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.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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.)<br>**No time limit for this item.** | _x_ None                                                                            |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _x_ None                                                                            |
| 3 | Royalties or licenses | _x_ None                                                                            |
| 4 | Consulting fees | _x_ 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 | _x_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _x_ None |
| 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 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:

_ _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: 3/18/2021  
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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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) |
|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 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 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X | None |
| 3 | Royalties or licenses | X | None |
| 4 | Consulting fees | X | None |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 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            | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 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 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)**

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.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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.)<br>No time limit for this item. | **X** None |

**Time frame: Since the initial planning of the work**

|   | 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) |
|---|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | **X** None |
| **3** | Royalties or licenses | **X** None |
| **4** | Consulting fees | **X** 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                | X None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
|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 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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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.

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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.) | X 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). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   | Conflict of Interest | Answer |
|---|---------------------|--------|
| 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 | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 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 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:

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

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.) | None                                                                            |

Time frame: Since the initial planning of the work
|   | Description                                                                 | Time frame: past 36 months |
|---|-----------------------------------------------------------------------------|-----------------------------|
| 1 | Processing charges, etc.) No time limit for this item.                      |                             |
| 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                        |
Please summarize the above conflict of interest in the following box:

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: [Name]
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: Since the initial planning of the work |                                                                                  |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).       | ✓ None   |
| 3 | Royalties or licenses                                                            | ✓ None   |
| 4 | Consulting fees                                                                 | ✓ None   |
|   | Description                                                                                      | Answer |
|---|-------------------------------------------------------------------------------------------------|--------|
| 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:

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

Date: 3/24/2021
Your Name: [illegible]

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

6 Payment for expert testimony

7 Support for attending meetings and/or travel

8 Patents planned, issued or pending

9 Participation on a Data Safety Monitoring Board or Advisory Board

10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid

11 Stock or stock options

12 Receipt of equipment, materials, drugs, medical writing, gifts or other services

13 Other financial or non-financial interests

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.

[Signature]
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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| 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 of the work |
|---|---------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). |

|   | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|----------------------------------------------------------------------------------|
|   | Merck, Mirati Therapeutics, Pfizer, Clovis Oncology, Bavarian Nordic, Immunomedics, Debiopharm, Bristol-Myers Squibb, QED Therapeutics, GlaxoSmithKline |

Time frame: past 36 months
|   | Royalties or licenses | None |
|---|----------------------|------|
| 4 | Consulting fees      | AstraZeneca; Bayer; Bristol-Myers Squibb; Clovis Oncology; Dania 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 |
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)

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.

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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.)<br>No time limit for this item. | None |
| 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 |
|   | 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
Manuscript number (if known): ATM-2020-CI-08(ATM-20-8124)

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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.) | **None** |
|   | **No time limit for this item.** |                                                                 |
| 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** |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | None |
|---|-------------------------------------------------------------------------------|------|
| 4 | Consulting fees                                                               |      |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,          |      |
|   | manuscript writing or educational events                                       |      |
| 6 | Payment for expert testimony                                                  |      |
| 7 | Support for attending meetings and/or travel                                   |      |
| 8 | Patents planned, issued or pending                                            |      |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board              |      |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy   |      |
|   | group, paid or unpaid                                                          |      |
| 11| Stock or stock options                                                         |      |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other       |      |
|   | services                                                                       |      |
| 13| Other financial or non-financial interests                                     |      |

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:

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