ICMJE DISCLOSURE FORM

Date: 10/10/2025

Your Name: Kathryne E. Marks

Manuscript Title: Pre-treatment naïve T cells are associated with severe irAE following PD-1/CTLA4 checkpoint blockade for melanoma

Manuscript Number (if known): 198203-INS-CRPH-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.

		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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		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)
4	Consulting fees	☒ **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**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

		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)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 10/10/2025

Your Name: Alice Horisberger

Manuscript Title: Pre-treatment naïve T cells are associated with severe irAE following PD-1/CTLA4 checkpoint blockade for melanoma

Manuscript Number (if known): 198203-INS-CRPH-RV-2

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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).	☐ **None**	
		Lausanne University Hospital (CHUV)	Current employement
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☐ **None**	
		Glaxo Smith Kline	Payment to institution CHUV
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	☐ **None**	
		AstraZeneca	Payment to institution CHUV
		Glaxo Smith Kline	Payment to institution CHUV

		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)
	educational events		
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
		AstraZeneca	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	

		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)
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 10/10/2025

Your Name: Mehreen Elahee

Manuscript Title: Pre-treatment naïve T cells are associated with severe irAE following PD-1/CTLA4 checkpoint blockade for melanoma

Manuscript Number (if known): 198203-INS-CRPH-RV-2

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			Click the tab key to add additional rows.

		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: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **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**	
8	Patents planned, issued or pending	☒ **None**	

		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)
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 10/13/2025

Your Name: Ifeoluwakiisi Adejoorin

Manuscript Title: Pre-treatment naïve T cells are associated with severe irAE following PD-1/CTLA4 checkpoint blockade for melanoma

Manuscript Number (if known): 198203-INS-CRPH-RV-2

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Time frame: Since the initial planning of the work			
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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).	☒ **None**	
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers	☒ **None**	

		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)
	bureaus, manuscript writing or educational events		
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	

		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)
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 10/14/2025

Your Name: Nilasha Ghosh

Manuscript Title: Pre-treatment naïve T cells are associated with severe irAE following PD-1/CTLA4 checkpoint blockade for melanoma

Manuscript Number (if known): 198203-INS-CRPH-RV-2

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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)
Time frame: Since the initial planning of the work			
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Time frame: past 36 months			

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2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **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**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety	☐ **None**	

		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)
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 10/14/2025

Your Name: Michael Postow

Manuscript Title: Pre-treatment naïve T cells are associated with severe irAE following PD-1/CTLA4 checkpoint blockade for melanoma

Manuscript Number (if known): 198203-INS-CRPH-RV-2

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		RGenix, Infinity, BMS, Merck, Novartis, BioAtla, Genentech	
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☐ **None**	
		BMS, Merck, Novartis, Eisai, Chugai, Pfizer, Erasca, Nektar, Lyvgen, Replimune	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	☒ **None**	

		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)
	manuscript writing or educational events		
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	

		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)
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 10/16/2025

Your Name: Laura Donlin

Manuscript Title: Pre-treatment naïve T cells are associated with severe irAE following PD-1/CTLA4 checkpoint blockade for melanoma

Manuscript Number (if known): 198203-INS-CRPH-RV-2

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	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).	☒ **None**	
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **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**	

		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	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 10/10/2025

Your Name: Anne R Bass

Manuscript Title: Pre-treatment naïve T cells are associated with severe irAE following PD-1/CTLA4 checkpoint blockade for melanoma

Manuscript Number (if known): 198203-INS-CRPH-RV-2

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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).	☐ **None**	
		NIAMS R01AR085258-01A1 (NOT related to the current study/manuscript)	
3	Royalties or licenses	☒ **None**	

		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)
4	Consulting fees	☒ **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**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		Treasurer of the American College of Rheumatology and Rheumatology Research Foundation	

		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)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 10/10/2025

Your Name: Deepak Rao

Manuscript Title: Pre-treatment naïve T cells are associated with severe irAE following PD-1/CTLA4 checkpoint blockade for melanoma

Manuscript Number (if known): 198203-INS-CRPH-RV-2

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		Rheumatology Research Foundation	Grant funding
		Burroughs Wellcome Fund	Grant funding
			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).	☐ **None**	
		Janssen	Research funding
		Bristol-Myers Squibb	Research funding
		Merck	Research funding
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☐ **None**	
		AstraZeneca	Personal fees
		Pfizer	Personal fees
		Biogen	Personal fees
		Epana	Personal fees
		Bristol-Myers Squibb	Personal fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Abbvie	Speaker
6	Payment for expert testimony	☒ **None**	

		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)
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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