Date: <u>12/20/22</u>		
our Name: <u>Mark Rudolph</u>	(1)	
Manuscript Title: Immun	e checkpoint inhibitors in liver transplant: a case series	
Manuscrint number (if known)	IGO-22-922-CI	

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) 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	X None	
	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-	X None	
13	financial interests		
Ple	ease summarize the above co	onflict of interest in the fol	lowing box:
_			
	None.		

Date: <u>12/20/</u> 2	22					
Your Name:	Shimul Shah (2)					
Manuscript Title:	Immune checkpoint inhibitors in liver transplant: a case series					
Manuscript numb	Manuscript number (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 lectures, presentations, speakers bureaus, manuscript writing or educational events 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	X_None		
13	Other financial or non- financial interests	XNone		
Ple	Please summarize the above conflict of interest in the following box:			

N/A		

Date: <u>12/20</u>	'22				
Your Name:	Ralph Quillin (3)				
Manuscript Title	: Immune checkpoint inhibitors in liver transplant: a case series				
Manuscript number (if known):					

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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 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	X_None	
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	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Descipt of anythmetal	V. None	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
12	Other financial or non-	V None	
13	financial interests	XNone	
	illialiciai liiterests		
Ple	ase summarize the above c	onflict of interest in the	following box:
_			
	None.		
_			
Ple	ase place an "X" next to the	e 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.

Da	te: <u>12/20/22</u>		
Yo	ur Name: Kristina Lem	on (4)	<u> </u>
Ma	anuscript Title: Imm	une checkpoint inhibitors	s in liver transplant: a case series
Ma	anuscript number (if known)):	
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	
	e following questions apply anuscript only.	to the author's relationsr	hips/activities/interests as they relate to the <u>current</u>
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declar cation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript. The manuscript without time limit. For all other items,
		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 initi	al planning of the work
L	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	XNone	
	No time limit for this item.		
		Time frame: pas	st 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

X__None

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
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	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	XNone	
Ple	ease summarize the above co	onflict of interest in the fol	lowing box:
	None		

	te: <u>12/20/22</u>				
Your Name: Olugbenga Olowokure (5)					
Manuscript Title: Immune checkpoint inhibitors in liver transplant: a case series					
Ma	nuscript number (if known)):			
rel pa to	ated to the content of your rties whose interests may be transparency and does not	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that a eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitme If you are in doubt about whether to list a		
rei	ationship/activity/interest,	it is preferable that you d	0 so.		
	e following questions apply inuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</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.					
	In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
		Name all entities with	Specifications/Comments	1	
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)		
		Time frame: Since the initi	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			
				1	

Time frame: past 36 months

_X__None

_X__None

_X__None

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

3

4

any entity (if not indicated

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
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	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	XNone	
Ple	Please summarize the above conflict of interest in the following box:		
	None		

Date: <u>12/20</u>	0/22
Your Name:	Tahir Latif (6)
Manuscript Titl	e: Immune checkpoint inhibitors in liver transplant: a case series
Manuscript nui	mber (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 lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
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	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	XNone	
Ple	Please summarize the above conflict of interest in the following box:		
	None		

Date: <u>1/16/2</u>	3
Your Name:	Davendra Sohal (7)
Manuscript Title	: Immune checkpoint inhibitors in liver transplant: a case series
Manuscript num	ber (if known):

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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			36 months
2	Grants or contracts from	Bristol-Meyers Squibb	Institution research funding
	any entity (if not indicated	Merck	Institution research funding
	in item #1 above).	AstraZeneca	Institution research funding
		Genentech	Institution research funding
		Roche	Institution research funding
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for	Genentech	Recipient: Davendra Sohal (Speaker's Bureau)
	lectures, presentations,	Incyte	Recipient: Davendra Sohal (Speaker's Bureau)
	speakers bureaus,	Astrazeneca	Recipient: Davendra Sohal (Consulting/Honoraria)
	manuscript writing or	Transthera	Recipient: Davendra Sohal (Consulting/Honoraria)
	educational events	Totus Medicines	Recipient: Davendra Sohal (Consulting/Honoraria)
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	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-	X None	
	financial interests		

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

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