Date:	2022/1/25
	Yencheng Chao
•	: Risk factors for immune checkpoint inhibitor-related pneumonitis in non-small cell lung cancer ber (if known):
related to the co parties whose in to transparency	f transparency, we ask you to disclose all relationships/activities/interests listed below that are intent of your manuscript. "Related" means any relation with for-profit or not-for-profit third iterests may be affected by the content of the manuscript. Disclosure represents a commitment and does not necessarily indicate a bias. If you are in doubt about whether to list a ivity/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.

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)
	I	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 lectures, presentations, speakers bureaus, manuscript writing or	X_None			
	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	XNone			
	Safety Monitoring Board or				
10	Advisory Board	V Name			
10	Leadership or fiduciary role in other board, society,	XNone			
	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 services				
13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				

None.		

Date:	2022/1/25_		
Your Name:	Jiebai Zhou	I	
	Title: Risk factors f number (if known)		hibitor-related pneumonitis in non-small cell lung cancer
related to the parties who to transpare relationship	the content of your ose interests may be ency and does not o activity/interest, ong questions apply	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a so so.  hips/activities/interests as they relate to the current
to the epide	emiology of hyperte		e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
		pport for the work reporte s the past 36 months.	ed in this 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 initia	al planning of the work
manuscr provisior medical v processir	ort for the present ipt (e.g., funding, n of study materials, writing, article ng charges, etc.) limit for this item.	XNone	
		Time frame: pas	et 36 months
any entit	r contracts from cy (if not indicated 1 above).	XNone	
B Royalties	or licenses	XNone	
1 Consultir	ng fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	X_None			
	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	XNone			
	Safety Monitoring Board or				
10	Advisory Board	V Name			
10	Leadership or fiduciary role in other board, society,	XNone			
	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 services				
13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				

None.		

Da	te:2022/1/25_							
	our Name: Shujung Hsu							
	Manuscript Title:_ Risk factors for immune checkpoint inhibitor-related pneumonitis in non-small cell lung cancer Manuscript number (if known):							
rel pa to	ated to the content of your ries whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans 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.					
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current					
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.					
	tem #1 below, report all su time frame for disclosure i		ed in this 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					
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	XNone						

Consulting fees

\_X\_\_None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone			
	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	XNone			
	Safety Monitoring Board or				
10	Advisory Board	V Name			
10	Leadership or fiduciary role in other board, society,	XNone			
	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 services				
13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				

None.		

Date:	2022/1/25		
	: Ning Ding		
			hibitor-related pneumonitis in non-small cell lung cancer
related to to parties who transpart	the content of your ose interests may be rency and does not i	manuscript. "Related" me e affected by the content	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a do so.
The follow		to the author's relationsl	hips/activities/interests as they relate to the <u>current</u>
to the epid	emiology of hyperto		e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript.
	•	pport for the work report s the past 36 months.	ed in this 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	ial planning of the work
manusc provisio medical process	ort for the present ript (e.g., funding, on of study materials, writing, article ing charges, etc.) e limit for this item.	XNone	
		Time frame: pas	st 36 months
any enti	or contracts from ity (if not indicated #1 above).	XNone	
	es or licenses	X None	

Consulting fees

X\_\_None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone			
	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	XNone			
	Safety Monitoring Board or				
10	Advisory Board	V Name			
10	Leadership or fiduciary role in other board, society,	XNone			
	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 services				
13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				

None.		

Da	te:2022/1/25		
	ur Name: Jiamin Li _		
	anuscript Title: Risk factors f anuscript number (if known)		hibitor-related pneumonitis in non-small cell lung cancer
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	e following questions apply inuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	• •	ed in this 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.)  No time limit for this item.	XNone	
)		Time frame: pas	st 36 months
<u> </u>	Grants or contracts from	Time frame: pas	st 36 months
<u> </u>	any entity (if not indicated	•	st 36 months
		•	st 36 months

Consulting fees

X\_\_None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone			
	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	XNone			
	Safety Monitoring Board or				
10	Advisory Board	V Name			
10	Leadership or fiduciary role in other board, society,	XNone			
	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 services				
13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				

None.		

Date	e:2022/1/25 <sub>_</sub>		
	r Name: Yong Zhan		
Mai	nuscript Title: Risk factors f	or immune checkpoint in	hibitor-related pneumonitis in non-small cell lung cancer
Mai	nuscript number (if known)	:	
rela part to t	ted to the content of your ties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a o so.
	following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to t	• •	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all su time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items,
		A1 11 121 141	6 15 11 10
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	mstrationy
		needed)	
		Time frame: Since the initia	al planning of the work
	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	at 36 months
)	Grants or contracts from	X None	it 30 months
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

\_X\_\_None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone			
	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	XNone			
	Safety Monitoring Board or				
10	Advisory Board	V Name			
10	Leadership or fiduciary role in other board, society,	XNone			
	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 services				
13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				

None.		

Dat	te:2022/1/25		
	ur Name: Xiaobo Xu		
	inuscript Title: Risk factors f inuscript number (if known		hibitor-related pneumonitis in non-small cell lung cancer
rela par to 1	ated to the content of your ries whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
to t		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	tem #1 below, report all su time frame for disclosure i	•	ed 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
_	All support for the present manuscript (e.g., funding, provision of study materials,	XNone	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

\_X\_\_None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone			
	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	XNone			
	Safety Monitoring Board or				
10	Advisory Board	V Name			
10	Leadership or fiduciary role in other board, society,	XNone			
	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 services				
13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				

None.		

	e:2022/1/25		
Υοι	ır Name: Xinjun Tan	g	hibitor-related pneumonitis in non-small cell lung cancer
Ma Ma	nuscript Title: Risk factors f nuscript number (if known)	or immune checkpoint in	hibitor-related pneumonitis in non-small cell lung cancer
rela par to t	ated to the content of your ties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to t	_	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	tem #1 below, report all su time frame for disclosure i	•	ed in this 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.)  No time limit for this item.	XNone	
		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	

Consulting fees

\_X\_\_None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone			
	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	XNone			
	Safety Monitoring Board or				
10	Advisory Board	V Name			
10	Leadership or fiduciary role in other board, society,	XNone			
	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 services				
13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				

None.		

Dat	e:2022/1/25		
	r Name: Tianchang		
	nuscript Title: Risk factors f nuscript number (if known)		hibitor-related pneumonitis in non-small cell lung cancer
rela part to t	ited to the content of your ties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to t		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript.
	tem #1 below, report all su time frame for disclosure i	•	ed in this 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
	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	st 36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
	Royalties or licenses	XNone	

Consulting fees

X\_\_None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone	
	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	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V Name	
10	Leadership or fiduciary role in other board, society,	XNone	
	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 services		
13	Other financial or non-	XNone	
	financial interests		
Ple	Please summarize the above conflict of interest in the following box:		

None.		

Date:	_2022/1/25
Your Name:	_ Zhengfei Zhu
<b>Manuscript Title: F</b>	Risk factors for immune checkpoint inhibitor-related pneumonitis in non-small cell lung cancer
Manuscript number	er (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.

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)  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	XNone	planning of the work
	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		
3	in item #1 above).  Royalties or licenses	X None	
	,		
4	Consulting fees	AstraZeneca	consultant

5	Payment or honoraria for	X None			
,	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X None			
Ū	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	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Ple	ease summarize the above c	Please summarize the above conflict of interest in the following box:			

Dr. Zhu has received consulting fees from AstraZeneca.	

Date:	2022/1/25		
Your Nar	ne: Qian Chu _		
Manuscr	ipt Title: Risk factors f ipt number (if known)	or immune checkpoint inl	hibitor-related pneumonitis in non-small cell lung cancer
related to parties w to transp	o the content of your whose interests may be parency and does not i	manuscript. "Related" me e affected by the content	Il relationships/activities/interests listed below that are eans 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.
The follo manuscr		to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to the ep	oidemiology of hyperte		e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	1 below, report all su frame for disclosure i	• •	ed in this 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 initia	al planning of the work
manu provis medio proce	pport for the present iscript (e.g., funding, sion of study materials, cal writing, article essing charges, etc.) me limit for this item.	XNone	
		Time frame: pas	t 36 months
any e	ts or contracts from ntity (if not indicated m #1 above).	XNone	
3 Royal	ties or licenses	X_None	
Consu	ulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
Ü	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
42	Descript of anythrough	V Nana	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
Dla	ease summarize the above co	anflict of interest in the fo	lowing hove
	ase summanze the above to	ommet of interest in the lo	nowing box.
	None.		

Date:	1/25/22
Your Name:	loel W. Neal
<b>Manuscript Titl</b>	: Risk factors for immune checkpoint inhibitor-related pneumonitis in non-small cell lung cance
Manuscript nui	ber (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.

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) 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.	Genentech/Roche Merck Novartis Boehringer Ingelheim Exelixis Nektar Therapeutics Takeda Pharmaceuticals Adaptimmune GSK Janssen AbbVie	Research Funding
		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	AstraZeneca	Consulting or Advisory Role
	<b>3</b> 22 2	Genentech/Roche	, , , , , , , , , , , , , , , , , , , ,
		Exelixis	
		Jounce Therapeutics	
		Takeda Pharmaceuticals	
		Eli Lilly and Company	
		Calithera Biosciences	
		Amgen	
		Iovance Biotherapeutics	
		Blueprint Pharmaceuticals	
		Regeneron	
		Pharmaceuticals	
		Natera	
		Sanofi/Regeneron	
		D2G Oncology	
		Surface Oncology	
		Turning Point	
		Therapeutics	
5	Payment or honoraria for	CME Matters	Honoraria
	lectures, presentations,	Clinical Care Options CME	
	speakers bureaus,	Research to Practice CME	
	manuscript writing or	Medscape CME	
	educational events	Biomedical Learning	
		Institute CME	
		MLI Peerview CME	
		Prime Oncology CME	
		Projects in Knowledge	
		CME	
		Rockpointe CME	
		MJH Life Sciences CME	
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	Receipt of equipment, materials, drugs, medical	_xNone	
	writing, gifts or other services		
13	Other financial or non- financial interests	_xNone	

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

Dr. Neal received Research Funding from Companies Genentech/Roche, Merck, Novartis, Boehringer Ingelheim, Exelixis, Nektar Therapeutics, Takeda Pharmaceuticals, Adaptimmune, GSK, Janssen and AbbVie; Consulting or Advisory Role from Companies AstraZeneca, Genentech/Roche, Exelixis, Jounce Therapeutics, Takeda Pharmaceuticals, Eli Lilly and Company, Calithera Biosciences, Amgen, Iovance Biotherapeutics, Blueprint Pharmaceuticals, Regeneron Pharmaceuticals, Natera, Sanofi/Regeneron, D2G Oncology, Surface Oncology and Turning Point Therapeutics; Honoraria from Companies CME Matters, Clinical Care Options CME, Research to Practice CME, Medscape CME, Biomedical Learning Institute CME, MLI Peerview CME, Prime Oncology CME, Projects in Knowledge CME, Rockpointe CME and MJH Life Sciences CME.

Please place an "X" next to the following statement to indicate your agreement:

Date:	1/10/22	
Your Name	:Julie Wu_	
Manuscript	t Title: Risk fac	tors for immune checkpoint inhibitor-related pneumonitis in non-small cell lung cancer
Manuscript	t number (if kı	iown):

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.

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)
		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	x None	
	testimony		
	testimony		
7	Support for attending	_xNone	
,	meetings and/or travel		
	meetings 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		
11	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		
		•	•
Plea	ise summarize the above co	nflict of interest in the foll	owing box:

None.

Dat	e:2022/1/25 <sub>_</sub>		
	ır Name: Yuanlin So		
Ma	nuscript Title: Risk factors f	or immune checkpoint in	hibitor-related pneumonitis in non-small cell lung cancer
Ma	nuscript number (if known)	:	
rela par to t rela	ited to the content of your ties 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	
		to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
ma	nuscript only.		
to t me	he epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.  ed in this manuscript without time limit. For all other items
		Nicona ellametata contab	Constitution (Comments
		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
	All support for the present	X None	F1
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	Crants or contracts from	Time frame: pas	it 36 months
2	Grants or contracts from any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	X None	
	,		
	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone	
	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	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V Name	
10	Leadership or fiduciary role in other board, society,	XNone	
	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 services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fol	lowing box:

None.		

Date:	2022/1/25		
Your Nar	me: Jie Hu		
Manuscr	ript Title: Risk factors f	or immune checkpoint in	hibitor-related pneumonitis in non-small cell lung cancer
Manuscr	ript number (if known)	):	
related t parties w to transp relations	to the content of your whose interests may be parency and does not is ship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	
		to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
manuscr	ipt only.		
to the ep medicati In item #	oidemiology of hypertoion, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other item
		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 initia	al planning of the work
. All su	pport for the present	XNone	
	uscript (e.g., funding,		
-	sion of study materials,		
	cal writing, article		
-	essing charges, etc.)		
NO ti	me limit for this item.		
		<b>-</b> :	100
Cara	ts or contracts from	Time frame: pas X None	t 36 months
	entity (if not indicated	xnone	
_	m #1 above).		
	Ities or licenses	X None	
Noyal	ities of ficerises		
Consi	ulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone	
	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	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V Name	
10	Leadership or fiduciary role in other board, society,	XNone	
	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 services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fol	lowing box:

None.		