

## ICMJE DISCLOSURE FORM

Date: 1-Nov.-2022

Your Name: Zhiyi Wang

Manuscript Title: Endocrine adverse events of PD-1/PD-L1 inhibitors in a real-world Chinese patient population

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.

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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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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	

**Please summarize the above conflict of interest in the following box:**

**I declare no conflict of interest in this work.**

**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.**

## ICMJE DISCLOSURE FORM

**Date:** 1-Nov.-2022

**Your Name:** Chunyan Hu

**Manuscript Title:** Endocrine adverse events of PD-1/PD-L1 inhibitors in a real-world Chinese patient population

**Manuscript number (if known):** \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 1-Nov.-2022

Your Name: Anmei Zhang

Manuscript Title: Endocrine adverse events of PD-1/PD-L1 inhibitors in a real-world Chinese patient population

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 1-Nov.-2022

Your Name: Xinxin Wang

Manuscript Title: Endocrine adverse events of PD-1/PD-L1 inhibitors in a real-world Chinese patient population

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 1-Nov.-2022

Your Name: Dong Zeng

Manuscript Title: Endocrine adverse events of PD-1/PD-L1 inhibitors in a real-world Chinese patient population

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## ICMJE DISCLOSURE FORM

Date: 1-Nov.-2022

Your Name: Tao Long

Manuscript Title: Endocrine adverse events of PD-1/PD-L1 inhibitors in a real-world Chinese patient population

Manuscript number (if known): \_\_\_\_\_

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Date: 1-Nov.-2022

Your Name: Bo Zhu

Manuscript Title: Endocrine adverse events of PD-1/PD-L1 inhibitors in a real-world Chinese patient population

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Date: 1-Nov.-2022 \_\_\_\_\_  
 Your Name: Zhongyu Wang \_\_\_\_\_  
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