ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Royalties: Funds are coming in to you or your institution due to your patent.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Irit

2. Surname (Last Name)  
Avivi

3. Date  
25-September-2017

4. Are you the corresponding author?  
[ ] Yes  [✓] No  
Corresponding Author’s Name  
Sattva Neelapu

5. Manuscript Title  
Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma

6. Manuscript Identifying Number (if you know it)  
17-07447

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[ ] Yes  [✓] No

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[ ] Yes  [✓] No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
[ ] Yes  [✓] No

Avivi
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**Section 5. Relationships not covered above**

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- [ ] Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Avivi has nothing to disclose.

**Evaluation and Feedback**

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**Royalties:** Funds are coming in to you or your institution due to your patent
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Jeff
2. **Surname (Last Name)**
   - Aycock
3. **Date**
   - 25-September-2017
4. **Are you the corresponding author?**
   - Yes
5. **Manuscript Title**
   - Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma
6. **Manuscript Identifying Number (if you know it)**
   - 17-07447

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Are there any relevant conflicts of interest?  
- Yes
- No

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Dr. Aycock reports personal fees and other support from Kite Pharma outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  NANCY
2. Surname (Last Name)  BARTLETT
3. Date  19-September-2017
4. Are you the corresponding author? ☐ Yes  ✔ No
   Corresponding Author’s Name  Sattva Neelapu
5. Manuscript Title  Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma
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BARTLETT
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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 

- Yes  
- No

### Section 5. Relationships not covered above

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Dr. BARTLETT reports grants from Celgene, grants and personal fees from Seattle Genetics, grants from Genentech, grants and personal fees from Pfizer, grants and personal fees from KITE, grants from Merck, grants from Bristol-Meyers Squibb, grants from Immune Design, grants from Forty Seven, grants from Affimed, grants from Janssen, grants from Pharmacyclics, grants from Millenium, grants from ImaginAB, grants from Novartis, grants from Gilead, grants from Dynavax, grants from Mediummune, grants from Incyte, and grants from Idera outside the submitted work.
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Section 1. Identifying Information

1. Given Name (First Name)
   Adrian

2. Surname (Last Name)
   Bot

3. Date
   25-September-2017

4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name
   Sattva Neelapu

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Ira

2. Surname (Last Name)  
   Braunschweig

3. Date  
   20-September-2017

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Sattva S. Neelapu

5. Manuscript Title  
   Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma

6. Manuscript Identifying Number (if you know it)  
   17-07447

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   Yes  ✔  No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   Yes  ✔  No

If yes, please fill out the appropriate information below.

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes  ✔  No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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**Section 6. Disclosure Statement**

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Dr. Braunschweig reports personal fees from KITE Pharma outside the submitted work.

**Evaluation and Feedback**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Januario

2. Surname (Last Name)  
Castro

3. Date  
13-November-2017

4. Are you the corresponding author?  
☐ Yes  ☑ No  

Corresponding Author’s Name  
Sattva Neelapu

5. Manuscript Title  
Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma

6. Manuscript Identifying Number (if you know it)  
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Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
☑ Yes  ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Section 6. Disclosure Statement

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Dr. Castro reports grant support from Kite, a Gilead Company, during the conduct of the study.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Chang

3. Date  
   17-October-2017

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name
   Sattva Neelapu

5. Manuscript Title  
   Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma

6. Manuscript Identifying Number (if you know it)  
   17-07447

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Julio
2. Surname (Last Name)  Chavez
3. Date  21-September-2017
4. Are you the corresponding author?  Yes ☑ No
Corresponding Author's Name  Sattva Neelapu
5. Manuscript Title  Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma
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Dr. Chavez reports personal fees from Kite and personal fees from Novartis outside the submitted work.

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<th>5. Manuscript Title</th>
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<td>Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma</td>
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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Deol has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
   Meg

2. Surname (Last Name)
   Elias

3. Date
   27-September-2017

4. Are you the corresponding author?  
   ✔ No
   Corresponding Author’s Name
   Sattva Neelapu

5. Manuscript Title
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<td>Yes</td>
<td></td>
<td>✔</td>
<td>Kite employee and receive benefits and equity from Kite</td>
</tr>
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Dr. Elias reports personal fees and other support from Kite Pharma outside the submitted work.

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Farooq

1
Section 1. Identifying Information

1. Given Name (First Name)  
   Umar

2. Surname (Last Name)  
   Farooq

3. Date  
   17-September-2017

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Sattva S. Neelapu

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1. Given Name (First Name) Ian
2. Surname (Last Name) Flinn
3. Date 27-October-2017
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Sattva Neelapu
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jonathan

2. Surname (Last Name)  
   Friedberg

3. Date  
   09-Novermber-2017

4. Are you the corresponding author?  
   Yes [✔] No

---

5. Manuscript Title  
   Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma

6. Manuscript Identifying Number (if you know it)  
   17-07447

---

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
Yes [✔] No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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**Section 3. Relevant financial activities outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
Yes [✔] No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Friedberg reports grant support from Kite Pharmaceuticals during the conduct of the study; personal fees from Bayer outside the submitted work.

Evaluation and Feedback

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Instructions

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- **Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Armin

2. Surname (Last Name)  
   Ghobadi

3. Date  
   17-November-2017

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Sattva Neelapu

5. Manuscript Title  
   Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
   ✔ No

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   No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Dr. Ghobadi reports personal fees from Kite Pharma outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) William
2. Surname (Last Name) Go
3. Date 08-November-2017
4. Are you the corresponding author? No
5. Manuscript Title
   Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma
6. Manuscript Identifying Number (if you know it)
   17-07447

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes

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Dr. Go reports personal fees from Kite, a Gilead Company, and other support from Gilead outside the submitted work; In addition, Dr. Go reports patents related to methods of conditioning patients for T Cell therapy (15/167,977) issued to Kite Pharma, (PCT/US2016/034888) (105116879) (15/649,369) and (PCT/US2016/034885) pending to Kite Pharma, (62/167,750) and (62/262,143) licensed to Kite Pharma, and patents related to diagnostic methods for T Cell therapy (62/167,738) and (62/262,111) licensed to Kite Pharma.

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ICI Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 
   Andre

2. Surname (Last Name) 
   Goy

3. Date 
   16-November-2017

4. Are you the corresponding author? 
   Yes ✔ No

Corresponding Author’s Name 
Sattva Neelapu

5. Manuscript Title 
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Dr. Goy reports grant support and personal fees from Celgene and Pharmacyclics/J&J, grant support from Genentech and Acerta, personal fees from Takeda outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Brian

2. Surname (Last Name)  
   Hill

3. Date  
   25-September-2017

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Sattva Neelapu

5. Manuscript Title  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☐ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hill has nothing to disclose.

Evaluation and Feedback

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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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- **Royalties:** Funds are coming in to you or your institution due to your patent

Jacobsen
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Eric
2. Surname (Last Name)  Jacobsen
3. Date  28-September-2017
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Sattva Neelapu
5. Manuscript Title  Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma
6. Manuscript Identifying Number (if you know it)  17-07447

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?
Are there any relevant conflicts of interest?  Yes  No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.
Are there any relevant conflicts of interest?  Yes  No
If yes, please fill out the appropriate information below.

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<tr>
<th>Name of Entity</th>
<th>Grant?</th>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  □ Yes  ✔ No

Section 5. Relationships not covered above

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Dr. Jacobsen reports personal fees from Bayer, personal fees from Merck, personal fees from Seattle Genetics, personal fees from Spectrum, and personal fees from Pharmacyclics outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Caron

2. Surname (Last Name)  
   Jacobson

3. Date  
   18-September-2017

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Sattva Neelapu

5. Manuscript Title  
   Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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Yes

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<td>Consultancy</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Jacobson reports personal fees from Kite Pharma outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Yizhou

2. Surname (Last Name)  
Jiang

3. Date  
25-September-2017

4. Are you the corresponding author?  
Yes  ✔  No

Corresponding Author’s Name  
Sattva Neelapu

5. Manuscript Title  
Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma

6. Manuscript Identifying Number (if you know it)  
17-07447

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
Yes  ✔  No

Section 3. Relevant financial activities outside the submitted work.

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Yes  ✔  No

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<tr>
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<td>✔</td>
<td></td>
<td>✔</td>
<td>Employee of Kite Pharma with equity ownership</td>
</tr>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
Yes  ✔  No
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Krishna
2. Surname (Last Name)  Komanduri
3. Date  21-September-2017
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title
   Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma
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If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the "X" button.

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Dr. Komanduri reports other from Kite during the conduct of the study.

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**Royalties:** Funds are coming in to you or your institution due to your patent
## Section 1. Identifying Information

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<th>1. Given Name (First Name)</th>
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<tr>
<td>2. Surname (Last Name)</td>
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- Are you the corresponding author? Yes ☐ No ☑
- Corresponding Author’s Name: Sattva S. Neelapu

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| 6. Manuscript Identifying Number (if you know it) | 17-07447 |

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

- Are there any relevant conflicts of interest? Yes ☐ No ☑

## Section 3. Relevant financial activities outside the submitted work.

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- Are there any relevant conflicts of interest? Yes ☐ No ☑

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ☐ No ☑
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Lekakis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Ronald
2. Surname (Last Name)  Levy
3. Date  25-September-2017
4. Are you the corresponding author?  Yes  ☑  No
   Corresponding Author’s Name  Sattva S. Neelapu
5. Manuscript Title  Axicabatgene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma
6. Manuscript Identifying Number (if you know it)  17-07447

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Lin

1
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Yi  
2. Surname (Last Name)  Lin  
3. Date  25-September-2017  
4. Are you the corresponding author?  Yes ☐ No ☑  
   Corresponding Author’s Name  Sattva Neelapu  
5. Manuscript Title  
   Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma  
6. Manuscript Identifying Number (if you know it)  17-07447

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1. Given Name (First Name) Frederick
2. Surname (Last Name) Locke
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4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Sattva Neelapu
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Section 1. Identifying Information

1. Given Name (First Name)  
Peter

2. Surname (Last Name)  
McSweeney

3. Date  
01-September-2017

4. Are you the corresponding author?  
☑ No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

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Dr. McSweeney reports personal fees from Kite Pharma outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Miklos

3. Date  
   18-September-2017

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Sattva Neelapu

5. Manuscript Title  
   Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
   Yes ☑ No

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Dr. Miklos reports grants and personal fees from Kite Pharma, grants and personal fees from Pharmacyclics, grants and personal fees from Adaptive Biotechnology, grants and personal fees from Novartis, and grants and personal fees from Janssen Inc outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Javier

2. Surname (Last Name)  
   Munoz

3. Date  
   20-December-2017

4. Are you the corresponding author?  
   ✔ Yes  
   ✔ No

   Corresponding Author’s Name  
   Sattva Neelapu

5. Manuscript Title  
   Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma

6. Manuscript Identifying Number (if you know it)  
   17-07447

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**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   ✔ Yes  
   ✔ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Dr. Munoz reports receiving advisory board fees and lecture fees from Kite pharma.

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**Section 3. Relevant financial activities outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   ✔ Yes  
   ✔ No

If yes, please fill out the appropriate information below.

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Advisory board
ICMJE Form for Disclosure of Potential Conflicts of Interest

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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ✔ No

**Section 5. Relationships not covered above**

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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**Section 6. Disclosure Statement**

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Munoz reports personal fees from Kite Pharma during the conduct of the study; personal fees from Pfizer, Pharmacyclics, Alexion, Bayer, Gilead, and BMS outside the submitted work.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Lynn
2. Surname (Last Name)  Navale
3. Date  25-September-2017
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Sattva Neelapu
5. Manuscript Title  Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma
6. Manuscript Identifying Number (if you know it)  17-07447

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Dr. Navale reports personal fees from Kite, a Gilead Company, and other support from Gilead outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Sattva

2. Surname (Last Name)  
   Neelapu

3. Date  
   14-November-2017

4. Are you the corresponding author?  
   ✔ Yes  
   □ No

5. Manuscript Title  
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</tbody>
</table>
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ✔ No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

✔ No other relationships/conditions/circumstances that present a potential conflict of interest

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Dr. Neelapu reports grant support from Kite Pharma during the conduct of the study; personal fees from Kite Pharma outside the submitted work.

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Royalties: Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
Olalekan

2. Surname (Last Name)  
Oluwole

3. Date  
29-September-2017

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Sattva Neelapu

5. Manuscript Title  
Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma

6. Manuscript Identifying Number (if you know it)  
17-07447

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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

Are there any relevant conflicts of interest?  
☑ No

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Dr. Oluwole has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Patrick

2. Surname (Last Name)  
Reagan

3. Date  
31-August-2017

4. Are you the corresponding author?  
☑ Yes  ☐ No

Corresponding Author’s Name  
Sattva S. Neelapu

5. Manuscript Title  
Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma

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<th>Other?</th>
<th>Comments</th>
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<td>Seattle Genetics</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Research funding</td>
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Dr. Reagan reports grants from Seattle Genetics outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Rossi

3. Date  
   25-September-2017

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

   Corresponding Author's Name  
   Sattva Neelapu

5. Manuscript Title  
   Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma

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<th>Other?</th>
<th>Comments</th>
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<td>✓</td>
<td>☐</td>
<td>☐</td>
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</tr>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>✓</td>
<td>equity ownership</td>
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<tr>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
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<tbody>
<tr>
<td>Tanya</td>
<td>Siddiqi</td>
<td>20-September-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author’s Name: Sattva Neelapu

5. Manuscript Title
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<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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<tbody>
<tr>
<td>Kite pharma</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>sponsored trials at City of Hope of which I am PI (not personal grants); travel/hotel/meals reimbursement for EHA 2016 and Lymphoma &amp; Myeloma conferences (to present study data); travel/hotel/meals coverage for investigator meeting.</td>
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<tbody>
<tr>
<td>Pharmacyclics</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td>Speaker's bureau for ibrutinib; sponsored trials at City of Hope of which I am PI (not personal grants)</td>
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<tr>
<td>Seattle Genetics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Speaker's bureau for brentuximab vedotin</td>
</tr>
<tr>
<td>Juno</td>
<td>✔</td>
<td>✔</td>
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**Other:** Anything not covered under the previous three boxes

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**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Mitchell  
2. Surname (Last Name)  
   Smith  
3. Date  
   27-September-2017  
4. Are you the corresponding author?  
   ☑ Yes  
   ❌ No  
5. Manuscript Title  
   Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma  
6. Manuscript Identifying Number (if you know it)  
   17-07447

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Are there any relevant conflicts of interest?  
   ☑ Yes  
   ❌ No

**Section 3. Relevant financial activities outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.  
Are there any relevant conflicts of interest?  
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   ❌ No  
If yes, please fill out the appropriate information below.

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<td>Research funding</td>
</tr>
</tbody>
</table>
### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  
☑ No

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Smith reports grants and personal fees from Seattle Genetics, personal fees from Genentech, grants from Takeda, and grants from Celgene outside the submitted work.

### Evaluation and Feedback

Please visit [http://www.icmje.org/cgi-bin/feedback](http://www.icmje.org/cgi-bin/feedback) to provide feedback on your experience with completing this form.
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Section 1. Identifying Information

1. Given Name (First Name)  Patrick

2. Surname (Last Name)  Stiff

3. Date  01-September-2017

4. Are you the corresponding author?  ☑ Yes  ☐ No

Corresponding Author’s Name

Sattva Neelapu

5. Manuscript Title

Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma

6. Manuscript Identifying Number (if you know it)

17-07447

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Dr. Stiff reports grants from Kite Pharma during the conduct of the study.

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<tr>
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<td>4. Are you the corresponding author?</td>
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<td>Sattva Neelapu</td>
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Are there any relevant conflicts of interest? Yes No

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Section 3. Relevant financial activities outside the submitted work.

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Section 4. **Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ✔ No

Section 5. **Relationships not covered above**

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. **Disclosure Statement**

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Dr. Timmerman reports grants from Kite Pharma during the conduct of the study; grants from Bristol-Myers Squibb, grants from Valor Biopharmaceuticals, grants from Janssen, personal fees from Celgene, personal fees from Seattle Genetics, and personal fees from Genmab outside the submitted work.
ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jason

2. Surname (Last Name)  
   Westin

3. Date  
   29-September-2017

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Sattva Neelapu

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Dr. Westin reports personal fees from Kite Pharma during the conduct of the study.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Jeffrey

2. Surname (Last Name)  
   Wiezorek

3. Date  
   25-September-2017

4. Are you the corresponding author?  
   Yes ✔

5. Manuscript Title  
   Axicabtagene Ciloleucel (CD19 CAR T) in Refractory Large B-Cell Lymphoma

6. Manuscript Identifying Number (if you know it)  
   17-07447

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   Yes ✔

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   Yes ✔

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kite Pharma</td>
<td></td>
<td>✔</td>
<td></td>
<td>✔</td>
<td>Employment and equity at Kite</td>
</tr>
</tbody>
</table>

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes ✔

---

Wieżorek
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☒ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Wiezorek reports personal fees and other support from Kite Pharma outside the submitted work.

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.


This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally [but not always] paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Witzig

3. Date  
   31-August-2017

4. Are you the corresponding author?  
   [ ] Yes  ✔ No

   Corresponding Author’s Name  
   Sattva Neelapu

5. Manuscript Title  
   Axicabtagene Ciloleucel (CD19 CAR T Therapy) in Refractory Aggressive NHL

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Are there any relevant conflicts of interest?  
   [ ] Yes  ✔ No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

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Section 4. Intellectual Property -- Patents & Copyrights

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   [ ] Yes  ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Witzig has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.