ICMJE DISCLOSURE FORM

Date: 12/4/2025

Your Name: Patrick Lyons

Manuscript Title: **Diurnal Rhythm in Chimeric Antigen Receptor T-Cell Effectiveness in an Observational Study of 715 Patients**

Manuscript Number (if known): 201159-INS-CRPH-RV-3

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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		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	
		K08CA270383	
			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**	
		Stipend from SCCM for serving as AE for Critical Care Medicine	
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**	
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**	
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: 12/7/2025

Your Name: Emily Gill

Manuscript Title: **Diurnal Rhythm in Chimeric Antigen Receptor T-Cell Effectiveness in an Observational Study of 715 Patients**

Manuscript Number (if known): 201159-INS-CRPH-RV-3

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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**	
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**	

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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: 12/7/2025

Your Name: Prisha Kumar

Manuscript Title: **Diurnal Rhythm in Chimeric Antigen Receptor T-Cell Effectiveness in an Observational Study of 715 Patients**

Manuscript Number (if known): 201159-INS-CRPH-RV-3

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6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 12/4/2025

Your Name: Melissa Beasley

Manuscript Title: **Diurnal Rhythm in Chimeric Antigen Receptor T-Cell Effectiveness in an Observational Study of 715 Patients**

Manuscript Number (if known): 201159-INS-CRPH-RV-3

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7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 12/7/2025

Your Name: Emily Brenna Park-Egan

Manuscript Title: **Diurnal Rhythm in Chimeric Antigen Receptor T-Cell Effectiveness in an Observational Study of 715 Patients**

Manuscript Number (if known): 201159-INS-CRPH-RV-3

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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**	
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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 12/7/2025

Your Name: Zulfiqar A Lokhandwala

Manuscript Title: **Diurnal Rhythm in Chimeric Antigen Receptor T-Cell Effectiveness in an Observational Study of 715 Patients**

Manuscript Number (if known): 201159-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 12/4/2025

Your Name: Katie M Lebold

Manuscript Title: **Diurnal Rhythm in Chimeric Antigen Receptor T-Cell Effectiveness in an Observational Study of 715 Patients**

Manuscript Number (if known): 201159-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 12/7/2025

Your Name: Brandon Hayes-Lattin

Manuscript Title: **Diurnal Rhythm in Chimeric Antigen Receptor T-Cell Effectiveness in an Observational Study of 715 Patients**

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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 advocacy group, paid or unpaid	☒ **None**	

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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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Date: 12/7/2025

Your Name: Catherine L. Hough

Manuscript Title: **Diurnal Rhythm in Chimeric Antigen Receptor T-Cell Effectiveness in an Observational Study of 715 Patients**

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		NIH, CDC	Payments made to institution
3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Lecture at University of Pennsylvania	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
		Critical Care Canada Forum, University of Queensland	Reimbursement/lodging
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None**	
		iRehab, PANDORA	Honorarium paid to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		American Thoracic Society Board of Directors	No payment

		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)
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ICMJE DISCLOSURE FORM

Date: 12/4/2025

Your Name: Nathan Singh

Manuscript Title: **Diurnal Rhythm in Chimeric Antigen Receptor T-Cell Effectiveness in an Observational Study of 715 Patients**

Manuscript Number (if known): 201159-INS-CRPH-RV-3

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6	Payment for expert testimony	☐ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
8	Patents planned, issued or pending	☐ **None**	
		Nathan Singh holds patents related to CAR T cell therapy, some of which have been licensed to Novartis Pharma and all of which are managed by the University of Pennsylvania or Washington University.	
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**	

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Date: 12/4/2025

Your Name: Guy Hazan

Manuscript Title: **Diurnal Rhythm in Chimeric Antigen Receptor T-Cell Effectiveness in an Observational Study of 715 Patients**

Manuscript Number (if known): 201159-INS-CRPH-RV-3

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3	Royalties or licenses	☒ **None**	

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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**	
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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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Date: 12/7/2025

Your Name: Huram Mok

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Date: 12/7/2025

Your Name: Janice Huss

Manuscript Title: **Diurnal Rhythm in Chimeric Antigen Receptor T-Cell Effectiveness in an Observational Study of 715 Patients**

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Date: 12/7/2025

Your Name: Colleen A McEvoy

Manuscript Title: **Diurnal Rhythm in Chimeric Antigen Receptor T-Cell Effectiveness in an Observational Study of 715 Patients**

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		Department of Internal Medicine, Washington University School of Medicine	
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Date: 12/7/2025

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Manuscript Title: **Diurnal Rhythm in Chimeric Antigen Receptor T-Cell Effectiveness in an Observational Study of 715 Patients**

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		NIH R01HL172823, NIH R01HL173976, and by the Department of Internal Medicine, Washington University School of Medicine.	
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