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

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3	Royalties or licenses	None	

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4	Consulting fees	None 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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

Teertify that Thave answered every question and have not aftered the words

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

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

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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
Manuscript Title:	Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy
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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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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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4	Consulting fees	None None	
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Plea	Please place an "X" next to the following statement to indicate your agreement:			

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
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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
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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
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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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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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		Time frame: past 36 month	s
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3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: \[\text{\$\te			

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		
Ma	nuscript Number (if k	known):	176567-JCI-CMED-RV-3		
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epi		nsion, you	· · · · · · · · · · · · · · · · · · ·	xample, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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3	Royalties or licenses	⊠ No	one		

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13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: \[\text{\$\te			

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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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

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Plea	Please place an "X" next to the following statement to indicate your agreement: \[\textstyle I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	5/24/2024
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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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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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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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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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None Standard Biotools	
8	Patents planned, issued or pending	None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
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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

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

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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13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Teertify that Thave answered every question and have not aftered the words

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
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily at about whether to list a relationship/activity/interest, it is preferable that you do so.
•	ies/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.
In item #1 helew report all suppo	art for the work reported in this manuscript without time limit. For all other items, the time

		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
2	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. Grants or contracts from any entity (if not indicated in item #1 above).	NIH/ NIAID 1R21AI176764 − 01 Rheumatology Research Foundation Investigator Award Cupid Foundation The Sol Goldman MS Research Program Bisciotti Foundation Translational Fund Time frame: past 36 month None	Jerome L. Greene Foundation Scholar and Discovery Award Harrington Scholar-Innovator Grant
3	Royalties or licenses	✓ None Clasp (ManaT Bio)	

		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)
4	Consulting fees	□ None	
		Argenx Revel Pharmaceuticals Sanofi Sana Biotechnology	Atara Biotherapeutics
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Sana Biotechnology Argenx	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have	answe	ered every question and have not altered the wo	rding of any of the questions on this 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

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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 o	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	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	Merck Regeneron	Research funding (to Johns Hopkins)
3	Royalties or licenses	None ■	

		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)
4	Consulting fees	None Bristol Myers Squibb Genentech Merck Regeneron Replimune Sanofi-Aventis	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 ■	

			e all entities with whom you have this onship 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	lova	None ance	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: \[\text{\text{\$\subset\$}} \] I certify that I have answered every question and have not altered the wording of any of the questions on this 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			
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.

		Name all entities with whom you have the relationship or indicate none (add rows as	, , , ,	
		Time frame: Since the initia	al planning of the work	
1	All support for the present	□ None		
	manuscript (e.g., funding, provision	AstraZeneca	Institutional funding Institutional funding	
	of study materials,	Amgen Bristol Myers Squibb	Institutional funding	
	medical writing,	Roche/Genentech	Institutional funding	
	article processing	Takeda	Institutional funding	
	charges, etc.) No time limit for this item.			
		Time frame: pas	t 36 months	
2	Grants or contracts from	None		
	any entity (if not indicated in item #1 above).			
	mi dovej.			
Royalties or licenses		None		

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca Bristol Myers Squibb Roche/Genentech	
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	AstraZeneca Amgen Bristol Myers Squibb Roche/Genentech Regeneron Takeda	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			5/24/2024			
Your Name:			Laura Cappelli			
Manuscript Title:			Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy			
Mar	nuscript Number (if	known):	176567-JCI-CMED-RV-3			
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activitic epidemiology of hypertension, you			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if			
In item #1 below, report all suppo frame for disclosure is the past 36		: all suppo	rt for the work reported in this manuscript w	ithout time limit. For all other items, the time		
			l entities with whom you have this ship 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		
	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.	⊠ No	one			
			Time frame: past 36 month	S		
2	Grants or contracts from any entity (if not indicated in item #1 above).		Myers Squibb			
3	Royalties or licenses	⊠ No	one			

		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)
4	Consulting fees	□ None Amgen	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship 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		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea	Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

3

Date:		5/24/2024				
Your Name:		Aliyah Pabani	Aliyah Pabani			
Manuscript Title:		Th17 and Th2 signatures reflect immune treated with immunotherapy	related adverse events in patients with solid tumors			
Mai	nuscript Number (if k	nown): _ 176567-JCI-CMED-RV-3				
con affe indi The epic that	tent of your manuscricted by the content of cate a bias. If you are author's relationship demiology of hyperter medication is not more than the content of t	rency, we ask you to disclose all relationships/activipt. "Related" means any relation with for-profit or of the manuscript. Disclosure represents a commitre in doubt about whether to list a relationship/activity s/activities/interests should be defined broadly. For a sion, you should declare all relationships with marentioned in the manuscript.	not-for-profit third parties whose interests may be tent to transparency and does not necessarily ty/interest, it is preferable that you do so. The example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if			
fran	ne for disclosure is th	e 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)			
		-) 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.	relationship or indicate none (add rows as needed) made to you or to your institution)			
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relationship or indicate none (add rows as needed) Time frame: Since the initial planni	made to you or to your institution) g of the work			

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#1 above).

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licenses

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⊠ None

		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)
4	Consulting fees	AstraZeneca CADTH	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AZ BMS Roche	Pfizer Merck
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	AZ Merck	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13 Other financial or non-financial None				
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	5/28/2024
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

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			e all entities with whom you have this onship 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 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).		None		
3	Royalties or licenses		None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Commande to you or to you	nents (e.g., if payments were our institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this 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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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 month	is .
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	□ None Astrazeneca	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
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	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			5/29/2024		
Υοι	ır Name:		Julie Brahmer		
Manuscript Title:			Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy		
Ма	nuscript Number (if k	known):	176567-JCI-CMED-RV-3		
content of your manuscript. "Rela affected by the content of the ma			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi	•	nsion, yοι	The state of the s	xample, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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	
			rillie traffie. Since the initial planning	of the work	
1	All support for the present		one		
1	: :	□ N o	one	Institutional funding	
1	present manuscript (e.g., funding, provision of study materials,		one		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing		one		
1	present manuscript (e.g., funding, provision of study materials, medical writing,		one		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Institutional funding	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	AstraZe	eneca	Institutional funding	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	AstraZe	eneca Time frame: past 36 month	Institutional funding	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not	AstraZe	eneca Time frame: past 36 month	Institutional funding	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or	AstraZe	eneca Time frame: past 36 month	Institutional funding	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	AstraZe	Time frame: past 36 month	Institutional funding	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)	ere
4	Consulting fees	None 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Teertify that Thave answered every question and have not aftered the words

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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		e all entities with whom you have this onship 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 month	is .
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

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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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: \[\text{			

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		
Mai	nuscript Number (if	known):	176567-JCI-CMED-RV-3		
content of your manuscript. "Rela affected by the content of the man		ript. "Rela of the mar	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
-		ension, you	es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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.		one		
		Basel, S networ	e employee at F. Hoffmann-La Roche Ltd., iwitzerland, a member of the imCORE k. This study was funded by F. Hoffmann- ne Ltd., Basel, Switzerland & Genentech Inc		
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	⊠ No	one		

		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)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	□ None As part of employment at F. Hoffmann-La Roche Ltd.,
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None

			cations/Comments (e.g., if payments were o you or to your institution)	
11	Stock or stock options	☐ None Yes I own F. Hoffmann-La Roche Ltd, stock		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None □		
13	Other financial or non-financial interests	None □		
Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	☑ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			5/24/2024		
Your Name:			Aditi Guha		
Manuscript Title:			Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy		
Ma	nuscript Number (if k	known):	176567-JCI-CMED-RV-3		
content of your manuscript. "Rela affected by the content of the man			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
-			es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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.	Funding review	g, Provision of study materials, Manuscript sech employee		
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	⊠ No	one		

		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)	e
4	Consulting fees	None 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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		ame all entities with whom you have this Specifications/Comments (e.g., if payment made to you or to your institution)	:s were
11	Stock or stock options	None Roche Stocks	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement: \times I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Dat	e:	5/29/2024	
Your Name:		Sanjay Bansal	
Ma	nuscript Title:	Th17 and Th2 signatures reflect immune-re treated with immunotherapy	lated adverse events in patients with solid tumors
Ma	nuscript Number (if kno	own): _ 176567-JCI-CMED-RV-3	
con affe	tent of your manuscript ected by the content of	ncy, we ask you to disclose all relationships/activities. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily
epi	demiology of hypertens	activities/interests should be defined broadly. For eon, you should declare all relationships with manuf tioned in the manuscript.	
	tem #1 below, report all me for disclosure is the	support for the work reported in this manuscript woast 36 months.	ithout time limit. For all other items, the time
		ame all entities with whom you have this elationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		•	made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision	elationship or indicate none (add rows as needed)	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	Plationship or indicate none (add rows as needed) Time frame: Since the initial planning None Funding, Provision of study materials, Manuscript review	made to you or to your institution) of the work

Royalties or

licenses

⊠ None

		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)	e
4	Consulting fees	None 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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		ame all entities with whom you have this Specifications/Comments (e.g., if payment made to you or to your institution)	:s were
11	Stock or stock options	None Roche Stocks	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠		the following statement to indicate your agreement: swered every question and have not altered the wording of any of the questions on this form.	

Dat	e:		5/29/2024		
You	r Name:		Laura Tang		
Ma	nuscript Title:		Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy		
Ma	nuscript Number (if k	nown):	176567-JCI-CMED-RV-3		
con affe indi	tent of your manuscricted by the content of cate a bias. If you are	ipt. "Rela of the mar e in doubt		/interest, it is preferable that you do so.	
epi	•	nsion, you	u should declare all relationships with manufa	acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		·	ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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.	Funding review	g, Provision of study materials, Manuscript ecch employee		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Funding review	g, Provision of study materials, Manuscript	S	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Funding review Genent	g, Provision of study materials, Manuscript ech employee	S	

		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)	e
4	Consulting fees	None 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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		ame all entities with whom you have this Specifications/Comments (e.g., if payment made to you or to your institution)	:s were
11	Stock or stock options	None Roche Stocks	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠		the following statement to indicate your agreement: swered every question and have not altered the wording of any of the questions on this 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

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.

			e all entities with whom you have this onship 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.	Gen	None entech	Funding in form of grant
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Genentech	Biannual meeting
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 ■	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			5/29/2024		
Your Name:			G. Scott Chandler		
Ma	nuscript Title:		Th17 and Th2 signatures reflect immune-related adverse events in patients with solid tumors treated with immunotherapy		
Ma	nuscript Number (if l	known):	176567-JCI-CMED-RV-3		
cor affe	itent of your manuscr ected by the content o	ript. "Rela of the mai			
epi		nsion, you		xample, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time	
			I entities with whom you have this ship 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.	Full tim Basel, S networ	one te employee at F. Hoffmann-La Roche Ltd., Switzerland, a member of the imCORE rk. This study was funded by F. Hoffmann- ne Ltd., Basel, Switzerland & Genentech Inc		
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	⊠ No	one		

		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)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	□ None As part of employment at F. Hoffmann-La Roche Ltd.,
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None

			cations/Comments (e.g., if payments were o you or to your institution)	
11	Stock or stock options	☐ None Yes I own F. Hoffmann-La Roche Ltd, stock		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None □		
13	Other financial or non-financial interests	None		
	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have	answered every question and have not altered the wording of	any of the questions on this 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			
Mai	nuscript Number (if k	(nown):	176567-JCI-CMED-RV-3			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activities.		ipt. "Related for the man erin doubt os/activities nsion, you	ask you to disclose all relationships/activities/interests listed below that are related to the ted" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. Pes/interests should be defined broadly. For example, if your manuscript pertains to the a should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.			
	em #1 below, report ne for disclosure is th		· · · · · · · · · · · · · · · · · · ·	ithout time limit. For all other items, the time		
			entities with whom you have this hip 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.	Full time Basel, So network	e employee at F. Hoffmann-La Roche Ltd., witzerland, a member of the imCORE k. This study was funded by F. Hoffmanne Ltd., Basel, Switzerland & Genentech Inc	s		
2	Grants or contracts from any entity (if not indicated in item	⊠ No	one			
	#1 above).					

		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)
4	Consulting fees	None	
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	□ None As part of employment at F. Hoffmann-La Roche Ltd.,	
8	Patents planned, issued or pending	□ None Have a patent as a co-inventor as part of my work at F. Hoffmann-La Roche Ltd. The work that led to the issuance of the patent was unrelated to the study, data and analysis presented in this manuscript	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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	☐ None Yes I own F. Hoffmann-La Roche Ltd, stock		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None		
13	Other financial or non-financial interests	□ None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have	answered every question and have not altered the wo	rding of any of the questions on this form.	

			1011112 21002000112 1 0	••••
Date:			5/27/2024	
Your Name:			Won Jin Ho	
Manuscript Title:			Th17 and Th2 signatures reflect immune-re treated with immunotherapy	lated adverse events in patients with solid tumors
Manuscript Number (if known):		known):	176567-JCI-CMED-RV-3	
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.		ipt. "Related from the made in doub os/activitinsion, yo entioned all suppo	rt for the work reported in this manuscript without time limit. For all other items, the time	
			ll entities with whom you have this ship 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
	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 S1	OOD034407 1CA264004 Genentech imCORE	Institution Institution Institution

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

		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)
4	Consulting fees	□ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Travel and speaking honoraria from Standard Biotools at Scientific Meetings	Payments to me
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
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 Non	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this 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		
Mai	nuscript Number (if k	(nown):	176567-JCI-CMED-RV-3		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub		ipt. "Rela of the man e in doubt os/activition	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the		
	demiology of hyperter t medication is not me	-	-	acturers of antihypertensive medication, even if	
				ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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		Time frame: Since the initial planning one sech/Roche	Research funding (to Johns Hopkins)	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		cech/Roche	Research funding (to Johns Hopkins)	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	Genent	one	Research funding (to Johns Hopkins)	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Genent	tech/Roche Time frame: past 36 month	Research funding (to Johns Hopkins)	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not	Genent	tech/Roche Time frame: past 36 month	Research funding (to Johns Hopkins)	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	Genent	tech/Roche Time frame: past 36 month	Research funding (to Johns Hopkins)	

		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)
4	Consulting fees	None	
0.0	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Genentech AstraZeneca	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None Genentech	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Replimune Exelixis Hepion Lantheus Eisai AstraZeneca Genentech	
10	Leadership or fiduciary role in other board, society, committee or	None ■	

		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)	
	advocacy group, paid or unpaid			
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 Adventris	Co-founder with equity	
Plea ×	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

3 12/13/2021 ICMJE Disclosure Form