ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Section 1. Identifying Information**

1. Given Name (First Name) Lindsay
2. Surname (Last Name) Morton
3. Date 21-May-2014
4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title
   Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma

6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/108258

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

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Dr. Morton has nothing to disclose.

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<th>Ethel</th>
<th>2. Surname (Last Name)</th>
<th>Gilbert</th>
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<tr>
<td>3. Date</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes</td>
<td>✔</td>
<td>No</td>
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<td>Corresponding Author’s Name</td>
<td>Lindsay Morton</td>
<td></td>
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✔ No

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Dr. Gilbert 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)  
   Marilyn

2. Surname (Last Name)  
   Stovall

3. Date  
   21-May-2014

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

   Corresponding Author’s Name  
   Lindsay Morton

5. Manuscript Title  
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   ✔

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Dr. Stovall has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Flora  

2. Surname (Last Name)  
   van Beerswegen  

3. Date  
   05/22/2014  

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

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1. Given Name (First Name)  Charles
2. Surname (Last Name)  Lynch
3. Date  21-May-2014
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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?

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

✔ No other relationships/conditions/circumstances that present a potential conflict 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. Lynch 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.
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Instructions

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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)**
   - Per
2. **Surname (Last Name)**
   - Hall
3. **Date**
   - 22-May-2014
4. Are you the corresponding author?  
   - [ ] Yes  ✔ No
5. **Manuscript Title**
   - Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma
6. **Manuscript Identifying Number (if you know it)**
   - HAEMATOL/2014/108258

## 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

## 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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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. Hall 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)  Susan
2. Surname (Last Name)  Smith
3. Date  21-May-2014
4. Are you the corresponding author?  No
5. Manuscript Title  Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/108258

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. Smith has nothing to disclose.

**Evaluation and Feedback**

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

Section 1. Identifying Information

1. Given Name (First Name) Rita
2. Surname (Last Name) Weathers
3. Date 21-May-2014
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name
   Lindsay Morton
5. Manuscript Title
   Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma
6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/108258

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.

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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

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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.

Ms. Weathers 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)  Hans Henrik
2. Surname (Last Name)  Storm
3. Date  21-May-2014
4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name  Lindsay Morton

5. Manuscript Title  Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma

6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/108258

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.)?  ☑ No

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Storm has nothing to disclose.

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Hodgson
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  David
2. Surname (Last Name)  Hodgson
3. Date  28-May-2014
4. Are you the corresponding author?  Yes  ☑ No  
   Corresponding Author’s Name  Lindsay Morton
5. Manuscript Title  Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/108258

Section 2. The Work Under Consideration for Publication

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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
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. Hodgson has nothing to disclose.

Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Ruth</td>
<td>Kleinerman</td>
<td>21-May-2014</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/108258

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Dr. Kleinerman 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)  
   Heikki

2. Surname (Last Name)  
   Joensuu

3. Date  
   28-May-2014

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
   Lindsay Morton

5. Manuscript Title  
   Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/108258

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Dr. Joensuu 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)  
   Tom Borge

2. Surname (Last Name)  
   Johannesen

3. Date  
   21-May-2014

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Morton, Lindsay

5. Manuscript Title  
   Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/108258

Section 2. The Work Under Consideration for Publication

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Dr. Johannesen has nothing to disclose.

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### Section 1. Identifying Information

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

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

3. **Date**  
   21-May-2014

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

5. **Manuscript Title**  
   Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma

6. **Manuscript Identifying Number (if you know it)**  
   HAEMATOL/2014/108258

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[ ] No

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[ ] No

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Dr. Andersson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Eric
2. Surname (Last Name) Holowaty
3. Date 22-May-2014
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Dr. Lindsay M. Morton
5. Manuscript Title Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/108258

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Dr. Holowaty has nothing to disclose.

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### Identifying Information

1. Given Name (First Name)  Magnus
2. Surname (Last Name)  Kaijser
3. Date  22-May-2014
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Lindsay M Morton
5. Manuscript Title  Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/108258

### The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No  ✔

### Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No  ✔

### 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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Dr. Kaijser has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

Pukkala

1
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Eero
2. Surname (Last Name) Pukkala
3. Date 21-May-2014
4. Are you the corresponding author? ✔ No
5. Manuscript Title
   Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma
6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/108258

Section 2. The Work Under Consideration for Publication

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**Royalties**: Funds are coming in to you or your institution due to your patent

Vaalavirta
Section 1. Identifying Information

1. Given Name (First Name)  Leila
2. Surname (Last Name)     Vaalavirta
3. Date                   22-May-2014

4. Are you the corresponding author?     Yes  No  ✔

Corresponding Author’s Name
Lindsay Morton

5. Manuscript Title
Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/108258

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Sophie

2. Surname (Last Name)  
   Fossa

3. Date  
   28-May-2014

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

   Corresponding Author’s Name  
   Lindsay Morton

5. Manuscript Title  
   Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/108258

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

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   [x] No

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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?  
   [ ] Yes  
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Section 1. Identifying Information

1. Given Name (First Name)  Froydis
2. Surname (Last Name)  Langmark
3. Date  28-May-2014
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Lindsay Morton
5. Manuscript Title  Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/108258

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Section 1. Identifying Information

1. Given Name (First Name)  Lois
2. Surname (Last Name)  Travis
3. Date  21-May-2014
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Corresponding Author’s Name  Lindsay Morton

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Stephanie

2. Surname (Last Name)  
Lamart

3. Date  
23-May-2014

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

Corresponding Author’s Name  
Lindsay Morton

5. Manuscript Title  
Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/108258

**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.**

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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

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Dr. Lamart 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)  Steve
2. Surname (Last Name)  Simon
3. Date  28-May-2014
4. Are you the corresponding author?  Yes  ✔ No

Corresponding Author’s Name  Lindsay Morton

5. Manuscript Title  Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/108258

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

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

Dr. Simon 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)  JOSEPH  
2. Surname (Last Name)  FRAUMENI  
3. Date  5/21/14  
4. Are you the corresponding author?  Yes  No  
5. Manuscript Title  Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma  
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/108258  

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.)?  Yes  No  
Are there any relevant conflicts of interest?  Yes  No  

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
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Section 5: Relationships not covered above

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[Disclosure statement area]

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Berthe
2. Surname (Last Name) Aleman
3. Date 21-May-2014
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Lindsay Morton

5. Manuscript Title
   Risk of esophageal cancer following radiotherapy for Hodgkin lymphoma

6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/108258

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

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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
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Dr. Aleman has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Rochelle

2. Surname (Last Name)  
   Curtis

3. Date  
   21-May-2014

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

   Corresponding Author’s Name  
   Lindsay Morton

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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**Section 4. Intellectual Property -- Patents & Copyrights**

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Dr. Curtis has nothing to disclose.

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