ICMJE DISCLOSURE FORM

Date: 3/18/2026

Your Name: Cheng-Yu Tsai

Manuscript Title: A lipid–immune network signature defines susceptibility to asparaginase-associated pancreatitis

Manuscript Number (if known): 202662-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.

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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**	

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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: 3/18/2026

Your Name: Na Bo

Manuscript Title: A lipid–immune network signature defines susceptibility to asparaginase-associated pancreatitis

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		Statistical analysis and writing support to Cheng-Yu Tsai and Sohail Husain	
			Click the tab key to add additional rows.
Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: 3/18/2026

Your Name: Thai Hoa Tran

Manuscript Title: A lipid–immune network signature defines susceptibility to asparaginase-associated pancreatitis

Manuscript Number (if known): 202662-INS-CRPH-RV-2

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ICMJE DISCLOSURE FORM

Date: 3/18/2026

Your Name: Maisam Abu-El-Haija

Manuscript Title: A lipid–immune network signature defines susceptibility to asparaginase-associated pancreatitis

Manuscript Number (if known): 202662-INS-CRPH-RV-2

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ICMJE DISCLOSURE FORM

Date: 3/18/2026

Your Name: Gayathri Swaminathan

Manuscript Title: A lipid–immune network signature defines susceptibility to asparaginase-associated pancreatitis

Manuscript Number (if known): 202662-INS-CRPH-RV-2

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ICMJE DISCLOSURE FORM

Date: 3/18/2026

Your Name: Bomi Lee

Manuscript Title: A lipid–immune network signature defines susceptibility to asparaginase-associated pancreatitis

Manuscript Number (if known): 202662-INS-CRPH-RV-2

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ICMJE DISCLOSURE FORM

Date: 3/18/2026

Your Name: Sudhir Ghandikota

Manuscript Title: A lipid–immune network signature defines susceptibility to asparaginase-associated pancreatitis

Manuscript Number (if known): 202662-INS-CRPH-RV-2

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ICMJE DISCLOSURE FORM

Date: 3/18/2026

Your Name: Li Wen

Manuscript Title: A lipid–immune network signature defines susceptibility to asparaginase-associated pancreatitis

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Date: 3/18/2026

Your Name: Yves Theoret

Manuscript Title: A lipid–immune network signature defines susceptibility to asparaginase-associated pancreatitis

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ICMJE DISCLOSURE FORM

Date: 3/18/2026

Your Name: Steven Mittelman

Manuscript Title: A lipid–immune network signature defines susceptibility to asparaginase-associated pancreatitis

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ICMJE DISCLOSURE FORM

Date: 3/18/2026

Your Name: Anil G Jegga

Manuscript Title: A lipid–immune network signature defines susceptibility to asparaginase-associated pancreatitis

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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: 3/18/2026

Your Name: Lewis Silverman

Manuscript Title: A lipid–immune network signature defines susceptibility to asparaginase-associated pancreatitis

Manuscript Number (if known): 202662-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**	
		Servier Pharmaceuticals	Provided funding to institution to support conduct of clinical trial from which samples for this study were obtained and analyzed.
3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Servier Pharmaceuticals	Paid to me to give an educational lecture at SIOP meeting (not speakers bureau)
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**	

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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: 3/18/2026

Your Name: Ying Ding

Manuscript Title: A lipid–immune network signature defines susceptibility to asparaginase-associated pancreatitis

Manuscript Number (if known): 202662-INS-CRPH-RV-2

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

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ICMJE DISCLOSURE FORM

Date: 3/18/2026

Your Name: Sohail Husain

Manuscript Title: A lipid–immune network signature defines susceptibility to asparaginase-associated pancreatitis

Manuscript Number (if known): 202662-INS-CRPH-RV-2

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		Servier Pharmaceuticals	
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