

ICMJE DISCLOSURE FORM

Date: 8/8/2024

Your Name: Brooke Benner

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-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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		AstraZeneca	
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	

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: 8/7/2024

Your Name: Steven Sun

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 8/7/2024

Your Name: Robert Wesolowski, MD

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-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: 8/12/2024

Your Name: Xueliang (Jeff) Pan

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 8/14/2024

Your Name: Kristin Bixel

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-2

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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	

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: 8/9/2024

Your Name: Logan Good

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-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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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: 8/8/2024

Your Name: Kari Kendra

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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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	

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: 8/16/2024

Your Name: Anne Noonan

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-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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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Onclive	Paid educational lecturer
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Taiho Oncology, Elevar Therapeutics Exelixis	Paid advisory board member
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Astra Zeneca	Paid member of a steering committee

		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)
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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 type="checkbox"/> None	
		GOG Foundation, OncLive/MJH Life Sciences, AstraZeneca, Deciphera, Merck and Immunogen	Husband has been a paid advisory board member

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

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ICMJE DISCLOSURE FORM

Date: 8/16/2021

Your Name: Gang Xin

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 8/20/2024

Your Name: Olivier Elemento

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-2

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Champions Oncology</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Champions Oncology								
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Volastra Therapeutics</td> <td></td> </tr> <tr> <td>OneThree Biotech</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Volastra Therapeutics		OneThree Biotech						
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11	Stock or stock options	<input type="checkbox"/> None	
		Volastra Therapeutics	Genetic Intelligence
		OneThree Biotech	Acuamark DX
		Owkin	Harmonic Discovery
		Freenome	
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	

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: 8/16/2024

Your Name: Paul Monk

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-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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ICMJE DISCLOSURE FORM

Date: 8/7/2024

Your Name: Himanshu Savardekar

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-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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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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: 8/20/2024

Your Name: Manisha H. Shah

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-2

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6	Payment for expert testimony]	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 8/8/2024

Your Name: DONGJUN CHUNG

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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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	

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: 8/12/2024

Your Name: Bhavana Konda

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="width: 60%;">Merck</td><td>To my institution</td></tr> <tr><td>Xencor</td><td>To my institution</td></tr> <tr><td>Eisai</td><td>To my institution</td></tr> </table>	Merck	To my institution	Xencor	To my institution	Eisai	To my institution
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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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: 8/12/2024

Your Name: Lai Wei

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 8/7/2021

Your Name: Dionisia Quiroga

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-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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		Integrity Continuing Education, Inc	Payment for educational event to made to me
		MJH Life Sciences	Payment for educational event to made to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 8/7/2024

Your Name: Emily Schwarz

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 8/12/2024

Your Name: William E. Carson III

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-2

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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	

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.

W E Carson III, MD

ICMJE DISCLOSURE FORM

Date: 8/19/2024

Your Name: Gregory Behbehani

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-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: 8/16/2024

Your Name: Bradley W. Blaser *Bradley W. Blaser*

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-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: 8/12/2024

Your Name: John Hays

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-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: 8/7/2024

Your Name: Jami Shaffer

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-2

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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: 8/7/2024

Your Name: Kyeong Joo Jung

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-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: 8/8/2024

Your Name: Claire Verschraegen

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-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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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.

C. Verschraegen, MD
8/7/2024

ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Yang Hu

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-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: 8/12/2024

Your Name: Jianying Li

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-2

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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: 8/12/2024

Your Name: Luke Scarberry

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-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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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: 8/8/2024

Your Name: Megan Duggan

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-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: 8/7/2024

Your Name: Gabriella Lapurga

Manuscript Title: Inhibition of Bruton's tyrosine kinase with PD-1 blockade modulates T cell activation in solid tumors

Manuscript Number (if known): 169927-INS-CMED-TR-2

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