ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name) JEAN-LUC
2. Surname (Last Name) HAROUSSEAU
3. Date 18 OCT 2013
4. Are you the corresponding author? ☐ Yes ☒ No
5. Manuscript Title Treatment of ABL eligible MM patients - ten questions and answers
6. Manuscript Identifying Number (if you know it)

## 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

HONORARIA (CELGENE, JANSSEN) UNTIL FEBRUARY 2011

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

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