

ICMJE DISCLOSURE FORM

Date: 1/16/2024

Your Name: Hidetoshi Hayashi

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/13/2024

Your Name: Kenji Chamoto

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Bristol Myers Squibb Japan	To Kenji Chamoto
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		WO2017/099034	
		WO2018/084204	
		WO2017/115816	
		WO2020/149026	
		WO2019/188354	
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		Japanese Cancer Association (Program committee)	

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	advocacy group, paid or unpaid	Japanese Society for Immunology (Board member) Japanese Society of Cancer Immunology (Board member)	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Please place an "X" next to the following statement to indicate your agreement:

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Date: 1/13/2024

Your Name: Ryusuke Hatae

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/15/2024

Your Name: Yosuke Togasshi

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">Daiichi-Sankyo</td><td>Research grant</td></tr> <tr><td>KORTUC</td><td>Research grant</td></tr> <tr><td>Janssen Pharma</td><td>Research grant</td></tr> <tr><td>AstraZeneca</td><td>Research grant</td></tr> </table>	Daiichi-Sankyo	Research grant	KORTUC	Research grant	Janssen Pharma	Research grant	AstraZeneca	Research grant
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		BMS	honoraria
		Ono Pharma	honoraria
		MSD	honoraria
		AstraZeneca	honoraria
		Chugai Pharma	honoraria
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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

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ICMJE DISCLOSURE FORM

Date: 1/15/2024

Your Name: Kazuya Fukuoka

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Chugai Pharmaceutical Co.,Ltd.	KYORIN Pharmaceutical Co., Ltd.
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 1/15/2024

Your Name: Megumi Goto

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Sysmex Corporation	Employee

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/15/2024

Your Name: Yasutaka Chiba

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 1/13/2024

Your Name: Shuta Tomida

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;">Illumina Inc.</td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;">NanoString Technologies Inc.</td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	Illumina Inc.		NanoString Technologies Inc.						
Illumina Inc.											
NanoString Technologies Inc.											
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/13/2024

Your Name: Takayo Ota

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/12/2024

Your Name: Koji Haratani

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: past 36 months								
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		AS ONE Corporation	Lecture fees
		AstraZeneca K.K.	Lecture fees
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 1/14/2024

Your Name: Takayuki Takahama

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

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4	Consulting fees	<input type="checkbox"/> None	
		Roche diagnostics	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		AszraZeneca K.K.	Roche diagnostics
		Tekeda pharmaceutical Co., Ltd.	MSD K.K.
		Chugai Co., Ltd.	Merck biopharma Co., Ltd.,
		Novartis Pharma K.K.	Taiho pharmaceutical Co., Ltd.
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 1/14/2024

Your Name: JUNKO TANIZAKI

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		AbbVie GK	AstraZeneca K.K.
		Boehringer Ingelheim Japan Inc.	Bristol-Myers Squibb Co. Ltd.
		Chugai Pharmaceutical Co. Ltd	Daiichi sankyo Co., Ltd.
		Eli Lilly Japan K.K.	Janssen Pharmaceutical K.K.
		MSD K.K.	Nihon Medi-Physics Co.,Ltd
		Nippon Kayaku Co.,Ltd	Taiho Pharmaceutical Co. Ltd.
		Takeda Pharmaceuticals	Ono pharmaceutical Co. Ltd
		Pfizer Japan Inc	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 1/15/2024

Your Name: Takeshi Yoshida

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/15/2024

Your Name: Tsutomu Iwasa

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/13/2024

Your Name: Kaoru Tanaka

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 1/15/2024

Your Name: Masayuki Takeda

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

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		CHUGAI PHARMACEUTICAL CO.,LTD.	AstraZeneca K.K.
		Bristol-Myers Squibb Company	Novartis Pharma K.K.
		ONO PHARMACEUTICAL CO.,LTD.	Boehringer Ingelheim
		Takeda Pharma Ltd	Bayer
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 1/15/2024

Your Name: Hironori Yoshida

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 1/14/2024

Your Name: Tomoko Hirano

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/14/2023

Your Name: Hiroaki Ozasa

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: Since the initial planning of the work									
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		AstraZeneca K.K.	Pfizer Japan Inc.
		MSD K.K	Novartis Pharmaceuticals
		CHUGAI PHARMACEUTICAL CO., LTD.	Takeda Pharmaceutical Company Limited
		ONO PHARMACEUTICAL CO., LTD.	Nippon Kayaku Co.,Ltd.
		Sanofi K.K.	Eli Lilly Japan K.K.
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/14/2024

Your Name: Yuichi Sakamori

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Chugai Pharmaceutical Co. Ltd</td> <td style="width: 50%;"></td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	Chugai Pharmaceutical Co. Ltd								
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 1/15/2024

Your Name: Kazuko Sakai

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Life Technologies Japan Ltd.	honoraria for lectures
		Chugai Pharmaceutical Co., Ltd.	honoraria for lectures
		Takeda Pharmaceutical Co., Ltd.	honoraria for lectures
		Qiagen, Inc.	honoraria for lectures
		Yodosha Co., Ltd	honoraria for lectures
		Nippon Kayaku Co.,Ltd.	honoraria for lectures
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 1/15/2024

Your Name: Keiko Higuchi

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

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13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Sysmex Corporation	Employee

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ICMJE DISCLOSURE FORM

Date: 1/15/2024

Your Name: Hitoshi Uga

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

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13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Sysmex Corporation	Employee

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/15/2024

Your Name: Chihiro Suminaka

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/1/2022

Your Name: Toyohiro Hirai

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 1/15/2024

Your Name: Kazuto Nishio

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 1/15/2024

Your Name: Kazuhiko Nakagawa

Manuscript Title: Soluble immune checkpoint factors reflect exhaustion of antitumor immunity and response to PD-1 blockade.

Manuscript Number (if known): 168318-JCI-CMED-RV-2

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	Bristol-Myers Squibb K.K.	Myself	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Daiichi Sankyo Co., Ltd.	My institution
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 1/13/2024

Your Name: Tasuku Honjo

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