| Date | e:3/ | ['] 29/2021 | | | |
|--|--|--|---|----------------------|--|
| | Name:luis e | | | | |
| Man | Manuscript Title:Mortality and Prognostic Factors in Hospitalized COVID-19 Patients with Cancer: an analysis | | | | |
| fron | n a Large Healthcare System | n in the United States | | | |
| Man | uscript number (if known): | | | | |
| to the partito trelate. The conly The control to the med | ne content of your manuscrities whose interests may be ansparency and does not notionship/activity/interest, it following questions apply to author's relationships/activite epidemiology of hyperterication, even if that medical | ipt. "Related" means any affected by the content of ecessarily indicate a bias. It is preferable that you do not the author's relationship wities/interests should be not not mentioned in the port for the work reporte | ps/activities/interests as they relate to the current man defined broadly. For example, if your manuscript pertai all relationships with manufacturers of antihypertensiv | uscript ins re | |
| | | Name all entities with | Specifications/Comments | | |
| | | whom you have this | (e.g., if payments were made to you or to your | | |
| | | relationship or indicate | institution) | | |
| | | none (add rows as | | | |
| | | needed) | Julanning of the count | | |
| | | Time frame: Since the initia | al planning of the work | | |
| 1 | All support for the present | xNone | | | |
| | manuscript (e.g., funding, provision of study materials, | | | | |
| | medical writing, article | | | | |
| | processing charges, etc.) | | | | |
| | No time limit for this item. | | | | |
| | | | | | |
| | | | | | |
| | | Time frame: pas | t 36 months | | |
| 2 | Grants or contracts from | xNone | | | |
| | any entity (if not indicated | | | | |
| 2 | in item #1 above). | y None | | | |
| 3 | Royalties or licenses | _xNone | | | |
| | | | | | |
| 4 | Consulting fees | xNone | | | |

| | | 1 | | | |
|------|---|---------|--|--|--|
| | | | | | |
| 5 | Payment or honoraria for | xNone | | | |
| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| _ | educational events | Nava | | | |
| 6 | Payment for expert | xNone | | | |
| | testimony | | | | |
| 7 | Support for attending | _xNone | | | |
| , | meetings and/or travel | _XNone | | | |
| | | | | | |
| | | | | | |
| 8 | Patents planned, issued or | xNone | | | |
| | pending | | | | |
| | | | | | |
| 9 | Participation on a Data | _xNone | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | xNone | | | |
| | in other board, society, committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | x None | | | |
| | · | | | | |
| | | | | | |
| 12 | Receipt of equipment, | xNone | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| 12 | services Other financial or non- | v. Name | | | |
| 13 | financial interests | _xNone | | | |
| | illialiciai liitelests | | | | |
| | | | | | |
| | | | | | |
| Dlea | Please summarize the above conflict of interest in the following box: | | | | |
| riea | rease summanize the above connector interest in the following box. | | | | |

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

Luis E. Raez

| Date: 06/12/2022 | | | | |
|------------------|--|--|--|--|
| Your Nam | e: Meri Tarockoff | | | |
| Manuscri | Mortality and Prognostic Factors in Hospitalized COVID-19 Patients with Cancer: an analysis from a Large | | | |
| Healthcare | System in the United States tates | | | |
| Manuscri | ot number (if known): | | | |

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

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

| | | 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. | None | |
| | | 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 | |
| 4 | Consulting fees | None | |

| Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | | | | |
|--|----|--------------------------|----------|--|
| speakers bureaus, manuscript writing or educational events 6 | 5 | Payment or honoraria for | _X_None | |
| manuscript writing or educational events Payment for expert testimony None Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options None | | | | |
| educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None | | | | |
| Fayment for expert testimony Support for attending meetings and/or travel Receipt of equipment, materials, drugs, medical writing, gifts or other services None | | | | |
| testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Participation on a Data Safety Monitoring Board or Advisory Board None None None None None None None | | | | |
| 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None | 6 | | X_None | |
| 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None | | testimony | | |
| 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None | | | V | |
| pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options None None None None None None | 7 | | None | |
| pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options None None None None None None | | - | | |
| pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options None None None None None None | | | | |
| 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None | 8 | | X_None | |
| Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None | | pending | | |
| Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None | | | | |
| Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None | 9 | | None | |
| 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options None None None None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None | | _ | | |
| in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options None None None None Other financial or non- None | | | 5/ | |
| committee or advocacy group, paid or unpaid 11 Stock or stock options None None Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None | 10 | | None | |
| group, paid or unpaid 11 Stock or stock options None None Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None | | | • | |
| 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None | | | | |
| materials, drugs, medical writing, gifts or other services 13 Other financial or non-None | 11 | Stock or stock options | None | |
| materials, drugs, medical writing, gifts or other services 13 Other financial or non-None | | | | |
| materials, drugs, medical writing, gifts or other services 13 Other financial or non-None | | | | |
| writing, gifts or other services 13 Other financial or non-None | 12 | | None | |
| services 13 Other financial or non- None | | | . , | |
| 77 | | | | |
| financial interests | 13 | Other financial or non- | None | |
| | | financial interests | | |
| | | | | |

| 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.

| Date:03/29/2022 |
|--|
| Your Name: Carlos Rodrigo Carracedo Uribe |
| Manuscript Title: Mortality and Prognostic factors in hospitalized COVID-19 Patients with cancer: an Analysis from a |
| Large Healthcare System in the United States |
| Manuscript number (if known): |
| |

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X_None | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | XNone | |

| | | I | |
|------|------------------------------|---------------------------|------------------|
| | | | |
| 5 | Payment or honoraria for | X_None | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | X_None | |
| | testimony | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | X None | |
| 0 | pending | X_None | |
| | pending | | |
| 9 | Participation on a Data | V None | |
| 9 | Safety Monitoring Board or | X_None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | XNone | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| 11 | Stock of Stock options | X_None | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| 13 | financial interests | X_IVOITE | |
| | inialiciai initerests | | |
| | | | |
| D! | | ufliat of interest in the | faller sine have |
| riea | ise summarize the above co | nflict of interest in the | tollowing box: |

| None. | | | |
|-------|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

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

| Dat | e:03/29/2022 | | |
|-------------------------------------|--|--|---|
| You | r Name:Jianli Niu | | |
| Mai | nuscript Title:_ Mortality and | d Prognostic Factors in Ho | spitalized COVID-19 Patients with Cancer: an analysis from a |
| Larg | ge Healthcare System in the | United States | |
| Maı | nuscript number (if known): | | |
| rela part to t rela The | ted to the content of your name ties whose interests may be ransparency and does not not tionship/activity/interest, it following questions apply to | nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. is preferable that you do | relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the graph of the second of the manuscript. If you are in doubt about whether to list a second of the second of |
| <u>mar</u> | nuscript only. | | |
| to t med In it | he epidemiology of hyperter dication, even if that medica | nsion, you should declare tion is not mentioned in to the port for the work reported | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items, |
| | | at H the total | 6 15 11 10 |
| | | 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 initia | al planning of the work |
| 1 | All support for the present | None None | an planning of the work |
| 1 | manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | |
| | | | |
| | | Time frame: pas | t 26 months |
| 2 | Grants or contracts from | None | t 30 months |
| _ | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| | | | |
| | - III 6 | | |
| 4 | Consulting fees | None | |

| | lectures, presentations, speakers bureaus, manuscript writing or educational events | | |
|----|---|--------------------------------|------------|
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non- financial interests | None | |
| | nse summarize the above control | nflict of interest in the foll | owing box: |

None

5 Payment or honoraria for

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

| Your Name:_Candice Sareli Manuscript Title: Mortality and Prognostic Factors in Hospital analysis from a Large Healthcare System in the United States | lized COVID-19 Patients with Cancer: an |
|---|---|
| analysis from a Large Healthcare System in the United States | |
| • | |
| Manuscript number (if known): | |

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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 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 initia | 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 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| | • | | |
|------|--|--------------------------------|------------|
| | | | |
| 5 | Payment or honoraria for | None | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| _ | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| _ | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| 40 | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | None | |
| 13 | financial interests | None | |
| | Tindheldi interests | | |
| | | | |
| | | | |
| Plea | ase summarize the above co | nflict of interest in the foll | owing box: |
| N | lone. | | |
| | | | |

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

| Date: 29 March 29, 2022 |
|--|
| Your Name: Nithya Sundararaman |
| Manuscript Title: Mortality and Prognostic Factors in Hospitalized COVID-19 Patients with Cancer: an analysis from a |
| Large Healthcare System in the United States |
| Manuscript number (if known): |

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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 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. | None | |
| | | | |
| | | 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 | |
| 4 | Consulting fees | None | |

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

| No conflict of interest to declare | | |
|------------------------------------|--|--|
| | | |
| | | |
| | | |
| | | |

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

<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

| Date : April 16 th , 2022 |
|--|
| Your Name: Jayme Ion |
| Manuscript Title: Mortality and Prognostic Factors in Hospitalized COVID-19 Patients with Cancer: an |
| analysis from a Large Healthcare System in the United States |
| Manuscript number (if known): |

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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 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. | _XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | _XNone | |

| 5 | Payment or honoraria for | _XNone | |
|----|--|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | XNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | _XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | _XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |
| | | | |
| | | | |

| I have no financial conflicts of interest. I'm a full time employee with Memorial Healthcare System. |
|--|
| |
| |
| |

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

 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

| | 03/28/2022 |
|---------------|---|
| Date: | |
| | Paula Eckardt |
| Your Name | |
| | Mortality and Prognostic Factors in Hospitalized COVID-19 Patients with Cancer: an analysis from a Large Healthcare System in the United States |
| Manuscript | : IITIE: |
| Manuscrint | number (if known): |
| iviaiiustiipi | , Hullibel (II kilowii). |

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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 this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | |
| 2 | Grants or contracts from any entity (if not indicated | Time frame: pastNone | 36 months |
| | in item #1 above). | x | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | x_None | |
|------|--|-------------------------------|--------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| _ | educational events | | |
| 6 | Payment for expert | _x_None | |
| | testimony | | |
| - | C | X | |
| 7 | Support for attending meetings and/or travel | x_None | |
| | | | |
| | | × | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| _ | | | |
| 9 | Participation on a Data | x_None | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | Leadership or fiduciary role | × None | |
| 10 | in other board, society, | _xNone | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | ^x None | |
| | · | | |
| | | | |
| 12 | Receipt of equipment, | _xNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _x_None | |
| | financial interests | | |
| | | | |
| | | | |
| Dlas | | uflick of interest in the fol | laudaa hau |
| riea | ise summarize the above co | muct of interest in the fol | iomilik nox: |
| | | | |
| | None. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

| Date:March 29th, 2022 | |
|--|------|
| Your Name:ANDRES ALVAREZ PINZON | |
| Manuscript Title: Mortality and Prognostic Factors in Hospitalized COVID-19 Patients with Cancer: an analy | /sis |
| from a Large Healthcare System in the United States | |
| Manuscript number (if known): | |

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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 this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) 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 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | |
|-----|--|----------------------------|---------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| | | | |
| 7 | Support for attending | None | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 12 | services | Nene | |
| 13 | Other financial or non- financial interests | None | |
| | illialiciai illierests | | |
| | | | |
| DI. | ise summarize the above co | uflick of interpolatin the | fallandar ham |

| None. | | |
|-------|--|--|
| | | |
| | | |
| | | |
| | | |

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

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

| Date:03/29/2022 |
|---|
| Your Name:Atif Hussein |
| Manuscript Title: Mortality and Prognostic Factors in Hospitalized COVID-19 Patients with Cancer: a |
| analysis from a Large Healthcare System in the United States |
| Manuscript number (if known): |

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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 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. | _XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
|------|---|-----------------------------|---------------|
|) | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | _ | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | _XNone | |
| | pending | | |
| - | | | |
| 9 | Participation on a Data | _XNone | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | • | V None | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | _XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X_None | |
| | financial interests | | |
| | | | |
| | | | |
| Dla- | | uflict of interest is the | allowing how |
| riea | ise summarize the above co | milici of interest in the f | oliowing box: |

| None. | | | |
|-------|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

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