ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  Simona Angela
2. Surname (Last Name)  Caltagirone
3. Date  28-May-2014
4. Are you the corresponding author?  Yes  No
   ✔

5. Manuscript Title
   Chromosome 1 abnormalities in newly diagnosed elderly multiple myeloma patients treated with novel therapies

6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/103853

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Are there any relevant conflicts of interest?  Yes  No

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

Caltagirone
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Dr. Caltagirone has nothing to disclose.

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<tr>
<td>Marina</td>
<td>Ruggeri</td>
<td>28-May-2014</td>
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</tbody>
</table>

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

<table>
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<td>Paola Omedè</td>
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Dr. Ruggeri has nothing to disclose.

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<tbody>
<tr>
<td>SIMONA</td>
<td>ASCHERO</td>
<td>22-May-2014</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   Chromosome 1 abnormalities in newly diagnosed elderly multiple myeloma

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Dr. ASCHERO has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Milena

2. Surname (Last Name)  
   Gilestro

3. Date  
   20-May-2014

4. Are you the corresponding author?  
   ☑ Yes  
   No

   Corresponding Author's Name  
   Paola Omedè

5. Manuscript Title  
   Chromosome 1 abnormalities in newly diagnosed elderly multiple myeloma patients treated with novel therapies

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/103853

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Dr. Gilestro has nothing to disclose.

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1. Given Name (First Name)  DANIELA
2. Surname (Last Name)  ODDOLO
3. Date  20-May-2014
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author's Name  PAOLA OMEDE'
5. Manuscript Title  Chromosome 1 abnormalities in newly diagnosed elderly multiple myeloma patients treated with novel therapies.
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Dr. ODDOLO has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Francesca  
2. Surname (Last Name)  
   Gay  
3. Date  
   20-May-2014  
4. Are you the corresponding author?  
   ✔ No  
5. Manuscript Title  
   Chromosome 1 abnormalities in newly diagnosed elderly multiple myeloma patients treated with novel therapies  
6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/103853

### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Are there any relevant conflicts of interest?  
✔ No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.  
Are there any relevant conflicts of interest?  
✔ Yes  
No

<table>
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<th>Name of Entity</th>
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<td>advisory board</td>
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</tbody>
</table>

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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

Dr. Gay reports personal fees from Jansen, personal fees and other from celgene, other from sanofi, outside the submitted work.

Evaluation and Feedback

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   **Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

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

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

3. **Date**
   19-May-2014

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

   **Corresponding Author’s Name**
   Paola Omedé

5. **Manuscript Title**
   Chromosome 1 abnormalities in newly diagnosed elderly multiple myeloma patients treated with novel therapies

6. **Manuscript Identifying Number (if you know it)**
   HAEMATOL/2014/103853

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
- Yes
- No ✔

**Section 3. Relevant financial activities outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
- Yes ✔
- No

If yes, please fill out the appropriate information below.

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Dr. Bringhen reports personal fees from Merck Sharp & Dohme, personal fees from Janssen-Cilag, personal fees from Novartis, personal fees from Celegene, personal fees from Onyx Pharmaceuticals, outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Caterina
2. Surname (Last Name)  Musolino
3. Date  23-May-2014
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Paola Omedè

5. Manuscript Title
   Chromosome 1 abnormalities in newly diagnosed elderly multiple myeloma patients treated with novel therapies

6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/103853

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
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Dr. Musolino has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Luca
2. Surname (Last Name) Baldini
3. Date 27-January-1952
4. Are you the corresponding author? ☑ No
5. Manuscript Title Chromosome 1 abnormalities in newly diagnosed elderly multiple myeloma patients treated with novel therapies
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/103853

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Baldini has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Pellegrino

2. Surname (Last Name)  
Musto

3. Date  
19-May-2014

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Paola Omede'

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/103853

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Are there any relevant conflicts of interest?  
☑ No

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Are there any relevant conflicts of interest?  
☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Musto has nothing to disclose.

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- **Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Maria Teresa
2. Surname (Last Name) Petrucci
3. Date 21-May-2014
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author's Name Paola Omedè
5. Manuscript Title Chromosome 1 abnormalities in newly diagnosed elderly multiple myeloma patients treated with novel therapies
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/103853

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Are there any relevant conflicts of interest? Yes ☐ No ☑

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Are there any relevant conflicts of interest? Yes ☑ No ☐

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ☐ No ☑
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Petrucci reports personal fees from Celgene, personal fees from Janssen-Cilag, personal fees from Sanofi, outside the submitted work.

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Royalties: Funds are coming in to you or your institution due to your patent
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Gianluca

2. Surname (Last Name)  
   Gaidano

3. Date  
   26-May-2014

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Chromosome 1 abnormalities in newly diagnosed elderly multiple myeloma patients treated with novel therapies

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/103853

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   ✔ No

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   ✔ Yes   ✔ No

If yes, please fill out the appropriate information below.

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Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Gaidano reports personal fees from Roche, personal fees from GSK, personal fees from Novartis, personal fees from Celgene, personal fees from Janssen, personal fees from Morphosys, outside the submitted work;

Evaluation and Feedback
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Roberto

2. Surname (Last Name)  
Passera

3. Date  
19-May-2014

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

   Corresponding Author’s Name  
   Paola Omedè

5. Manuscript Title  
Chromosome 1 abnormalities in newly diagnosed elderly multiple myeloma patients treated with novel therapies

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/103853

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Dr. Passera has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   BENEDETTO

2. Surname (Last Name)  
   BRUNO

3. Date  
   20-May-2014

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   Corresponding Author’s Name

5. Manuscript Title  
   Chromosome 1 abnormalities in newly diagnosed elderly multiple myeloma patients treated with novel therapies

6. Manuscript Identifying Number (if you know it)  
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Dr. BRUNO has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Antonio
2. Surname (Last Name) Palumbo
3. Date 19-May-2014
4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author’s Name Paola Omedé
5. Manuscript Title Chromosome 1 abnormalities in newly diagnosed elderly multiple myeloma patients treated with novel therapies
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/103853

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<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>consultancy; honoraria</td>
</tr>
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<td>Millennium Pharmaceuticals, Inc</td>
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<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>consultancy; honoraria</td>
</tr>
<tr>
<td>Onyx Pharmaceuticals</td>
<td>☐</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>consultancy; honoraria</td>
</tr>
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<td>Celgene</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Sanofi Aventis</td>
<td>☐</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>honoraria</td>
</tr>
</tbody>
</table>
### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- [ ] Yes  
- [x] No

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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- [x] No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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Dr. Palumbo reports personal fees from Amgen, personal fees from Bristol-Myers Squibb, personal fees from Genmab A/S, personal fees from Janssen-Cilag, personal fees from Millennium Pharmaceuticals, Inc, personal fees from Onyx Pharmaceuticals, personal fees from Celegene, personal fees from Sanofi Aventis, from Array BioPharma, outside the submitted work.

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1. Identifying information.

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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- **Non-Financial Support**: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
- **Other**: Anything not covered under the previous three boxes
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- **Issued**: The patent has been issued by the agency
- **Licensed**: The patent has been licensed to an entity, whether earning royalties or not
- **Royalties**: Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. Given Name (First Name)  
   Mario

2. Surname (Last Name)  
   Boccadoro

3. Date  
   22-May-2014

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

   **Corresponding Author’s Name**  
   omedè

5. Manuscript Title  
   Chromosome 1 abnormalities in newly diagnosed elderly multiple myeloma patients treated with novel therapies.

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/103853

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Are there any relevant conflicts of interest?  
   [ ] Yes  [✔] No

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Dr. Boccadoro has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
   Paola

2. Surname (Last Name)  
   Omedè

3. Date  
   19-May-2014

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

5. Manuscript Title  
   Chromosome 1 abnormalities in newly diagnosed elderly multiple myeloma patients treated with novel therapies

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Are there any relevant conflicts of interest?  ❏ Yes  ✔ No

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