Date	e: <u>Jan. 25th, 2021</u>		
You	Name: Hyun Joon Sh	in	
Man	uscript Title: The association	on between immunosupp	ressants and COVID-19 adverse outcomes: National COVID-
	ohort in South Korea		
Man	uscript number (if known):	APM-21-3465-CL	
relat part to tr	ted to the content of your nies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	I 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 If you are in doubt about whether to list a o so.
	following questions apply t uscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to the med	ne epidemiology of hypertentication, even if that medication	nsion, you should declare ition is not mentioned in t port for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. In this manuscript without time limit. For all other items,
		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)	
		Time frame: Since the initi	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.		
	No time initial to this term.		
		Time frame: pas	st 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

X__None

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	X None	
,	Support for attending meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	X None	
O	pending		
	k-2		
0	Daubiainabian arr - D-t-	V Nege	
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11		X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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Plea	se summarize the above co	nflict of interest in the foll	owing box:
N.	one.		
"	one.		

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:	Jan 11,	2022
Your Na	me:	Ronald Chow
Manusc	ript Title:	The association between immunosuppressants use and COVID-19 adverse outcomes:
Nationa	I COVID-	19 cohort in South Korea
Manusc	ript num	ber (if known): APM-21-3465-CL

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	

	T	1	
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	
	meetings unaper traver		
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,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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:

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

Date: 1/11/22	
Your Name:	Hyerim, Noh
Manuscript Title	: The association between immunosuppressants and COVID-19 adverse outcomes: National
COVID-19 cohort	in South Korea
Manuscript num	ber (if known):

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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	_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	X None	
	pending		
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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		
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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>Jan/11/ 2022</u>		
Your Name: <u>Jongseong Lee</u>		
Manuscript Title: The association betweer	immunosuppressants use and COVID-19 adverse outcomes: National COV	/ID-
19 cohort in South Korea		
Manuscript number (if known):	APM-21-3465-CL	

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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.) No time limit for this item.	vNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	v_None	
3	Royalties or licenses	vNone	
4	Consulting fees	vNone	

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

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:

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>January 11, 2022</u>	_
Your Name: Jihui Lee	_
Manuscript Title: The association between immunosuppressants use and COVID-19 adverse outcomes: Nationa	I COVID
19 cohort in South Korea	
Manuscript number (if known): <u>APM-21-3465-CL</u>	

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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	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	X None	
	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-	X None	
13	financial interests	XNone	
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Plea	se summarize the above co	nflict of interest in the fol	owing hox:
N	one.		
DI	see place on "V" wast to the	following statement to be	licata varus agreement.
riea	se place an "X" next to the	rollowing statement to inc	nicate 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>1/11/22</u>		
Your Name: Cha	es B. Simone, II	
Manuscript Title:	The association between immunosuppressants use and COVID-19 adverse outcomes:	
	National COVID-19 cohort in South Korea	
Manuscript number	f known): APM-21-3465-CL	

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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	_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	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	Editor-in-Chief, Annals of Palliative Medicine
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	ottosk or ottosk op none		
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	X None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the fol	lowing box:
	r. Simone serves as the Editor-i	 in-Chief for Δnnals of Palliativ	re Medicine
	The Editor-	in Chief for Almais of Fallativ	c mediane.

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: Jan/12/2022		
Your Name: You	ing-Geun Choi	
Manuscript Title:	The association between immunosuppressants use and COVID-19 adverse	
outcomes: National	COVID-19 cohort in South Korea	
Manuscript number	(if known): APM-21-3465-CL	

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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)
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	YGC's work was supported, in part, by 2020R1G1A1A01006229 awarded by the National Research Foundation of Korea.
		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	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	y Nego	
6	Payment for expert testimony	xNone	
	testimony		
7	Support for attending	xNone	
′	meetings and/or travel	xNone	
	ğ ,		
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,	x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	xNone	
	financial interests		

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