ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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3. **Relevant financial activities outside the submitted work.**
   
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4. **Intellectual Property.**
   
   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Hani

2. Surname (Last Name)  
   Babiker

3. Date  
   30-March-2018

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Michael R. Migden

5. Manuscript Title  
   PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma

6. Manuscript Identifying Number (if you know it)  
   18-05131

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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<td>☑</td>
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Dr. Babiker reports grant support from Regeneron during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jocelyn

2. Surname (Last Name)  
   Booth

3. Date  
   02-April-2018

4. Are you the corresponding author?  
   Yes ✔ No

   Corresponding Author’s Name  
   Michael R. Migden

5. Manuscript Title  
   PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma

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Are there any relevant conflicts of interest?  
   Yes ✔ No

If yes, please fill out the appropriate information below.

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Dr. Booth reports personal fees from Regeneron Pharmaceuticals outside the submitted work.

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<tr>
<td>Irene</td>
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<td>16-May-2018</td>
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4. Are you the corresponding author? [ ] Yes [ ] No
Corresponding Author’s Name
Michael R. Migden

5. Manuscript Title
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Dr. Brana has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Anne Lynn  

2. Surname (Last Name)  
   Chang  

3. Date  
   30-March-2018  

4. Are you the corresponding author?  
   ✔ Yes  
   No  

Corresponding Author’s Name  
Michael R. Migden  

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No  

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Section 1. Identifying Information

1. Given Name (First Name)  
   Christine

2. Surname (Last Name)  
   Chung

3. Date  
   04-May-2018

4. Are you the corresponding author?  
   ☑ Yes  
   No

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   Michael R. Migden

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<tr>
<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bristol-Myers Squibb</td>
<td>☑</td>
<td>✓</td>
<td>☑</td>
<td></td>
<td>I received honorarium for serving in ad hoc scientific advisory board for nivolumab which is a PD-1 inhibitor.</td>
</tr>
</tbody>
</table>
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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

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</thead>
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<tr>
<td>AstraZeneca</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td>I received honorarium for serving in an ad hoc scientific advisory board for durvalumab which is a PD-L1 inhibitor.</td>
</tr>
</tbody>
</table>

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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?

[ ] 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. Chung reports other from Regeneron during the conduct of the study; personal fees from Bristol-Myers Squibb and AstraZeneca outside the submitted work.

---

Chung
ICMJE Form for Disclosure of Potential Conflicts of Interest

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)  Lara
2. Surname (Last Name)  Dunn
3. Date  10-April-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Michael R. Migden
5. Manuscript Title  PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma
6. Manuscript Identifying Number (if you know it)  18-05131

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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Are there any relevant conflicts of interest?  Yes  No

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Dr. Dunn 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)  
   Bo

2. Surname (Last Name)  
   Gao

3. Date  
   10-May-2018

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Carcinoma

6. Manuscript Identifying Number (if you know it)  
   18-05131

**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?  
   No

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Are there any relevant conflicts of interest?  
   Yes

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<tbody>
<tr>
<td>Regeneron Pharmaceuticals, Inc.</td>
<td></td>
<td>✔</td>
<td></td>
<td>✔</td>
<td>Employee and shareholder</td>
</tr>
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</table>

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   No
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Dr. Gao reports personal fees and other from Regeneron Pharmaceuticals, Inc. 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) Marta
2. Surname (Last Name) Gil-Martin
3. Date 06-April-2018
4. Are you the corresponding author? Yes No
   ✔
   Corresponding Author’s Name Michael R. Migden
5. Manuscript Title PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma
6. Manuscript Identifying Number (if you know it) 18-05131

Section 2. The Work Under Consideration for Publication

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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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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
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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. Gil-Martin 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)  Alexander
2. Surname (Last Name)  Guminski
3. Date  25-May-2018
4. Are you the corresponding author?  ✔ No
   Corresponding Author’s Name  Dr Michael Migden
5. Manuscript Title  PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma
6. Manuscript Identifying Number (if you know it)  18-05131

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Are there any relevant conflicts of interest?  ✔ No

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Are there any relevant conflicts of interest?  ✔ Yes  ✔ No
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<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
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Dr. Guminski reports personal fees and non-financial support from BMS, personal fees and non-financial support from Sun Pharma, personal fees from Merck KgA, personal fees from Eisai, personal fees from Pfizer, non-financial support from ASterlas, other from PPD Australia, outside the submitted work; .

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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)  
   Axel

2. Surname (Last Name)  
   Hauschild

3. Date  
   21-May-2018

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

   Corresponding Author’s Name  
   Michael R. Migden

5. Manuscript Title  
   PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma

6. Manuscript Identifying Number (if you know it)  
   18-05131

**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 □

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

### Section 5. Relationships not covered above

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Dr. Hauschild grant support and personal fees from Amgen, Bristol-Myers Squibb, Merck Serono, MSD/Merck, Philogen, Pierre Fabre, Provectus, Regeneron, Roche, and Novartis, personal fees from OncoSec 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)  
Leonel

2. Surname (Last Name)  
Hernandez-Aya

3. Date  
02-April-2018

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

   Corresponding Author’s Name  
Michael R. Migden

5. Manuscript Title  
PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma

6. Manuscript Identifying Number (if you know it)  
18-05131

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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 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. Hernandez-Aya reports grant support from Regeneron during the conduct of the study; grant support from BMS, Merck, Amgen, Roche, Novartis, Immunocore, Merck-EMD, Corvus, Polynoma, and Genentech 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)  
Jade

2. Surname (Last Name)  
Homsi

3. Date  
05-April-2018

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

4. Corresponding Author's Name  
Michael R. Migden

5. Manuscript Title  
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Yes  
No  
✓ 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?  
Yes  
No  
✓ No
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Dr. Homsi reports personal fees from Merck 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) Brett
2. Surname (Last Name) Hughes
3. Date 14-May-2018
4. Are you the corresponding author? Yes
5. Manuscript Title
PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma
6. Manuscript Identifying Number (if you know it)
18-05131

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Are there any relevant conflicts of interest? Yes

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

Dr. Hughes reports personal fees from Bristol-Myers Squibb, Boehringer Ingelheim, Merck Sharp & Dohme, Roche, AstraZeneca, Pfizer, and Eisai 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)  
Melissa L

2. Surname (Last Name)  
Johnson

3. Date  
07-May-2018

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

Corresponding Author’s Name  
Michael R. Migden

5. Manuscript Title  
PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma

6. Manuscript Identifying Number (if you know it)  
18-05131

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Nikhil

2. Surname (Last Name)  
   Khushalani

3. Date  
   18-May-2018

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
   Michael Migden

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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<td>Karl</td>
<td>Lewis</td>
<td>05-April-2018</td>
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4. Are you the corresponding author?  
- Yes  
- No  

Corresponding Author’s Name  
Michael R. Migden

5. Manuscript Title  
PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma

6. Manuscript Identifying Number (if you know it)  
18-05131

Section 2. The Work Under Consideration for Publication

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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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Are there any relevant conflicts of interest?  
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- No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Lewis reports grant support and personal fees from Regeneron during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jingjin
2. Surname (Last Name) Li
3. Date 06-April-2018
4. Are you the corresponding author? Yes No ✔
   Corresponding Author’s Name Michael R. Migden
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<th>Comments</th>
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<td>I am an employee of Regeneron.</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Siyu
2. Surname (Last Name)  Li
3. Date  05-April-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Michael R. Migden
5. Manuscript Title
   PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Annette

2. Surname (Last Name)  
Lim

3. Date  
05-April-2018

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Michael R. Migden

5. Manuscript Title  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Israel
2. Surname (Last Name) Lowy
3. Date 16-March-2018

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

Corresponding Author’s Name
Michael R. Migden

5. Manuscript Title
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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) Melissa
2. Surname (Last Name) Mathias
3. Date 09-April-2018
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name

Michael R. Migden

5. Manuscript Title
PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma

6. Manuscript Identifying Number (if you know it)
18-05131

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
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. Mathias reports personal fees and other from Regeneron Pharmaceuticals, Inc. 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)  Michael  
2. Surname (Last Name)  Migden  
3. Date  03-April-2018  
4. Are you the corresponding author?  ✔ Yes  ☐ No  
5. Manuscript Title  PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma  
6. Manuscript Identifying Number (if you know it)  18-05131

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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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<td>Prime</td>
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<td>☐</td>
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<td>Writing support disclosed within the manuscript</td>
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Dr. Migden reports non-financial support from Prime during the conduct of the study; personal fees from Novartis, Lilly, Sun Pharmaceuticals, and Regeneron outside the submitted work.

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Modi
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Badri

2. Surname (Last Name)  
   Modi

3. Date  
   30-March-2018

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

   Corresponding Author's Name  
   Michael R. Migden

5. Manuscript Title  
   PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma

6. Manuscript Identifying Number (if you know it)  
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   [ ] Yes  
   [ ] No

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   [ ] Yes  
   [ ] No

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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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Dr. Modi 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)  
   Kosalai

2. Surname (Last Name)  
   Mohan

3. Date  
   02-April-2018

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

   Corresponding Author’s Name  
   Michael R. Migden

5. Manuscript Title  
   PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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<td>[ ]</td>
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Dr. Mohan reports personal fees from Regeneron Pharmaceuticals outside the submitted work.

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**Section 1. Identifying Information**

1. **Given Name (First Name)**  
   Victor

2. **Surname (Last Name)**  
   Moreno

3. **Date**  
   04-May-2018

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

   **Corresponding Author’s Name**  
   Michael R. Midgen

5. **Manuscript Title**  
   PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma

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[ ] Yes  
✔ No

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

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Dr. Moreno has nothing to disclose.

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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)**
   - Jiaxin

2. **Surname (Last Name)**
   - Niu

3. **Date**
   - 03-April-2018

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

   **Corresponding Author’s Name**
   - Michael R. Migden

5. **Manuscript Title**
   - PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma

6. **Manuscript Identifying Number (if you know it)**
   - 18-05131

### 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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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. Niu reports personal fees from Takeda Oncology, Genentech, Biodesix, Paradigm, Ignyta, AstraZeneca, and Ventana 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)  
   Taofeek  
2. Surname (Last Name)  
   Owonikoko  
3. Date  
   15-May-2018  
4. Are you the corresponding author?  
   □ Yes  
   ✔ No  

   Corresponding Author’s Name  
   Michael R. Migden  
5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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□ Yes  
✔ No

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□ Yes  
✔ No

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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

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

Dr. Owonikoko has nothing to disclose.

Evaluation and Feedback

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Papadopoulos
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kyriakos
2. Surname (Last Name) Papadopoulos
3. Date 06-April-2018
4. Are you the corresponding author? [ ] Yes [X] No
   Corresponding Author’s Name Michael R. Migden
5. Manuscript Title
   PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma
6. Manuscript Identifying Number (if you know it)
   18-05131

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? [X] 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? [X] Yes [ ] No

If yes, please fill out the appropriate information below.

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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. Papadopoulos reports grant support from Regeneron during the conduct of the study; grant support from Merck, Medimmune, Merck KGaA, and MabSpace Biosciences 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) Guilherme
2. Surname (Last Name) Rabinowits
3. Date 06-April-2018
4. Are you the corresponding author? ☑ No
5. Manuscript Title PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma
6. Manuscript Identifying Number (if you know it) 18-05131

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Danny

2. Surname (Last Name)  
   Rischin

3. Date  
   22-May-2018

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

   Corresponding Author’s Name  
   Michael R. Migden

5. Manuscript Title  
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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

### Section 1. Identifying Information
1. Given Name (First Name)  
   Dirk
2. Surname (Last Name)  
   Schadendorf
3. Date  
   23-May-2018
4. Are you the corresponding author?  
   Yes [✔] No
   Corresponding Author’s Name  
   Michael R. Migden
5. Manuscript Title  
   PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma
6. Manuscript Identifying Number (if you know it)  
   18-05131

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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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☐ Yes  ☑ No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Chrysalyne

2. Surname (Last Name)  
Schmults

3. Date  
09-April-2018

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

Corresponding Author’s Name  
Michael R. Migden

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Frank

2. Surname (Last Name)  
   Seebach

3. Date  
   05-April-2018

4. Are you the corresponding author?  
   Yes ☑️ No

5. Manuscript Title  
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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.
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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
## Section 1. Identifying Information

<table>
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<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Elizabeth</td>
<td>Stankevich</td>
<td>02-April-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  

- Yes  
- No  

Corresponding Author’s Name: Michael R. Migden

5. Manuscript Title

PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma

6. Manuscript Identifying Number (if you know it)

18-05131

## 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.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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<td>I am employed by Regeneron</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?

- 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

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

Ms. Stankevich reports personal fees from Regeneron outside the submitted work.

Evaluation and Feedback

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.

4. **Intellectual Property.**

   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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Alesha

2. Surname (Last Name)  
Thai

3. Date  
28-May-2018

4. Are you the corresponding author?  
Yes ✔ No

Corresponding Author’s Name
Michael R. Migden

5. Manuscript Title  
PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma

6. Manuscript Identifying Number (if you know it)  
18-05131

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

Section 4. Intellectual Property -- Patents & Copyrights

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

Thai
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. Thai reports grant support from Spotlight Foundation Fellowship during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  George
2. Surname (Last Name)  Yancopoulos
3. Date  16-March-2018
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma

6. Manuscript Identifying Number (if you know it)
18-05131

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<td>Employee, shareholder, Board of Directors</td>
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</table>

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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Dr. Yancopoulos reports personal fees and other from Regeneron Pharmaceuticals, Inc. outside the submitted work.

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