ICMJE DISCLOSURE FORM

Date:	8/9/2021
Your Name:	Janet Yuling Wu
Manuscript Title:	[Immunometabolism, a new therapeutic development for immunotherapies of high-grade gliomas: a narrative review
Manuscript Number (if known):	CCO-22-58

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.		None	Click the tab key to add additional rows.
		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		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	
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	

		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	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
	Please summarize the above conflict of interest in the following box: None		
	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.		

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ICMJE DISCLOSURE FORM

Date:	8/9/2021
Your Name:	Alexander L Ren
Manuscript Title:	[Immunometabolism, a new therapeutic development for immunotherapies of high-grade gliomas: a narrative review
Manuscript Number (if known):	CCO-22-58

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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	

		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	
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	

		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	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
	Please summarize the above conflict of interest in the following box: None		
	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.		

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ICMJE DISCLOSURE FORM

Date:	te: <u>8/16/2022</u>	
Your Name:	Michael Lim	
Manuscript Title:	Immunometabolism, a new therapeutic development for immunotherapies of high-grade gliomas: a narrative review	
Manuscript Number (if known):	CCO-22-58	
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.	
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 suppo frame for disclosure is the past 36	rt for the work reported in this manuscript without time limit. For all other items, the time months.	

Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the None present manuscript (e.g., funding, provision of study materials, Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or None contracts from any entity (if not Arbor, BMS, Accuray, Tocagen, Biohaven, Kyrinindicated in item Kyowa, Urogen #1 above). Royalties or None licenses

		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 VBI, InCephalo Therapeutics, Merck, Pyramid Bio, Insightec, Biohaven, Sanianoia, Hemispherian, Black Diamond Therapeutics, Novocure, Noxxon, InCando, Century Therapeutics, Stryker	
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	Focused radiation + checkpoint inhibitors Local chemotherapy + checkpoint inhibitors Checkpoints for neuro-inflammation	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Cellularity	
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 Egret Therapeutics	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	ase summarize the	above conflict of interest in the following box:	
c C T ir	onsultant for VBI, In Diamond Therapeution Therapeutics. M Lim Thibitors, and check	ch support from Arbor, BMS, Accuray, Tocagen, Biohave Cephalo Therapeutics, Merck, Pyramid Bio, Insightec, B cs, Novocure, Noxxon, InCando, and Century Therapeut has patents for focused radiation + checkpoint inhibitor points for Neuro-Inflammation. M Lim is a non-research ata safety monitoring board of Cellularity.	iohaven, Sanianoia, Hemispherian, Black ics. M Lim is a shareholder of Egret rs, local chemotherapy + checkpoint

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