

ICMJE DISCLOSURE FORM

Date: 2022-3-1

Your Name: Haitao Tao

Manuscript Title: Rate and risk factors of recurrent immune checkpoint inhibitor-related pneumonitis in patients with lung cancer

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 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.	___ 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 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:

<p>Nil conflict of interest</p>

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: 2022-3-1

Your Name: Fangfang Li

Manuscript Title: Rate and risk factors of recurrent immune checkpoint inhibitor-related pneumonitis in patients with lung cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022-3-1

Your Name: Dongxiao Wu

Manuscript Title: Rate and risk factors of recurrent immune checkpoint inhibitor-related pneumonitis in patients with lung cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022-3-1

Your Name: Shiyu Ji

Manuscript Title: Rate and risk factors of recurrent immune checkpoint inhibitor-related pneumonitis in patients with lung cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022-3-1

Your Name: Qingyan Liu

Manuscript Title: Rate and risk factors of recurrent immune checkpoint inhibitor-related pneumonitis in patients with lung cancer

Manuscript number (if known): _____

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13	Other financial or non-financial interests	___ None	

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ICMJE DISCLOSURE FORM

Date: 2022-3-1

Your Name: Lijie Wang

Manuscript Title: Rate and risk factors of recurrent immune checkpoint inhibitor-related pneumonitis in patients with lung cancer

Manuscript number (if known): _____

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11	Stock or stock options	___ None	
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ICMJE DISCLOSURE FORM

Date: 2022-3-1

Your Name: Bo Liu

Manuscript Title: Rate and risk factors of recurrent immune checkpoint inhibitor-related pneumonitis in patients with lung cancer

Manuscript number (if known): _____

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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: 05 February 2022

Your Name: Francesco Facchinetti

Manuscript Title: Rate and risk factors of recurrent immune checkpoint inhibitor-related pneumonitis in patients with lung cancer

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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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		BMS	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Roche BeiGene	
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:

I have received payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events from BMS, Roche and BeiGene.

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: 2/2/22

Your Name: Tracy Leong

Manuscript Title: Rate and risk factors of recurrent immune checkpoint inhibitor-related pneumonitis in patients with lung cancer

Manuscript number (if known): _____

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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: 31th January 2022

Your Name: FRANCESCO PASSIGLIA

Manuscript Title: Rate and risk factors of recurrent immune checkpoint inhibitor-related pneumonitis in patients with lung cancer

Manuscript number (if known): _____

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3	Royalties or licenses	___ None	
4	Consulting fees	Astrazeneca, Janssen, Amgen, Termofisher Scientific, Beigene, Sanofi	

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	Janssen, Sanofi	
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	

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

<p>I declared consulting/advisory board fee from: Astrazeneca, Janssen, Amgen, Termofisher Scientific, Beigene, Sanofi</p>
--

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

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ICMJE DISCLOSURE FORM

Date: 2022-3-1

Your Name: Yi Hu

Manuscript Title: Rate and risk factors of recurrent immune checkpoint inhibitor-related pneumonitis in patients with lung cancer

Manuscript number (if known): _____

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