| Date: October 21, 2023 | |
|-------------------------|--|
| Your Name: Xingrui Chen | |

Manuscript: Title PD-1-induced encephalopathy: 2 case reports of neurological toxicities with immune checkpoint

inhibitors

| 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 <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) |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| | | 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 | |

| 5 | Payment or honoraria for | XNone | | | |
|-----|-----------------------------------------------------------------------|-------|--|--|--|
| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| | educational events | V N | | | |
| 6 | Payment for expert | XNone | | | |
| | testimony | | | | |
| _ | | | | | |
| 7 | Support for attending | XNone | | | |
| | meetings and/or travel | | | | |
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| 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, | XNone | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | XNone | | | |
| | financial interests | | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | | |
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| | Xingrui Chen has no conflicts of interest to declare. | | | | |
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| Date: October 21, 2023 |
|-----------------------------------------------------------------------------------------------------------------|
| Your Name:Minting Ye |
| Manuscript: Title PD-1-induced encephalopathy: 2 case reports of neurological toxicities with immune checkpoint |
| inhibitors |
| 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.

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| | | Time frame: Since the initial | planning of the work |
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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 | XNone | | | |
| | testimony | | | | |
| | | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
| | meetings and/or travel | | | | |
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| 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 | X None | | | |
| | | | | | |
| | | | | | |
| 12 | Receipt of equipment, | XNone | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| 13 | services Other financial or non- | X None | | | |
| 13 | financial interests | x_none | | | |
| | manetal interests | | | | |
| | | | | | |
| Ple | Please summarize the above conflict of interest in the following box: | | | | |
| _ | | | | | |
| | Minting Ye has no conflicts of interest to declare. | | | | |
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| Date: October 21, 2023 | |
|---------------------------------------------------------------------------------------------------|----------------|
| Your Name:Ruyu Ai | |
| Manuscript: Title PD-1-induced encephalopathy: 2 case studies of neurological toxicities with imm | une checkpoint |
| inhibitors | |
| 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.

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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 | lectures, presentations, | XNone | | | |
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| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| | educational events | V. Nana | | | |
| 6 | Payment for expert | XNone | | | |
| | testimony | | | | |
| 7 | Support for attending | XNone | | | |
| ′ | meetings and/or travel | | | | |
| | meetings and/or traver | | | | |
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| 8 | Patents planned, issued or | X None | | | |
| 0 | pending | | | | |
| | 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 | 11 Stock or stock options | XNone | | | |
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| 12 | Receipt of equipment, | XNone | | | |
| | materials, drugs, medical writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | X None | | | |
| | financial interests | | | | |
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| Ple | ease summarize the above o | onflict of interest in the fol | llowing box: | | |
| | | | | | |
| | Ruyu Ai has no conflicts of interest to declare. | | | | |
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| Date: October 21, 2023 |
|-----------------------------------------------------------------------------------------------------------------|
| Your Name:Changguo Shan |
| Manuscript: Title PD-1-induced encephalopathy: 2 case studies of neurological toxicities with immune checkpoint |
| inhibitors |
| 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.

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|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| | | 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 | |

| 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 | |
| | <i>,</i> | | |
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| 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 | | |
| 11 | group, paid or unpaid Stock or stock options | X None | |
| 11 | Stock of Stock options | | |
| | | | |
| 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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| PI - | | audiat af iutauat ia tha tha fal | laurina haur |
| PIE | ase summarize the above o | ominct of interest in the fol | iowing box: |
| | Changguo Shan has no conflicts | of interest to declare | |
| Changguo Shan has no conflicts of interest to declare. | | | |
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| Date: October 21, 2023 |
|-----------------------------------------------------------------------------------------------------------------|
| Your Name:Minyao Lai |
| Manuscript: Title PD-1-induced encephalopathy: 2 case reports of neurological toxicities with immune checkpoint |
| inhibitors |
| 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.

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| | | Time frame: Since the initial | planning of the work |
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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 | V N | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | XNone | |
| ′ | meetings and/or travel | | |
| | meetings and, or traver | | |
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| 8 | Patents planned, issued or | X None | |
| 0 | pending | XNOTE | |
| | benamb | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
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| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| 12 | Possint of aguinment | X None | |
| 12 | Receipt of equipment, materials, drugs, medical | XNone | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| Ple | ase summarize the above o | onflict of interest in the fo | lowing box: |
| | | | |
| | Minyao Lai has no conflicts of interest to declare. | | |
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| Date: October 21, 2023 |
|-----------------------------------------------------------------------------------------------------------------|
| Your Name:Weiping Hong |
| Manuscript: Title PD-1-induced encephalopathy: 2 case reports of neurological toxicities with immune checkpoint |
| inhibitors |
| 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 | 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 meetings and/or travel | XNone | | |
| | meetings and/or travel | | | |
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| | | | | |
| 8 | Patents planned, issued or | X None | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data | XNone | | |
| | Safety Monitoring Board or | | | |
| 10 | Advisory Board Leadership or fiduciary role | X None | | |
| 10 | in other board, society, | XNone | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | XNone | | |
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| 12 | Descipt of accions and | V. Nana | | |
| 12 | Receipt of equipment, materials, drugs, medical | XNone | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
| | | | | |
| pla | ease summarize the above o | onflict of interest in the fo | llowing boy: | |
| rie | ase summanize the above to | | nowing box. | |
| | Weiping Hong has no conflicts of interest to declare. | | | |
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| Date: October 21, 2023 |
|-----------------------------------------------------------------------------------------------------------------|
| Your Name:Yanying Yang |
| Manuscript: Title PD-1-induced encephalopathy: 2 case reports of neurological toxicities with immune checkpoint |
| nhibitors |
| 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 | XNone | |
|-----|----------------------------------------------|-------------------------------|--------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | V N | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Command for additional times | V Nove | |
| 7 | Support for attending meetings and/or travel | XNone | |
| | meetings and/or travei | | |
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| 8 | Patents planned, issued or | XNone | |
| | 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 | | |
| 13 | services Other financial or non- | X None | |
| 13 | financial interests | xNone | |
| | ililaliciai liiterests | | |
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| DIA | ease summarize the above c | anflict of interact in the fo | llowing hove |
| rie | ase summarize the above to | omination interest in the 10 | nowing but. |
| | Yanying Yang has no conflicts o | f interest to declare | |
| | ranying ranginas no conflicts o | ו ווונפופטנינט עפטומופ. | |
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| Date: Octob | er 21, 2023 |
|-------------|-------------|
| Your Name: | Hui Wang |

Manuscript: Title PD-1-induced encephalopathy: 2 case reports of neurological toxicities with immune checkpoint

inhibitors

| Manuscript number | (if known): | |
|-------------------|-------------|--|
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| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | XNone | |

| le | Payment or honoraria for lectures, presentations, | XNone | | |
|-----|---------------------------------------------------|-------------------------------|--------------|--|
| | | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| 6 | educational events Payment for expert | X None | | |
| 0 | testimony | | | |
| | testimony | | | |
| 7 | Support for attending | XNone | | |
| | meetings and/or travel | | | |
| | | | | |
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| 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 | | |
| 10 | in other board, society, | XNone | | |
| | 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 | | |
| | financial interests | | | |
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| Ple | ase summarize the above o | onflict of interest in the fo | llowing box: | |
| | | | | |
| | Hui Wang has no conflicts of interest to declare. | | | |
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| Date: October 21, 2 | 2023 |
|---------------------|------|
| Your Name: Juan L | .i |

Manuscript: Title PD-1-induced encephalopathy: 2 case reports of neurological toxicities with immune checkpoint

inhibitors

| Manuscript number (if known): | |
|-------------------------------|--|
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| | | Time frame: Since the initial | planning of the work |
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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 | X_None | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, | XNone | | | |
|-----|---------------------------------------------------|-------------------------------|--------------|--|--|
| | | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| | educational events | | | | |
| 6 | Payment for expert | XNone | | | |
| | testimony | | | | |
| _ | | | | | |
| 7 | Support for attending | XNone | | | |
| | meetings and/or travel | | | | |
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| | | | | | |
| 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 | | | | |
| 11 | group, paid or unpaid Stock or stock options | X None | | | |
| 11 | Stock of 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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| Ple | ease summarize the above o | onflict of interest in the fo | llowing box: | | |
| | | | | | |
| . | Juan Li has no conflicts of interest to declare. | | | | |
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| Date: October 21, 2023 |
|-----------------------------------------------------------------------------------------------------------------|
| Your Name:Junjie Zhen |
| Manuscript: Title PD-1-induced encephalopathy: 2 case reports of neurological toxicities with immune checkpoint |
| inhibitors |
| 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 <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 | X_None | |
| 4 | Consulting fees | XNone | |

| 5 | | 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 and/or travei | | | | |
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| 8 | Patents planned, issued or | X None | | | |
| | pending | | | | |
| | | | | | |
| 9 | Participation on a Data | XNone | | | |
| | Safety Monitoring Board or | | | | |
| 10 | Advisory Board | V. Neves | | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | | | |
| | 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 | | | | |
| | | | | | |
| ~ ! | | (1) | n | | |
| PIE | Please summarize the above conflict of interest in the following box: | | | | |
| | Junjie Zhen has no conflicts of interest to declare. | | | | |
| | Junije Znen nas no comincis of interest to declare. | | | | |
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| Date: October 21, 2023 |
|-----------------------------------------------------------------------------------------------------------------|
| Your Name:Jiangfen Zhou |
| Manuscript: Title PD-1-induced encephalopathy: 2 case reports of neurological toxicities with immune checkpoint |
| inhibitors |
| 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 <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 | X_None | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | | | |
|-----|-----------------------------------------------------------------------|-------------------------------|--------------|--|--|
| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| _ | educational events | V. None | | | |
| 6 | Payment for expert | XNone | | | |
| | testimony | | | | |
| 7 | Company for attending | V None | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
| | meetings and/or travel | | | | |
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| 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 | | | |
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| 4.0 | | | | | |
| 12 | Receipt of equipment, | XNone | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other services | | | | |
| 13 | Other financial or non- | X None | | | |
| 13 | financial interests | | | | |
| | inidicial interests | | | | |
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| DIA | ase summarize the above o | onflict of interest in the fo | llowing hov: | | |
| rie | Please summarize the above conflict of interest in the following box: | | | | |
| | liangton 7hou has no conflicts of interest to declare | | | | |
| | Jiangfen Zhou has no conflicts of interest to declare. | | | | |
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| Date: October 21, 2023 |
|-----------------------------------------------------------------------------------------------------------------|
| Your Name:Qingjun Hu |
| Manuscript: Title PD-1-induced encephalopathy: 2 case reports of neurological toxicities with immune checkpoint |
| inhibitors |
| 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 <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 | 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 | NOITE | |
| | meetings and/or traver | | |
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| | | | |
| 8 | Patents planned, issued or | X None | |
| 0 | pending | | |
| | perianig | | |
| 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 | |
| | | | |
| 42 | | V N | |
| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
| | | | |
| | | | |
| Ple | ase summarize the above o | onflict of interest in the fo | lowing box: |
| | | | |
| | Qingjun Hu has no conflicts of i | nterest to declare. | |
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| ate: October 21, 2023 |
|-----------------------------------------------------------------------------------------------------------------|
| our Name:Shaoqun Li |
| lanuscript: Title PD-1-induced encephalopathy: 2 case reports of neurological toxicities with immune checkpoint |
| hibitors |
| 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.

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 | X_None | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | XNone | | |
|-----|---------------------------------------------------------------------------------------------------|-------------------------------|-------------|--|
| | 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 | X_None | | |
| 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 | XNone | | |
| 13 | Other financial or non- financial interests | X_None | | |
| Ple | ease summarize the above co | onflict of interest in the fo | lowing box: | |
| | Shaoqun Li has no conflicts of interest to declare. | | | |
| | | | | |

| Date: October 21, 2023 |
|-----------------------------------------------------------------------------------------------------------------|
| Your Name: Antonio Rossi |
| Manuscript: Title PD-1-induced encephalopathy: 2 case reports of neurological toxicities with immune checkpoint |

inhibitors

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 <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 | 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 | | | |
| | | | | |
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| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| _ | | | | |
| 9 | Participation on a Data | XNone | | |
| | Safety Monitoring Board or | | | |
| 10 | Advisory Board | V. Nana | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| | | IQVIA Holdings Inc. | IQVIA Holdings Inc. | |
| 11 | Stock or stock ontions | | I IQVIA HOIGHIES HIC. | |
| 11 | Stock or stock options | TQVI/TTOTATIGS IIIC. | , , | |
| 11 | Stock or stock options | TQVII/TIOIMINGS IIIC. | , , | |
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| 12 | Receipt of equipment, | | | |
| | Receipt of equipment, materials, drugs, medical | | | |
| | Receipt of equipment, | | | |
| | Receipt of equipment, materials, drugs, medical writing, gifts or other | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | XNone | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- | XNone | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests | XNone | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- | XNone | | |
| 12 13 | Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests | XNoneXNone onflict of interest in the | | |
| 12 13 | Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests | XNoneXNone onflict of interest in the | | |
| 12 13 | Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests | XNoneXNone onflict of interest in the | | |
| 12 13 | Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests | XNoneXNone onflict of interest in the | | |
| 12 13 | Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests | XNoneXNone onflict of interest in the | | |
| 12 13 | Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests | XNoneXNone onflict of interest in the | | |
| 12 13 | Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests | XNoneXNone onflict of interest in the | | |

| | Date: October 22, 2023 |
|---|-----------------------------------------------------------------------------------------------------------------|
| • | Your Name: <u>Toyoaki Hida</u> |
| | Manuscript Title: PD-1-induced encephalopathy: 2 case reports of neurological toxicities with immune checkpoint |

inhibitors

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 <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 initia | 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 | Command for adding | V None | | _ |
| 7 | Support for attending meetings and/or travel | XNone | | |
| | lifeetings and/or 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 | XNone | | |
| | | | | |
| 12 | Receipt of equipment, | X None | | |
| 12 | materials, drugs, medical | XNone | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
| | | | | |
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| Plea | ase summarize the above co | nflict of interest in the fo | llowing box: | |
| | | | | |
| [| or. Hida has no conflicts of inter | est to declare. | | |
| | | | | |

| Date: October 19, 2023 |
|-----------------------------------------------------------------------------------------------------------------|
| Your Name: Rafael Rosell |
| Manuscript Title: PD-1-induced encephalopathy: 2 case reports of neurological toxicities with immune checkpoint |
| nhibitors |
| 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 <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 | XNone | | |
| | 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 | XNone | | |
| | any entity (if not indicated | | | |
| | in item #1 above). | | | |
| 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 | X None | | |
| 0 | testimony | | | |
| | testimony | | | _ |
| 7 | Support for attending | X None | | |
| | meetings and/or travel | | | |
| | | | | |
| | | | | |
| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data | XNone | | |
| | Safety Monitoring Board or | | | |
| 10 | Advisory Board | V. Naga | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | | |
| | 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 | | |
| | financial interests | | | |
| | | | | |
| | | | | |
| Plea | Please summarize the above conflict of interest in the following box: | | | |
| D | Dr. Rosell has no conflicts of interest to declare. | | | |

| Date: October 21, 2023 |
|-----------------------------------------------------------------------------------------------------------------|
| Your Name:Shuisheng Zhong |
| Manuscript: Title PD-1-induced encephalopathy: 2 case reports of neurological toxicities with immune checkpoint |
| inhibitors |
| 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 <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 | 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 | | | |
| _ | 6 | | | |
| 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 | | | |
| 10 | 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 | | |
| 11 | Stock of 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 | | | |
| | | | | |
| | | | | |
| Ple | Please summarize the above conflict of interest in the following box: | | | |
| | | | | |
| | Shuisheng Zhong has no conflicts of interest to declare. | | | |
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| Date: October 21, 2023 | |
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| Your Name:Linbo Cai | |
| Manuscript: Title PD-1-induced encephalopathy: 2 case reports of neurological toxicities with immune che | eckpoint |
| inhibitors | |
| 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 <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 | X_None | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, | XNone | | |
|-----|-----------------------------------------------------------------------|--------|--|--|
| | | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | V N | | |
| 6 | Payment for expert testimony | XNone | | |
| | testimony | | | |
| 7 | Support for attending | XNone | | |
| ′ | meetings and/or travel | | | |
| | meetings and, or traver | | | |
| | | | | |
| | | | | |
| 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 | | | |
| 4.4 | 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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| Ple | Please summarize the above conflict of interest in the following box: | | | |
| | | | | |
| | Linbo Cai has no conflicts of interest to declare. | | | |
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