ICMJE DISCLOSURE FORM

Date: 5/9/2025

Your Name: Soumya Poddar

Manuscript Title: Clinical, tumor and product features associated with outcomes after axicabtagene ciloleucel therapy in follicular lymphoma

Manuscript Number (if known): Click or tap here to enter text.

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

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Time frame: Since the initial planning of the work			
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		Funding, provision of study materials, and article processing charges will be Kite, a Gilead company. Medical writing support will be Nexus, funded by Kite	
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Time frame: past 36 months			
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3	Royalties or licenses	☐ **None**	
		University of California, Los Angeles	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
		Kite, A Gilead Company	
8	Patents planned, issued or pending	☐ **None**	
		Kite, A Gilead Company	
		University of California, Los Angeles	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☐ **None**	
		Gilead Sciences	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 5/9/2025

Your Name: Jiali Yan

Manuscript Title: Clinical, tumor and product features associated with outcomes after axicabtagene ciloleucel therapy in follicular lymphoma

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 5/9/2025

Your Name: Gayatri Tiwari

Manuscript Title: Clinical, tumor and product features associated with outcomes after axicabtagene ciloleucel therapy in follicular lymphoma

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 5/9/2025

Your Name: Wangshu Zhang

Manuscript Title: Clinical, tumor and product features associated with outcomes after axicabtagene ciloleucel therapy in follicular lymphoma

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ICMJE DISCLOSURE FORM

Date: 5/9/2025

Your Name: Weixin Peng

Manuscript Title: Clinical, tumor and product features associated with outcomes after axicabtagene ciloleucel therapy in follicular lymphoma

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ICMJE DISCLOSURE FORM

Date: 5/9/2025

Your Name: Shruti Salunkhe

Manuscript Title: Clinical, tumor and product features associated with outcomes after axicabtagene ciloleucel therapy in follicular lymphoma

Manuscript Number (if known): Click or tap here to enter text.

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		Gilead Sciences	
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ICMJE DISCLOSURE FORM

Date: 5/9/2025

Your Name: Madison Davis

Manuscript Title: Clinical, tumor and product features associated with outcomes after axicabtagene ciloleucel therapy in follicular lymphoma

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 5/9/2025

Your Name: Qinghua Song

Manuscript Title: Clinical, tumor and product features associated with outcomes after axicabtagene ciloleucel therapy in follicular lymphoma

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ICMJE DISCLOSURE FORM

Date: 5/9/2025

Your Name: Sara Beygi

Manuscript Title: Clinical, tumor and product features associated with outcomes after axicabtagene ciloleucel therapy in follicular lymphoma

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ICMJE DISCLOSURE FORM

Date: 5/9/2025

Your Name: Harry Miao

Manuscript Title: Clinical, tumor and product features associated with outcomes after axicabtagene ciloleucel therapy in follicular lymphoma

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6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
		Kite, A Gilead Company	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☐ **None**	
		Gilead Sciences	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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

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

ICMJE DISCLOSURE FORM

Date: 5/9/2025

Your Name: Mike Mattie

Manuscript Title: Clinical, tumor and product features associated with outcomes after axicabtagene ciloleucel therapy in follicular lymphoma

Manuscript Number (if known): Click or tap here to enter text.

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ None	
		Funding, provision of study materials, and article processing charges will be Kite, a Gilead company. Medical writing support will be Nexus, funded by Kite	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
		Kite, A Gilead Company	
8	Patents planned, issued or pending	☐ **None**	
		Kite, A Gilead Company	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☐ **None**	
		Gilead Sciences	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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

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

ICMJE DISCLOSURE FORM

Date: 5/9/2025

Your Name: Rhine Shen

Manuscript Title: Clinical, tumor and product features associated with outcomes after axicabtagene ciloleucel therapy in follicular lymphoma

Manuscript Number (if known): Click or tap here to enter text.

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

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ None	
		Funding, provision of study materials, and article processing charges will be Kite, a Gilead company. Medical writing support will be Nexus, funded by Kite	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☐ **None**	
		Atara therapeutics	
		Kite, A Gilead Company	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
		Kite, A Gilead Company	
8	Patents planned, issued or pending	☐ **None**	
		Kite, A Gilead Company	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☐ **None**	
		Gilead Sciences	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 5/9/2025

Your Name: Caron A Jacobson

Manuscript Title: Clinical, tumor and product features associated with outcomes after axicabtagene ciloleucel therapy in follicular lymphoma

Manuscript Number (if known): Click or tap here to enter text.

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	**Specifications/Comments (e.g., if payments were made to you or to your institution)**
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ **None**	
		Funding, provision of study materials, and article processing charges will be Kite, a Gilead company. Medical writing support will be Nexus, funded by Kite	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☐ **None**	
		Consulting/advisory role for AbbVie, Abintus Bio, ADC Therapeutics, Bristol Myers Squibb/Celgene, Caribou Biosciences, Daiichi Sankyo, ImmPACT Bio, Instil Bio, Ipsen, Kite, a Gilead Company, Miltenyi, MorphoSys, Novartis, and Synthekine; and research funding from Kite and Pfizer	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	advocacy group, paid or unpaid		
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 5/9/2025

Your Name: Davide Bedognetti

Manuscript Title: Clinical, tumor and product features associated with outcomes after axicabtagene ciloleucel therapy in follicular lymphoma

Manuscript Number (if known): Click or tap here to enter text.

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ None	
		Funding, provision of study materials, and article processing charges will be Kite, a Gilead company. Medical writing support will be Nexus, funded by Kite	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
		Kite, A Gilead Company	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☐ **None**	
		Gilead Sciences	
		Immunomica SRL	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 5/9/2025

Your Name: Simone Filosto

Manuscript Title: Clinical, tumor and product features associated with outcomes after axicabtagene ciloleucel therapy in follicular lymphoma

Manuscript Number (if known): Click or tap here to enter text.

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ None	
		Funding, provision of study materials, and article processing charges will be Kite, a Gilead company. Medical writing support will be Nexus, funded by Kite	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
		Kite, A Gilead Company	
8	Patents planned, issued or pending	☐ **None**	
		Kite, A Gilead Company	
		Tusk Therapeutics	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☐ **None**	
		Gilead Sciences	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 5/9/2025

Your Name: Sattva S Neelapu

Manuscript Title: Clinical, tumor and product features associated with outcomes after axicabtagene ciloleucel therapy in follicular lymphoma

Manuscript Number (if known): Click or tap here to enter text.

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ **None**	
		Funding, provision of study materials, and article processing charges will be Kite, a Gilead company. Medical writing support will be Nexus, funded by Kite	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☐ **None**	
		Consulting/advisory role for Adicet Bio, Allogene, Astellas Pharma, Athenex, bluebird bio, Bristol Myers Squibb, Caribou Biosciences, Carsgen, Chimagen, Fosun Kite, ImmunoACT, Incyte, Janssen, Kite, a Gilead Company, Merck, MorphoSys, Orna Therapeutics, Sana Biotechnology, Sellas Life Sciences, Synthekine, and Takeda	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society,	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	☐ **None**	
		Longbow Immunotherapy; and patents, royalties, or other intellectual property related to cell therapy	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☐ **None**	
		Research funding from Adicet Bio, Allogene, Bristol Myers Squibb, Kite, Precision Biosciences, and Sana Biotechnology	

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ICMJE DISCLOSURE FORM

Date: 5/9/2025

Your Name: Justin Budka

Manuscript Title: Clinical, tumor and product features associated with outcomes after axicabtagene ciloleucel therapy in follicular lymphoma

Manuscript Number (if known): Click or tap here to enter text.

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ **None**	
		Funding, provision of study materials, and article processing charges will be Kite, a Gilead company. Medical writing support will be Nexus, funded by Kite	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
		Kite, A Gilead Company	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☐ **None**	
		Gilead Sciences	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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