# Date: 23/11/2022\_\_\_\_\_\_ Your Name: Anne Strunk\_\_\_\_\_\_ Manuscript Title: Raising awareness of immune-related side effects in oncological patients under palliative care: Case series

Manuscript number (if known): APM-22-1077\_\_\_\_\_

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> <u>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)
	I	Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Payment for presentations for GWT- TUD GmbH and MedKom Akademie GmbH	Payment were made to me
6	Payment for expert testimony	None	
	testimony		
7	Support for attending meetings and/or travel	Support for participation in congress from Pierre Fabre	
8	Patents planned, issued or pending	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		

I have received payments for presentations from the GWT-TUD GmbH and the MedKom Akademie GmbH, and have received support for attending in congress from Pierre Fabre.

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:	21.11.2022

Your Name: Yann-Nicolas Batzler

Manuscript Title: Raising awareness of immune-related side effects in oncological patients under palliative care: Two cases report

Manuscript number (if known): APM-22-1077\_\_\_\_\_\_

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		Time frame: Since the initial	
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	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	

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: 25.11.2022

Your Name: <u>Mirjana Ziemer</u> Manuscript Title: Raising awareness of immune-related side effects in oncological patients under palliative care: Two case reports\_\_\_\_\_\_

Manuscript number (if known): APM-22-1077\_

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> <u>manuscript only</u>.

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		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	xNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

×			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	BMS, Novartis, Sanofi, MSD, Pierre Fabre, Sunpharma
		and the second second	
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	None	BMS, Novartis, Sunpharma
		and the second sec	
8	Patents planned, issued or	_xNone	
	pending	р. (	
0			
9	Participation on a Data	None	BMS
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	_xNone	
	in other board, society, committee or advocacy group, paid or unpaid		L.
11	Stock or stock options	_xNone	
RU D			
12	Receipt of equipment,	_xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_xNone	
	financial interests		

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.

25.M.2022 1aus

#### Date: 21.12.2022

#### Your Name: Priv. Doz. Dr. med. Martin Neukirchen

Manuscript Title: Raising awareness of immune-related side effects in oncological patients under palliative care: Case series

Manuscript number (if known): APM-22-1077

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		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.) <b>No time limit for this item.</b>	_XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X German Federal Ministry of Education and Research (BMBF).	Payment made to institution.
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

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

I have received grants from the German Federal Ministry of Education and Research (BMBF).

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: <u>21.11.2022</u>
Your Name: Jacqueline Schwartz
Manuscript Title: Raising awareness of immune-related side effects in oncological patients under palliative care
Two cases report
Manuscript number (if known): APM-22-1077

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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		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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	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	

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: 23/11/2022
Your Name: Michael Sachse
Manuscript Title: Raising awareness of immune-related side effects in oncological patients under palliative care:
Two cases report
Manuscript number (if known): APM-22-1077

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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		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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	Novartis and Sanofi	Advisory Boards

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	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	None	
9	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	
42			
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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: 28-Nov-Coll	
Your Name: Marlene Ganzar	all:
Manuscript Title: "Raising aware	new of immune-related side effects in ancological
Manuscript number (if known):	patients inde pellietix care Two care reports

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	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	
an LENS		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,	Navarha Roche, SMS,	Lectures, neerotations, educational
	speakers bureaus,	Navarha Roche, JHS, MSD, Pierr Faste	Lectures, presentations; echicational
自己也	manuscript writing or	1033 1 1000 102 -	, and
	educational events		
6	Payment for expert	XNone	
	testimony		
		e financial and the second	
7	Support for attending	None	
	meetings and/or travel		
		Novaris, Roche, Pies	ve fore,
		Novarhis, Roche, Pies Bus, MSD, Angen, Jan	nofi
8	Patents planned, issued or	> None	
0	pending	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
1,0	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
122	materials, drugs, medical	The second second	
1.00	writing, gifts or other		
1.55	services a vision des		
13	Other financial or non-	X_None	
1. Sec. 1	financial interests		

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.

28. Nov. 622 J

Date: 21.12.20	Date: <u>21.12.2022</u>			
Your Name:	Cristin Strasser			
Manuscript Titl	le:			
Manuscript nur	lanuscript 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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		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.) <b>No time limit for this item.</b>	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 lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	x_NoneNoneNone
7	Support for attending meetings and/or travel	xNone
8	Patents planned, issued or pending	xNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None
11	Stock or stock options	_xNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None
13	Other financial or non- financial interests	x_None

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: 20.12.20	Date: <u>20.12.2022</u>		
Your Name:	Lydia Reinhardt		
Manuscript Tit	le:		
Manuscript nu	mber (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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		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 lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	x_NoneNoneNone
7	Support for attending meetings and/or travel	xNone
8	Patents planned, issued or pending	xNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None
11	Stock or stock options	_xNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None
13	Other financial or non- financial interests	x_None

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: 28 - No	28-Nov-2022				
Your Name:	Keatz, Martin				
Manuscript Title:	Raisin awaren esc et immune-rel	ded side effects in oncolopical			
Manuscript numbe	r (if known):	11 O			

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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		Time frame: Since the initi	al planning of the work
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		Time frame: pas	st 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		Sun pharma BMS, Junsen, Novartis, SSK, Fierre tabre
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	en de sevene an instrumente a sevene de s La companya de sevene
1.192			the latest sectors on ensure the first party by a sector where the
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	Sun pharma, Piese Talse, SMS
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	

Noccallicts of interests in the special issue of the manuschi

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.

PD DA S her halik Koetz V Cheforat SRH Wold-Klinikum Gera Goobil Klinik & Hautkrankheiten & Allerge 3 Stroße des Friedens 122 · 07545 à Telefon: +49 (0) 365 828-7700 Telefox: +49 (0) 365 828-7702 Martin.Kaatz@srh.de

Date:	29 <sup>th</sup> November 2022
Your Name:	Schuler. Ulrich
Manuscript Title:	Raising awareness of immune-related side effects in oncological patients under palliative care
Manuscript number (if	known): APM-22-1077

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
З	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	None	
5	lectures, presentations,	Lecture	Bristol Myer Squibb
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony		
	,		
7	Support for attending meetings and/or travel	_xNone	
	incentings unique travel	Online access to Meeting	MSD
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Dessint of any investor		
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
13	financial interests		

Honorarium from BMS for a talk on side effect management after Checkpoint Inhibitor Therapy. Online Access to ASCO 2019 provided by MSD.

(other industry honoraria mainly for lectures from companies unrelated to immunotherapeutics)

## 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: 28.11.2022			
Your Name:	Friedegund Meier		
Manuscript Tit	tle: Raising awareness of immune-related side effects in oncological patients under palliative care:		
Two cases rep	ort		
Manuscript nu	ımber (if known): APM-22-1077		

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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