ICMJE DISCLOSURE FORM

| Date: | 01/26/2023 | |
|----------|--|-----|
| Your Nam | :Kevin Branch | |
| Manuscri | Title:Some like it hot: the potential role of hyperthermic intrathoracic chemotherapy in t | the |
| multimod | lity treatment of pleural mesothelioma | _ |
| Manuscri | 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>.

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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 | X None | | | | |
|-----|---|------------------------|--------------------------|--|--|--|
| | lectures, presentations, | | | | | |
| | speakers bureaus, | | | | | |
| | manuscript writing or | | | | | |
| | educational events | | | | | |
| 6 | Payment for expert | X None | | | | |
| | testimony | | | | | |
| | | | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | | |
| | | | | | | |
| | | | | | | |
| 8 | Patents planned, issued or | _ X None | | | | |
| | pending | | | | | |
| | | | | | | |
| 9 | Participation on a Data | X None | | | | |
| | Safety Monitoring Board or | | | | | |
| | Advisory Board | | | | | |
| 10 | Leadership or fiduciary role | X None | | | | |
| | in other board, society, | | | | | |
| | committee or advocacy | | | | | |
| 11 | group, paid or unpaid | W. Nama | | | | |
| 11 | Stock or stock options | X None | | | | |
| | | | | | | |
| 12 | Receipt of equipment, | X None | | | | |
| 12 | materials, drugs, medical | _ ANone | | | | |
| | writing, gifts or other | | | | | |
| | services | | | | | |
| 13 | Other financial or non- | X None | | | | |
| | financial interests | | | | | |
| | | | | | | |
| | | | | | | |
| Ple | Please summarize the above conflict of interest in the following box: | | | | | |
| | N/A | | | | | |
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| pام | ase place an "X" next to the | following statement to | indicate vour agreement: | | | |

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

ICMJE DISCLOSURE FORM

| Date: | 1/26/2023 | | |
|-------------------------------|--|--|--|
| Your Name: | Prasad S. Adusumilli | | |
| Manuscript Title: | Some like it hot: the potential role of hyperthermic intrathoracic chemotherapy in the multimodality treatment of pleural mesothelioma | | |
| Manuscript Number (if known): | Click or tap here to enter text. | | |

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| | | _ | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| | | Time frame: Since the initial planning o | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing | None | Click the tab key to add additional rows. |
| | charges, etc.) No time limit for this item. | | |
| | | Time frame: past 36 months | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ATARA Biotherapeutics | |

| | | 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) |
|----|--|--|---|
| 3 | Royalties or licenses | □ None ATARA Biotherapeutics | |
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 88 | Patents planned, issued or pending | ATARA Biotherapeutics | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ATARA Biotherapeutics Bayer Carisma Therapeutics Imugene ImmPactBio Johnson & Johnson Orion Pharma | |

| | | relationship or indicate none (add rows as needed) made to you or to your institution) | |
|----|--|--|--|
| | | Outpace Bio | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None Output Outp | |
| 11 | Stock or stock options | None None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None None | |
| 13 | Other financial or non-financial interests | None None | |
| | P.S.A. declares research funding from ATARA Biotherapeutics; Scientific Advisory Board Member and Consultant for ATARA Biotherapeutics, Bayer, Carisma Therapeutics, Imugene, ImmPactBio, Johnson & Johnson, Orion Pharma, Outpace Bio; Patents, royalties, and intellectual property on mesothelin-targeted CAR and other T-cell therapies, which have been licensed to ATARA Biotherapeutics, issued patent method for detection of cancer cells using virus, and pending patent applications on PD-1 dominant negative receptor, on a wireless pulse-oximetry device, and on an ex vivo malignant pleural effusion culture system. Memorial Sloan Kettering Cancer Center has licensed intellectual property related to mesothelin-targeted CARs and T-cell therapies to ATARA Biotherapeutics and has associated financial interests. | | |

Name all entities with whom you have this

Specifications/Comments (e.g., if payments were

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| ate:1/26/23 |
|---|
| our Name:_Marjorie Zauderer |
| anuscript Title:_Some like it hot: the potential role of hyperthermic intrathoracic chemotherapy in the multimodality |
| eatment of pleural mesothelioma |
| 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.

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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| 1 | All support for the present manuscript (e.g., funding, | NCI | P30CA008748 to MSK |
| | provision of study materials, medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
| | | | |
| | | Time frame: past | |
| 2 | Grants or contracts from | GSK | To MSK |
| | any entity (if not indicated | Epizyme | To MSK |
| | in item #1 above). | Polaris | To MSK |
| | | Sellas Life Sciences | To MSK |
| | | BMS | To MSK |
| | | Takeda | To MSK |
| | | Curis | To MSK |
| | | Atara | To MSK |

| 3 | Royalties or licenses | XNone | |
|----|--|-----------------------|---------------|
| | | | |
| | | | |
| 4 | Consulting fees | Curis | To me |
| | | Ikena | To me |
| | | Takeda | To me |
| | | GSK | To me |
| | | Novocure | To me |
| | _ | | |
| 5 | Payment or honoraria for | PER | CME |
| | lectures, presentations, | Medscape | CME |
| | speakers bureaus, manuscript writing or | Research to practice | CME |
| | educational events | | |
| 6 | Payment for expert | X None | |
| | 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 | | |
| 10 | Advisory Board Leadership or fiduciary role | Mesothelioma Applied | uncomponented |
| 10 | in other board, society, | Research Foundation | uncompensated |
| | committee or advocacy | - Nescaren i odnadion | |
| | group, paid or unpaid | | |
| 11 | Charles and a sharely | V None | |
| 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 | | |
| | | | |

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

The author reports that he has received consulting fees from Curis, Ikena, Takeda, GlaxoSmithKline, Aldeyra Therapeutics, and Novocure and honoraria from PER, Medscape, Research to Practice, Medical Learning Institute and OncLive. Memorial Sloan Kettering receives research funding from the Department of Defense, the National Institutes of Health, Precog, GlaxoSmithKline, Epizyme, Polaris, Sellas Life Sciences, Bristol Myers Squibb, Millenium/Takeda, Curis, and Atara for research conducted by M.G.Z. M.G.Z. serves as Chair of the Board of Directors of the Mesothelioma Applied Research Foundation, uncompensated.

| Please place an "X" next to the following statement to indicate your agreement: |
|---|
| _X I certify that I have answered every question and have not altered the wording of any of the questions on this form. |
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