

## ICMJE DISCLOSURE FORM

Date: 9/4/23

Your Name: Hannah Cagney

Manuscript Title: Immune checkpoint inhibition in advanced oesophageal squamous cell carcinoma: how can we personalise management?

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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 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)
<b>Time frame: Since the initial planning of the work</b>			
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>	None	
<b>Time frame: past 36 months</b>			
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 lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> None	
6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	<u>    </u> None	
8	Patents planned, issued or pending	<u>    </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
11	Stock or stock options	<u>    </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
13	Other financial or non-financial interests	<u>    </u> None	

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

Dr Cagney has no COI.

**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: 9/4/23

Your Name: Russell Petty

Manuscript Title: Immune checkpoint inhibition in advanced oesophageal squamous cell carcinoma: how can we personalise management?

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

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Astra Zeneca	Institution
		Roche	Institution
		Sanofi	Institution
		Merck	Institution
		Five Prime Therapeutics	Institution
		Jansen	Institution
3	Royalties or licenses	None	

4	Consulting fees	Eli Lilly	Personal
		BMS	Personal
		Servier	Personal
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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:**

Prof Petty reports personal fees from Eli Lilly, Bristol Myers Squib, and Servier, and grants from AstraZeneca, Roche, Sanofi, Merck Sharp & Dohme, Five Prime Therapeutics, and Jansen outside the submitted work.

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.

## ICMJE DISCLOSURE FORM

Date: 9/4/23

Your Name: Mark Baxter

Manuscript Title: Immune checkpoint inhibition in advanced oesophageal squamous cell carcinoma: how can we personalise management?

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

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The following questions apply to the author’s relationships/activities/interests as they relate to the **current manuscript only**.

The author’s relationships/activities/interests should be **defined broadly**. 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.

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	____ None	
3	Royalties or licenses	____ None	
4	Consulting fees	____ Servier	Personal

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ Ipsen	Personal
		BMS	Personal
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ Servier	Personal
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:**

Dr Baxter has received Consultancy fees from Servier, Honoraria from Ipsen and BMS and support for attending meetings from Servier.

**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.