ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Yoshihiro

2. Surname (Last Name)  
Inamoto

3. Date  
26-May-2014

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

5. Manuscript Title  
Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/109611

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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
□ Yes  ✓ No

Section 4. Intellectual Property -- Patents & Copyrights

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

☐ Yes, the following relationships/conditions/circumstances are present (explain below):
☑ 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.

Dr. Inamoto reports grants from United States National Institutes of Health, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Paul
2. Surname (Last Name)  
   Martin
3. Date  
   02-June-2014
4. Are you the corresponding author?  
   ✔ Yes  
   No
   Corresponding Author’s Name  
   Yoshihiro Inamoto
5. Manuscript Title  
   Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease
6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/109611

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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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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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. Martin reports grants from National Cancer Institute, during the conduct of the study; personal fees from Pharmacyclics, Inc., grants from Neovii Biotech NA, Inc. (formerly Fresenius), 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)  Barry
2. Surname (Last Name)  Storer
3. Date  29-May-2014
4. Are you the corresponding author?  No
   Corresponding Author's Name  Yoshihiro Inamoto
5. Manuscript Title
   Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease
6. Manuscript Identifying Number (if you know it)
   HAEMATOLOGY/2014/109611

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.

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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

Section 5. Relationships not covered above

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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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. Storer has nothing to disclose.

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)  
Jeanne

2. Surname (Last Name)  
Palmer

3. Date  
02-June-2014

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

Corresponding Author’s Name  
Yoshihiro Inamoto

5. Manuscript Title  
Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/109611

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

Section 4. Intellectual Property -- Patents & Copyrights

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

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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. Palmer has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Daniel
2. Surname (Last Name)  Weisdorf
3. Date  29-May-2014
4. Are you the corresponding author?  Yes  No
   ✔
   Corresponding Author's Name
   Yoshihiro Inamoto
5. Manuscript Title
   Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease
6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/109611

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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

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Section 4. Intellectual Property -- Patents & Copyrights

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

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Dr. Weisdorf reports other from amgen, other from alexion, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Pidala

3. Date  
   28-May-2014

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author's Name  
   Yoshihiro Inamoto

5. Manuscript Title  
   Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/109611

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.

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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

Section 5. Relationships not covered above

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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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. Pidala has nothing to disclose.

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) Mary
2. Surname (Last Name) Flowers
3. Date 27-May-2014
4. Are you the corresponding author? Yes No ✔

Corresponding Author’s Name
Yoshihiro Inamoto

5. Manuscript Title
Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/109611

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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Dr. Flowers has nothing to disclose.

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) Mukta
2. Surname (Last Name) Arora
3. Date 02-June-2014
4. Are you the corresponding author? ☐ Yes ✔ No
   Corresponding Author’s Name Yoshihiro Inamoto
5. Manuscript Title
   Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease
6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/109611

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

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ✔ No
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Section 6. Disclosure Statement
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Dr. Arora reports personal fees from Neovii Biotech, 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)  
Madan

2. Surname (Last Name)  
Jagasia

3. Date  
27-May-2014

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

Corresponding Author's Name  
Yoshihiro Inamoto

5. Manuscript Title  
Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/109611

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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

Section 4. Intellectual Property -- Patents & Copyrights

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☐ Yes  ☐ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Jagasia has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td>03-June-2014</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Yoshihiro Inamoto

5. Manuscript Title
Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/109611

## 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

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

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

Section 5. Relationships not covered above

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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Dr. Arai has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td>Chai</td>
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4. Are you the corresponding author?  

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Corresponding Author’s Name  
Yoshihiro Inamoto

5. Manuscript Title  
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Are there any relevant conflicts of interest?  

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Are there any relevant conflicts of interest?  

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

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

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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.

Mr. Chai has nothing to disclose.

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2. Surname (Last Name)  
   Pavletic

3. Date  
   01-June-2014

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author's Name  
   Yoshihiro Inamoto

5. Manuscript Title  
   Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/109611

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Dr. Pavletic has nothing to disclose.

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1. Given Name (First Name)  
   Georgia

2. Surname (Last Name)  
   Vogelsang

3. Date  
   28-May-2014

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

Corresponding Author’s Name  
Yoshihiro Inamoto

5. Manuscript Title  
Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/109611

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Dr. Vogelsang has nothing to disclose.

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Stephanie

2. Surname (Last Name)  
Lee

3. Date  
28-May-2014

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

Corresponding Author’s Name  
Yoshihiro Inamoto

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Lee reports grants from United States National Institutes of Health, during the conduct of the study.

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