

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Vaia

2. Surname (Last Name)

Florou

3. Date

19-April-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Considerations for Immunotherapy in patients with cancer and comorbid immune dysfunction

6. Manuscript Identifying Number (if you know it)

ATM-2020-CI-02(ATM-20-5207)

### 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

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### 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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### 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. Florou has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Sonam      2. Surname (Last Name) Puri      3. Date \_\_\_\_\_

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
Considerations for Immunotherapy in patients with cancer and comorbid immune dysfunction

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
AstraZeneca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
G1 therapeutics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant

### 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. Puri reports other from AstraZeneca , other from G1 therapeutics , 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) Ignacio	2. Surname (Last Name) Garrido-Laguna	3. Date 15-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr.Vaia Florou
5. Manuscript Title Considerations for Immunotherapy in patients with cancer and comorbid immune dysfunction		
6. Manuscript Identifying Number (if you know it) ATM-20-5207		

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I SERVE AS PI IN A NUMBER OF CLINICAL TRIALS FOR WHICH MY INSTITUTION RECEIVES RESEARCH FUNDING.

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Dr. Garrido-Laguna reports and I SERVE AS PI IN A NUMBER OF CLINICAL TRIALS FOR WHICH MY INSTITUTION RECEIVES RESEARCH FUNDING..

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Breelyn	2. Surname (Last Name) Wilky	3. Date 06-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vaia Florou
5. Manuscript Title Considerations for Immunotherapy in patients with cancer and comorbid immune dysfunction		
6. Manuscript Identifying Number (if you know it) ATM-2020-CI-02(ATM-20-5207)		

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Dr. Wilky has nothing to disclose.

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