

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Muss

2. Surname (Last Name)
Muss

3. Date
27-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
TCR p16 review

6. Manuscript Identifying Number (if you know it)
TCR-2019-EAOC-03(TCR-20-930)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Muss has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Andrew

2. Surname (Last Name)
Smitherman

3. Date
27-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hyman Muss

5. Manuscript Title
P16 A Biomarker of Aging and Tolerance for Cancer Therapy

6. Manuscript Identifying Number (if you know it)

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Dr. Smitherman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
William

2. Surname (Last Name)
Wood

3. Date
28-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hy Muss

5. Manuscript Title
p16 A Biomarker of Aging and Tolerance for Cancer Therapy

6. Manuscript Identifying Number (if you know it)
TCR-2019-EAOC-03(TCR-20-930)

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Dr. Wood has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Kirsten	2. Surname (Last Name) Nyrop	3. Date 27-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name H. Muss
5. Manuscript Title TCR p16 review		
6. Manuscript Identifying Number (if you know it) TCR-2019-EAOC-03(TCR-20-930)		

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Dr. Nyrop has nothing to disclose.

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1. Given Name (First Name) Sascha 2. Surname (Last Name) Tuchman 3. Date 25-April-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Hyman Muss, MD

5. Manuscript Title
p16 A Biomarker of Aging and Tolerance for Cancer Therapy

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Celgene	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research funding, consulting, speakers' bureau

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Alnylam	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Caelum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Karyopharm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Janssen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oncopeptides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Tuchman reports grants and personal fees from Celgene, during the conduct of the study; personal fees from Alnylam, personal fees from Caelum, grants and personal fees from Karyopharm, grants from Janssen, grants from Sanofi, personal fees from Oncopeptides, outside the submitted work; .

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Paramjeet	2. Surname (Last Name) Randhawa	3. Date 27-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hyman Muss
5. Manuscript Title p16 A Biomarker of Aging and Tolerance for Cancer Therapy		
6. Manuscript Identifying Number (if you know it) TCR-2019-EAOC-03(TCR-20-930)		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Randhawa has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____
Amy

2. Surname (Last Name) _____
Entwistle

3. Date _____
27-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name _____
Hyman Muss

5. Manuscript Title _____
P16 A Biomarker of Aging and Tolerance for Cancer Therapy

6. Manuscript Identifying Number (if you know it) _____

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sapere Bio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AE is a shareholder of Sapere Bio

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Entwistle reports other from Sapere Bio, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Natalia	2. Surname (Last Name) Mitin	3. Date 27-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Muss, Hyman
5. Manuscript Title p16 review		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sapere Bio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NM is a co-founder and shareholder in Sapere Bio
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Mitin reports other from Sapere Bio, from null, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shlomit 2. Surname (Last Name) Shachar 3. Date 27-April-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Hyman Muss

5. Manuscript Title
P16 A Biomarker of Aging and Tolerance for Cancer Therapy

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Shachar reports non-financial support from Roche, non-financial support from Pfyzer, personal fees from Novartis, outside the submitted work; .

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