

ICMJE DISCLOSURE FORM

Date: 10/10/2023

Your Name: Magnus Dillon

Manuscript Title: Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation

Manuscript Number (if known): 175369-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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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: 10/10/2023

Your Name: [Jeane Guevara]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-JCI-CMED-RV-2

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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: 10/10/2023

Your Name: [Kabir Mohammed]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-JCI-CMED-RV-2

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Date: 10/10/2023

Your Name: [Emmanuel Patin]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

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Date: 10/10/2023

Your Name: [Simon Smith]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

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		AstraZenca	Employee
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	
		AstraZeneca	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: 10/10/2023

Your Name: [Emma Dean]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 10/10/2023

Your Name: [Gemma Jones]

Manuscript Title: Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation

Manuscript Number (if known): 175369-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: 10/10/2023

Your Name: [Sophie Willis]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 10/10/2023

Your Name: [Marcella Petrone]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-JCI-CMED-RV-2

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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 type="checkbox"/> None	
		AstraZenca	Employee
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	
		AstraZeneca	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: 10/10/2023

Your Name: [Carlos Silva]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-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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ICMJE DISCLOSURE FORM

Date: 10/10/2023

Your Name: [Khin Thway]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 10/10/2023

Your Name: [Catey Bunce]

Manuscript Title: Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation

Manuscript Number (if known): 175369-JCI-CMED-RV-2

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		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 10/10/2023

Your Name: [Ioannis Roxanis]

Manuscript Title: Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation

Manuscript Number (if known): 175369-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 10/10/2023

Your Name: [Pablo Nenclares]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-JCI-CMED-RV-2

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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: 10/10/2023

Your Name: [Anna Wilkins]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-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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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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

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

ICMJE DISCLOSURE FORM

Date: 10/10/2023

Your Name: [Martin McLaughlin]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-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: 10/10/2023

Your Name: [Adoracion Jayme Laiche]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 10/10/2023

Your Name: [Sarah Benafif]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-JCI-CMED-RV-2

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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: 10/10/2023

Your Name: [Georgios Nintos]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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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: 10/10/2023

Your Name: [Vineet Kwatra]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 10/10/2023

Your Name: [Lorna Grove]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 10/10/2023

Your Name: [David Mansfield]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-JCI-CMED-RV-2

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

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

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

ICMJE DISCLOSURE FORM

Date: 10/10/2023

Your Name: [Paula Proszek]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-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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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%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
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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: 10/10/2023

Your Name: [Philip Martin]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-JCI-CMED-RV-2

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11	Stock or stock options	<input type="checkbox"/> None	
		AstraZeneca	Employee
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	
		AstraZeneca	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: 10/10/2023

Your Name: [Luiza Moore]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 10/10/2023

Your Name: [Karen Swales]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 10/10/2023

Your Name: [Udai Banerji]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-JCI-CMED-RV-2

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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="width: 60%;">Chugai Pharmaceutical</td><td></td></tr> <tr><td>Verastem, Inc.</td><td></td></tr> <tr><td>Carrick Therapeutics</td><td></td></tr> </table>	Chugai Pharmaceutical		Verastem, Inc.		Carrick Therapeutics		
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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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 type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;">Chugai Pharmaceutical</td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;">Verastem, Inc.</td><td></td></tr> <tr><td style="height: 15px;">Carrick Therapeutics</td><td></td></tr> </table>	Chugai Pharmaceutical		Verastem, Inc.		Carrick Therapeutics				
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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: 10/10/2023

Your Name: [Mark Saunders]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 10/10/2023

Your Name: [James Spicer]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-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	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		BMS	
		MSD	
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	
		4D Pharma	Institutional payments
		Apobec	Institutional payments
		Avacta	Institutional payments
		AstraZeneca	Institutional payments
		BMS	Institutional payments
		Roche	Institutional payments

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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 type="checkbox"/> None	
		Epsilogen Ltd.	
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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ICMJE DISCLOSURE FORM

Date: 10/10/2023

Your Name: [Martin Forster]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-JCI-CMED-RV-2

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4	Consulting fees	<input type="checkbox"/> None	
		Achilles	
		Amgen	
		AstraZeneca	
		Bayer	
		Boxer	
		Bristol-Meyers-Squibb	
		Celgene	
		EQRx	
		Guardant Health	
		Immutep	
		Ixogen	
		Janssen	
		Merck	
		MSD	
		Nanobiotics	
		Novartis	
		Oxford VacMedix	
		Pharmamar	
		Pfizer	
Roche			
Takeda			
UltraHuman			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Transgene	
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	
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ICMJE DISCLOSURE FORM

Date: 10/10/2023

Your Name: [Kevin Harrington]

Manuscript Title: [Durable responses to ATR inhibition with ceralasertib in tumors with genomic defects and high inflammation]

Manuscript Number (if known): 175369-JCI-CMED-RV-2

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Merck Serono	Institutional payments																				
MSD	Institutional payments																				
Oncolys BioPharma	Institutional payments																				
Replimune	Institutional payments																				
10	Leadership or fiduciary role in other board, society, committee or	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																			

		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)
	advocacy group, paid or unpaid		
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.