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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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

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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)  Didier
2. Surname (Last Name)  Blaise
3. Date  09-November-2014
4. Are you the corresponding author?  ☑ Yes  ☐ No

5. Manuscript Title
Low non-relapse mortality and long-term preserved quality of life in older patients undergoing matched related donor allogeneic stem cell transplantation: a prospective multicenter phase II trial

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/113571

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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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Section 6. Disclosure Statement

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Dr. Blaise reports personal fees from Sanofi, personal fees from Pierre Fabre Medicament, 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) Raynier
2. Surname (Last Name) Devillier
3. Date 09-November-2014
4. Are you the corresponding author? [ ] Yes [ ] No
   Corresponding Author’s Name Didier Blaise

5. Manuscript Title
   Low non-relapse mortality and long-term preserved quality of life in older patients undergoing matched related donor allogeneic stem cell transplantation: a prospective multicenter phase II trial

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Dr. Devillier has nothing to disclose.

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Lecoroller-Sorriano

1
ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td>2. Surname (Last Name)</td>
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<td>3. Date</td>
<td>09-November-2014</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
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<td>Corresponding Author’s Name</td>
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<td>Didier Blaise</td>
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<td>5. Manuscript Title</td>
<td>Low non-relapse mortality and long-term preserved quality of life in older patients undergoing matched related donor allogeneic stem cell transplantation: a prospective multicenter phase II trial</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jean-Marie

2. Surname (Last Name)  
   Boher

3. Date  
   09-November-2014

4. Are you the corresponding author?  
   Yes ☐  No ☑
   Corresponding Author's Name  
   Didier Blaise

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

Section 1. Identifying Information

1. Given Name (First Name)  
   Agnès

2. Surname (Last Name)  
   Boyer-Chammard

3. Date  
   09-November-2014

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Didier Blaise

5. Manuscript Title  
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Dr. Boyer-Chammard has nothing to disclose.

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<td>Reza</td>
<td>Tabrizi</td>
<td>09-November-2014</td>
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</table>

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

Corresponding Author's Name
Didier Blaise

5. Manuscript Title
Low non-relapse mortality and long-term preserved quality of life in older patients undergoing matched related donor allogeneic stem cell transplantation: a prospective multicenter phase II trial

6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Patrice
2. Surname (Last Name) Chevallier
3. Date 09-November-2014
4. Are you the corresponding author? □ Yes ☑ No
   Corresponding Author’s Name Didier Blaise
5. Manuscript Title
Low non-relapse mortality and long-term preserved quality of life in older patients undergoing matched related donor allogeneic stem cell transplantation: a prospective multicenter phase II trial
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Fegueux
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Section 1. Identifying Information

1. Given Name (First Name)  
   Nathalie

2. Surname (Last Name)  
   Fegueux

3. Date  
   09-November-2014

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

   Corresponding Author’s Name  
   Didier Blaise

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<td>☑ No</td>
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<td>Didier Blaise</td>
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### 5. Manuscript Title
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1. Given Name (First Name)  Mauricette
2. Surname (Last Name)  Michallet
3. Date  09-November-2014
4. Are you the corresponding author?  \[\square\] Yes  \[\checkmark\] No
5. Manuscript Title  Low non-relapse mortality and long-term preserved quality of life in older patients undergoing matched related donor allogeneic stem cell transplantation: a prospective multicenter phase II trial
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Dr. Michallet has nothing to disclose.

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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>Jacques-Olivier</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Bay</td>
</tr>
<tr>
<td>3. Date</td>
<td>09-November-2014</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes [ ] No [x]</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Didier Blaise</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Low non-relapse mortality and long-term preserved quality of life in older patients undergoing matched related donor allogeneic stem cell transplantation: a prospective multicenter phase II trial</td>
</tr>
<tr>
<td>6. Manuscript Identifying Number (if you know it)</td>
<td>HAEMATOL/2014/113571</td>
</tr>
</tbody>
</table>

## 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 [x]

## 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 [x]

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes [ ] No [x]
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Dr. Bay 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)  
   Sabine

2. Surname (Last Name)  
   Fürst

3. Date  
   09-November-2014

4. Are you the corresponding author?  
   Yes  No

   Corresponding Author’s Name  
   Didier Blaise

5. Manuscript Title  
   Low non-relapse mortality and long-term preserved quality of life in older patients undergoing matched related donor allogeneic stem cell transplantation: a prospective multicenter phase II trial

6. Manuscript Identifying Number (if you know it)  
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Fürst

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Dr. Fürst 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) Jean
2. Surname (Last Name) El-Cheikh
3. Date 09-November-2014
4. Are you the corresponding author? [ ] Yes ✔ No

Corresponding Author’s Name
Didier Blaise

5. Manuscript Title
Low non-relapse mortality and long-term preserved quality of life in older patients undergoing matched related donor allogeneic stem cell transplantation: a prospective multicenter phase II trial

6. Manuscript Identifying Number (if you know it)
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Section 6. Disclosure Statement

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Dr. El-Cheikh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Laure
2. Surname (Last Name)  Vincent
3. Date  09-November-2014
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title
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HAEMATOL/2014/113571

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Dr. Vincent 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)**  
   Thierry

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

3. **Date**  
   09-November-2014

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

   **Corresponding Author’s Name**  
   Didier Blaise

5. **Manuscript Title**  
   Low non-relapse mortality and long-term preserved quality of life in older patients undergoing matched related donor allogeneic stem cell transplantation: a prospective multicenter phase II trial

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Dr. Guillaume has nothing to disclose.

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Other: Anything not covered under the previous three boxes

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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>
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<tr>
<td>Caroline</td>
<td>Regny</td>
<td>09-November-2014</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Didier Blaise

5. Manuscript Title  
Low non-relapse mortality and long-term preserved quality of life in older patients undergoing matched related donor allogeneic stem cell transplantation: a prospective multicenter phase II trial

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/113571

## Section 2. The Work Under Consideration for Publication

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- [ ] Yes  
- [x] No

Are there any relevant conflicts of interest?  
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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  
- [x] No
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Dr. Regny 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)**
   - Noël

2. **Surname (Last Name)**
   - Milpied

3. **Date**
   - 09-November-2014

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

5. **Manuscript Title**
   - Low non-relapse mortality and long-term preserved quality of life in older patients undergoing matched related donor allogeneic stem cell transplantation: a prospective multicenter phase II trial

6. **Manuscript Identifying Number (if you know it)**
   - HAEMATOL/2014/113571

## 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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Dr. Milpied 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) Castagna
3. Date 09-November-2014
4. Are you the corresponding author? Yes [X] No

Corresponding Author’s Name Didier Blaise

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

Section 1. Identifying Information

1. Given Name (First Name)  Mohamad
2. Surname (Last Name)  Mohty
3. Date  09-November-2014
4. Are you the corresponding author?  Yes
5. Manuscript Title
Low non-relapse mortality and long-term preserved quality of life in older patients undergoing matched related donor allogeneic stem cell transplantation: a prospective multicenter phase II trial

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Are there any relevant conflicts of interest?  Yes

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>Pierre Fabre Medicament</td>
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Dr. Mohty reports personal fees from Sanofi, personal fees from Pierre Fabre Medicament, during the conduct of the study.

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