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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sarit
2. Surname (Last Name) Assouline
3. Date 27-August-2014
4. Are you the corresponding author? □ Yes ✔ No

5. Manuscript Title
A Phase I trial of ribavirin and low-dose cytarabine for the treatment of relapsed and refractory acute myeloid leukemia with elevated eIF4E

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/111245

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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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<tr>
<td>Pharmascience</td>
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<td>Provision of ribavirin for use in the clinical trial</td>
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Are there any relevant conflicts of interest? □ Yes ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement
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Dr. Assouline reports non-financial support from Pharmascience, during the conduct of the study.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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<td>2. Surname (Last Name)</td>
<td>3. Date</td>
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<td>Biljana</td>
<td>Culjkovic-Kraljacic</td>
<td>26-August-2014</td>
</tr>
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</table>

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

5. Manuscript Title
A Phase I trial of ribavirin and low-dose cytarabine for the treatment of relapsed and refractory acute myeloid leukemia with elevated eIF4E

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/111245

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## 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 [x] 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 [x] No

---

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [x] 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.
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

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<td>UdeM &amp; PharmaScience</td>
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**Combination Therapy using Ribavirin as eIF4E inhibitor and a therapeutically effective amount of a hedgehog pathway inhibitor, such as GDC-0449 aims at overcoming resistance developed in patients during anti-neoplastic treatment. The invention also relates to the use of a combination therapy for treating patients with cancer or pre-cancerous lesions.**

---

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---

**Section 6. Disclosure Statement**

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Dr. Culjkovic-Kraljacic has a patent Combination Therapy using Ribavirin as eIF4E inhibitor and a therapeutically effective amount of a hedgehog pathway inhibitor, such as GDC-0449 aims at overcoming resistance developed in patients during anti-neoplastic treatment. The invention also relates to the use of a combination therapy for treating patients with cancer or pre-cancerous lesions. pending to UdeM & PharmaScience.
ICMJE Form for Disclosure of Potential Conflicts of Interest

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) Julie
2. Surname (Last Name) Bergeron
3. Date 26-August-2014
4. Are you the corresponding author? Yes [ ] No [X]

Corresponding Author’s Name
Katherine Borden

5. Manuscript Title
A Phase I trial of ribavirin and low-dose cytarabine for the treatment of relapsed and refractory acute myeloid leukemia with elevated eIF4E

6. Manuscript Identifying Number (if you know it)
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Dr. Bergeron 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) Stephen
2. Surname (Last Name) Caplan
3. Date 28-August-2014
4. Are you the corresponding author? [ ] Yes [ ] No
   ✔
5. Manuscript Title
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Dr. Caplan 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)  Eftihia
2. Surname (Last Name)  Cocolakis
3. Date  28-August-2014
4. Are you the corresponding author?  Yes  No  ✔

Corresponding Author’s Name  Katherine LB Borden and Sarit Assouline

5. Manuscript Title  A Phase I trial of ribavirin and low-dose cytarabine for the treatment of relapsed and refractory acute myeloid leukemia with elevated eIF4E

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Are there any relevant conflicts of interest?  Yes  No  ✔

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Dr. Cocolakis has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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)  
   Cara

2. Surname (Last Name)  
   Lau

3. Date  
   26-August-2014

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

   **Corresponding Author’s Name**  
   Kathy Borden

5. Manuscript Title  
   Phase I trial of ribavirin and low-dose cytarabine

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/111245

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Caroline

2. Surname (Last Name)  
   Lambert

3. Date  
   26-August-2014

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Katherine Borden

5. Manuscript Title  
   A Phase I trial of ribavirin and low-dose cytarabine for the treatment of relapsed and refractory acute myeloid leukemia with elevated eIF4E

6. Manuscript Identifying Number (if you know it)  
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Section 1. Identifying Information

1. Given Name (First Name)  Hiba  
2. Surname (Last Name)  Zahreddine  
3. Date  26-August-2014  
4. Are you the corresponding author?  Yes  ✔  No  
Corresponding Author's Name  Katherine LB Borden & Sarit Assouline  
5. Manuscript Title  A Phase I trial of ribavirin and low-dose cytarabine for the treatment of relapsed and refractory acute myeloid leukemia with elevated elf4E  
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/111245  

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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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<td>UdeM &amp; PharmaScience</td>
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Combination Therapy using Ribavirin as eIF4E inhibitor and a therapeutically effective amount of a hedgehog pathway inhibitor, such as GDC-0449 aims at overcoming resistance developed in patients during anti-neoplastic treatment. The invention also relates to the use of a combination therapy for treating patients with cancer or pre-cancerous lesions.

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Dr. Zahreddine reports personal fees from Cole Fellowship, personal fees from CNRS Lebanon, during the conduct of the study; in addition, Dr. Zahreddine has a patent Combination Therapy using Ribavirin as eIF4E inhibitor and a therapeutically effective amount of a hedgehog pathway inhibitor, such as GDC-0449 aims at overcoming resistance developed in patients during anti-neoplastic treatment. The invention also relates to the use of a combination therapy for treating patients with cancer or pre-cancerous lesions. pending to UdeM & PharmaScience.
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1. Given Name (First Name) Wilson
2. Surname (Last Name) Miller
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Dr. Miller has nothing to disclose.

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<td>Pharmascience Inc, Montreal, Canada</td>
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<td>Provided ribavirin free of charge for the trial</td>
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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

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 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. Borden reports grants from Leukemia and Lymphoma Society, grants from NIH, non-financial support from Pharmascience Inc, Montreal, Canada, during the conduct of the study. In addition, Dr. Borden has a patent Submitted patent on Gli1 inducible drug glucrondiation pending to University of Montreal and Pharmascience Inc.

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