

ICMJE DISCLOSURE FORM

Date: 6/19/2023

Your Name: Lillian Boe

Manuscript Title: Clinical and genomic determinants of the efficacy of immune checkpoint blockade therapy in head and neck squamous cell carcinoma

Manuscript Number (if known): 169823-JCI-CMED-RV-2

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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Date: 6/19/2023

Your Name: Timothy Chan

Manuscript Title: Clinical and genomic determinants of the efficacy of immune checkpoint blockade therapy in head and neck squamous cell carcinoma

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11	Stock or stock options	<input type="checkbox"/> None	
		Gritstone Oncology	Cofounder & holds equity, outside the submitted work
		An2H	Holds equity, outside the submitted work
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Date: 6/19/2023

Your Name: Diego Chowell

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Your Name: Mahdi Golkaram

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Your Name: Catherine Han

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Time frame: Since the initial planning of the work								
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Time frame: past 36 months								
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 6/19/2023

Your Name: Alan Ho

Manuscript Title: Clinical and genomic determinants of the efficacy of immune checkpoint blockade therapy in head and neck squamous cell carcinoma

Manuscript Number (if known): 169823-JCI-CMED-RV-2

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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	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1"> <tr> <td> Allos Therapeutics, Astellas Pharma, AstraZeneca, Bayer, Ayala Pharmaceuticals, Bristol-Myers Squibb, Genentech, Celldex Therapeutics, Daiichi Sankyo, Eisai Inc., Elevar Therapeutics, Eli Lilly & Company, Genentech/Roche, Hoikpia, Kolltan Pharmaceuticals, Kura Oncology, Merck & Company, Novartis, Pfizer, Poseida, Verastem </td><td> Research funding for clinical trials, outside the submitted work. </td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Allos Therapeutics, Astellas Pharma, AstraZeneca, Bayer, Ayala Pharmaceuticals, Bristol-Myers Squibb, Genentech, Celldex Therapeutics, Daiichi Sankyo, Eisai Inc., Elevar Therapeutics, Eli Lilly & Company, Genentech/Roche, Hoikpia, Kolltan Pharmaceuticals, Kura Oncology, Merck & Company, Novartis, Pfizer, Poseida, Verastem	Research funding for clinical trials, outside the submitted work.				
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		AffylImmune Therapeutics, AstraZeneca, Ayala Pharmaceuticals, Bristol-Myers Squibb, Cellestia Biotech, Coherus, CureVac, Eisai Inc., Elevar Therapeutics, Exelixis, Expert Connct, Genzyme, InxMed, Kura Oncology, McGivney Global Advisors, Merck & Company Inc., Novartis, CureVac, Prelude Therapeutics, Regeneron, Rgenta, Remix Therapeutics, Sanofi, Sun Pharma, the Chemotherapy Foundation, and TRM Oncology	Outside the submitted work
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Medscape	Outside the submitted work
		Omniprex America	Outside the submitted work
		Novartis	Outside the submitted work
		Physician Education Resource	Outside the submitted work
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Janssen Oncology, Merck, Kura Oncology, Ignyta, Ayala Pharmaceuticals, and KLUS Pharma	Outside the submitted work

		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)
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Inventor on a patent for the use of lesional dosimetry methods for tailoring targeted radiotherapy in cancer	Outside the submitted work.
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 6/19/2023

Your Name: Shannon Kaplan

Manuscript Title: Clinical and genomic determinants of the efficacy of immune checkpoint blockade therapy in head and neck squamous cell carcinoma

Manuscript Number (if known): 169823-JCI-CMED-RV-2

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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ICMJE DISCLOSURE FORM

Date: 6/19/2023

Your Name: Lillian Boe

Manuscript Title: Clinical and genomic determinants of the efficacy of immune checkpoint blockade therapy in head and neck squamous cell carcinoma

Manuscript Number (if known): 169823-JCI-CMED-RV-2

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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ICMJE DISCLOSURE FORM

Date: 6/19/2023

Your Name: Mark Lee

Manuscript Title: Clinical and genomic determinants of the efficacy of immune checkpoint blockade therapy in head and neck squamous cell carcinoma

Manuscript Number (if known): 169823-JCI-CMED-RV-2

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 6/19/2023

Your Name: Li Liu

Manuscript Title: Clinical and genomic determinants of the efficacy of immune checkpoint blockade therapy in head and neck squamous cell carcinoma

Manuscript Number (if known): 169823-JCI-CMED-RV-2

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2	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 6/19/2023

Your Name: Luc Morris

Manuscript Title: Clinical and genomic determinants of the efficacy of immune checkpoint blockade therapy in head and neck squamous cell carcinoma

Manuscript Number (if known): 169823-JCI-CMED-RV-2

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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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ICMJE DISCLOSURE FORM

Date: 6/19/2023

Your Name: Lillian Boe

Manuscript Title: Clinical and genomic determinants of the efficacy of immune checkpoint blockade therapy in head and neck squamous cell carcinoma

Manuscript Number (if known): 169823-JCI-CMED-RV-2

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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ICMJE DISCLOSURE FORM

Date: 6/19/2023

Your Name: Traci Pawlowski

Manuscript Title: [Clinical and genomic determinants of the efficacy of immune checkpoint blockade therapy in head and neck squamous cell carcinoma]

Manuscript Number (if known): 169823-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/19/2023

Your Name: Xin Pei

Manuscript Title: Clinical and genomic determinants of the efficacy of immune checkpoint blockade therapy in head and neck squamous cell carcinoma

Manuscript Number (if known): 169823-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/19/2023

Your Name: Nadeem Riaz

Manuscript Title: Clinical and genomic determinants of the efficacy of immune checkpoint blockade therapy in head and neck squamous cell carcinoma

Manuscript Number (if known): 169823-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/19/2023

Your Name: Reith Sarkar

Manuscript Title: Clinical and genomic determinants of the efficacy of immune checkpoint blockade therapy in head and neck squamous cell carcinoma

Manuscript Number (if known): 169823-JCI-CMED-RV-2

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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ICMJE DISCLOSURE FORM

Date: 6/19/2023

Your Name: David Solit

Manuscript Title: Clinical and genomic determinants of the efficacy of immune checkpoint blockade therapy in head and neck squamous cell carcinoma

Manuscript Number (if known): 169823-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/19/2023

Your Name: Cristina Valero

Manuscript Title: Clinical and genomic determinants of the efficacy of immune checkpoint blockade therapy in head and neck squamous cell carcinoma

Manuscript Number (if known): 169823-JCI-CMED-RV-2

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Date: 6/19/2023

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Manuscript Number (if known): 169823-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/19/2023

Your Name: Bin Xu

Manuscript Title: Clinical and genomic determinants of the efficacy of immune checkpoint blockade therapy in head and neck squamous cell carcinoma

Manuscript Number (if known): 169823-JCI-CMED-RV-2

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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: Since the initial planning of the work								
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