Neurofibromatosis Clinical Trials Consortium (NFCTC)
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	••	
11	Stock or stock options	xNone	
12	Descript of annique and	Niere	Decree / decree from a simple matient via a communication to make
12	Receipt of equipment, materials, drugs, medical	None	Denovo (drug for a single patient via compassionate use)
	writing, gifts or other		
	services		
13	Other financial or non-	x None	
13	financial interests		
	arroidi irreer ests		

Date: 5/28/21	_
Your Name: Nancy Ann Oberheim-Bush	
Manuscript Title:_ Neoadjuvant vaccination with GBM6-AD lysate plus poly-ICLC induces	
CD8+ T cell response in low-grade glioma	
Manuscript number (if known):	

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

Date: 5/29/21
Your Name: Shawn L. Hervey-Jumper
Manuscript Title:_ Neoadjuvant vaccination with GBM6-AD lysate plus poly-ICLC induces
CD8+ T cell response in low-grade glioma
Manuscript number (if known):

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

Date: 5/29/21
Your Name: Philip Theodosopoulos
Manuscript Title:_ Neoadjuvant vaccination with GBM6-AD lysate plus poly-ICLC induces
CD8 ⁺ T cell response in low-grade glioma
Manuscrint number (if known)

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

Date: 5/29/21
Your Name: Susan M Chang
Manuscript Title:_ Neoadjuvant vaccination with GBM6-AD lysate plus poly-ICLC induces
CD8+ T cell response in low-grade glioma
Manuscript number (if known):

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 <u>current</u> <u>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)	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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	The time initial to this item.		
		Time frame: past	36 months
2	Grants or contracts from	None None	
-	any entity (if not indicated		
	in item #1 above).		
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	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other services		
13			
13	Other financial or non-	None	
13	Other financial or non- financial interests	None	

Date:May 24, 20	21
Your Name:_Mitch	el S. Berger, MD
Manuscript Title:	Randomized trial of neoadjuvant vaccination with tumor-cell lysate induces T cell response in
low-grade gliomas	
Manuscript numbe	r (if known):

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 <u>current manuscript only</u>.

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2	Grants or contracts from	None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

Date: 11/12/21	
Your Name: Hideho Okada	
Manuscript Title:_	Neoadjuvant vaccination with GBM6-AD lysate plus poly-ICLC
induces CD8+ T	ell response in low-grade glioma
Manuscript number (if know	n): 151239-JCI-CMED-1

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		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.	NIH/NINDS 1R35NS105068 NIH/NCI 1R21CA233856 Dabbiere Foundation Parker Institute for Cancer Immunotherapy	To my institution UCSF To my institution UCSF To my institution UCSF To my institution UCSF
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4	Consulting fees	Bristol-Myers Squibb	To myself

		Alexion Pharmaceuticals	To myself
		Amal Therapeutics	To myself
		Servier Pharmaceuticals	To myself
		Neuvogen, Inc	To myself
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	
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