

ICMJE DISCLOSURE FORM

Date: 5/24/2024

Your Name: Chester Kao

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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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Date: 5/24/2024

Your Name: Soren Charmsaz

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Stephanie Alden

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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Date: 5/28/2024

Your Name: Madelena Brancati

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

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ICMJE DISCLOSURE FORM

Date: 5/26/2024

Your Name: Howard L. Li

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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Date: 5/28/2024

Your Name: Aanika Balaji/Warner

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Kabeer Munjal

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/24/2024

Your Name: Kathryn Howe

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Sarah Mitchell

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 8/15/2024

Your Name: James Leatherman

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Ervin Griffin

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/24/2024

Your Name: Mari Nakazawa

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/24/2024

Your Name: Hua-Ling Tsai

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/24/2024

Your Name: Ludmila Danilova

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Christopher Thoburn

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Jennifer Gizzi

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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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ICMJE DISCLOSURE FORM

Date: 5/24/2024

Your Name: Nicole Gross

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Alexei Hernandez

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Erin Coyne

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Sarah M. Shin

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 476 1518 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Jayalaxmi Babu

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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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ICMJE DISCLOSURE FORM

Date: 8/15/2024

Your Name: George Apostol

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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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ICMJE DISCLOSURE FORM

Date: 5/24/2024

Your Name: Jennifer Durham

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Brian J. Christmas

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/25/2024

Your Name: Maximilian F. Konig

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/29/2024

Your Name: Evan J. Lipson

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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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ICMJE DISCLOSURE FORM

Date: 5/29/2024

Your Name: Jarushka Naidoo

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/24/2024

Your Name: Laura Cappelli

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/24/2024

Your Name: Aliyah Pabani

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Yasser Ged

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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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ICMJE DISCLOSURE FORM

Date: 5/24/2024

Your Name: Marina Baretti

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/29/2024

Your Name: Julie Brahmer

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/29/2024

Your Name: Jean Hoffman-Censits

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/29/2024

Your Name: Tanguy Y. Seiwert

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 5/29/2024

Your Name: Rachel Garonce-Hediger

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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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)
Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <div> <div>Full time employee at F. Hoffmann-La Roche Ltd., Basel, Switzerland, a member of the imCORE network. This study was funded by F. Hoffmann-La Roche Ltd., Basel, Switzerland & Genentech Inc</div> </div>
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>
3	Royalties or licenses	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>As part of employment at F. Hoffmann-La Roche Ltd.,</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	As part of employment at F. Hoffmann-La Roche Ltd.,								
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input type="checkbox"/> None	
		Yes I own F. Hoffmann-La Roche Ltd, stock	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 5/24/2024

Your Name: Aditi Guha

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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11	Stock or stock options	<input type="checkbox"/> None <table border="1"> <tr> <td>Roche Stocks</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Roche Stocks					
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ICMJE DISCLOSURE FORM

Date: 5/29/2024

Your Name: Sanjay Bansal

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	<input type="checkbox"/> None	
		Roche Stocks	
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ICMJE DISCLOSURE FORM

Date: 5/29/2024

Your Name: Laura Tang

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 052524

Your Name: Elizabeth M. Jaffee

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 476 1518 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 690 1518 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 5/29/2024

Your Name: G. Scott Chandler

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>As part of employment at F. Hoffmann-La Roche Ltd.,</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	As part of employment at F. Hoffmann-La Roche Ltd.,								
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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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)
11	Stock or stock options	<input type="checkbox"/> None	
		Yes I own F. Hoffmann-La Roche Ltd, stock	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 5/26/2024

Your Name: Rajat Mohindra

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> None </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Full time employee at F. Hoffmann-La Roche Ltd., Basel, Switzerland, a member of the imCORE network. This study was funded by F. Hoffmann-La Roche Ltd., Basel, Switzerland & Genentech Inc </div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> None </div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
3	Royalties or licenses	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> None </div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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		Yes I own F. Hoffmann-La Roche Ltd, stock	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 5/27/2024

Your Name: Won Jin Ho

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>Travel and speaking honoraria from Standard Biotoools at Scientific Meetings</td> <td>Payments to me</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Travel and speaking honoraria from Standard Biotoools at Scientific Meetings	Payments to me						
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1518 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 474 1518 575"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 690 1518 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 5/24/2024

Your Name: Mark Yarchoan

Manuscript Title: Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy

Manuscript Number (if known): 176567-JCI-CMED-RV-3

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

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