

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rami
2. Surname (Last Name) Komrokji
3. Date 18-November-2013

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Pearlie K Epling-Burnette

5. Manuscript Title
A phase 2 multicenter rabbit anti-thymocyte globulin trial in patients with myelodysplastic syndromes identifying a novel model predicting response

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

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U54 RR019397-Bone Marrow Failure clinical Research 09/2003 - 07/2009
Genzyme Corporation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MCC 14844; Mechanism of Response to Thymoglobulin in Patients with MDS

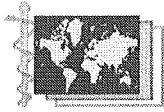
Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Celgene	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Research Funding, Honoraria



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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Novartis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Incyte	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Research funding, Honoraria
Onconova therapeutics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Research funding
Array Biopharma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GSK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Research funding

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?

- 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.

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. Komrokji reports grants and personal fees from Celgene, grants and personal fees from Novartis, grants and personal fees from Incyte, grants from Onconova therapeutics, grants from Array Biopharma, grants from GSK, outside the submitted work; .



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MEDICAL JOURNAL EDITORS

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Adam 2. Surname (Last Name) Mailloux 3. Date 14-November-2013

4. Are you the corresponding author? Yes No Corresponding Author's Name
Pearlie K Epling-Burnette

5. Manuscript Title
A Phase 2 Multicenter Rabbit Anti-Thymocyte Globulin Trial in Patients with Myelodysplastic Syndromes Identifying a Novel Model Predicting Response

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2012/083345

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Dr. Mailloux has nothing to disclose.

Evaluation and Feedback

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Section 6. Disclosure Statement

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Dr. Chen 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) Mikkael
 2. Surname (Last Name) Sekeres
 3. Date 14-November-2013
4. Are you the corresponding author? Yes No
 Corresponding Author's Name
 P.K. Epling-Burnett
5. Manuscript Title
 A Phase 2 Multicenter Rabbit Anti-Thymocyte Globulin Trial in Patients with Myelodysplastic Syndromes Identifying a Novel Model for Response Prediction
6. Manuscript Identifying Number (if you know it)
 HAEMATOL/2012/083345

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Celgene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	< \$5000
Amgen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<\$5000

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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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. Sekeres reports other from Celgene, other from Amgen, 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) Ronald
 2. Surname (Last Name) Paquette
 3. Date 14-November-2013

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
 A phase 2 multicenter rabbit anti-thymocyte globulin trial in patients with myelodysplastic syndromes identifying a novel model predicting response
 6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

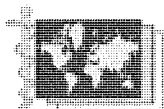
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Ariad	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting, speakers bureau
BMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers bureau
Incyte	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting, speakers bureau
Novartis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers bureau



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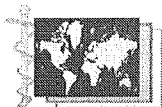
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The disclosures did not directly or indirectly impact the conduct of the research reported in this publication.

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Section 1. Identifying Information

1. Given Name (First Name) William
 2. Surname (Last Name) Fulp
 3. Date 14-November-2013

4. Are you the corresponding author? Yes No
 Corresponding Author's Name
 Pearlie K. Epling-Burnette

5. Manuscript Title
 A Phase 2 Multicenter Rabbit Anti-Thymocyte Globulin Trial in Patients with Myelodysplastic Syndromes Identifying a Novel Model Predicting Response
 6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U54 RR019397-Bone marrow failure clinical research 09/2003 - 07/2009
Genzyme Corporation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MCC 14844; Mechanism of Response to Thymoglobulin in patients with MDS

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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)
Chiharu

2. Surname (Last Name)
Sugimori

3. Date
19-December-2013

4. Are you the corresponding author? Yes No

Chiharu Sugimori Dec 19, 2013

5. Manuscript Title
A phase 2 multicenter rabbit anti-thymocyte globulin trial in patients with myelodysplastic syndromes identifying a novel model predicting response

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2012/083345

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jennifer
 2. Surname (Last Name) Paleveda Pena
 3. Date 18-November-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
 A Phase 2 Multicenter Rabbit Anti-Thymocyte Globulin Trial in Patients with Myelodysplastic Syndromes Identifying a Novel Model for Response Prediction

6. Manuscript Identifying Number (if you know it)
 HAEMATOL/2012/083345

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NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U54 RR019397
Genzyme Corporation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MCC 14844; Mechanism of Response to Thymoglobulin in patients with MDS

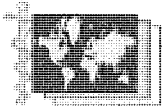
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jaroslaw
2. Surname (Last Name) Maciejewski
3. Date 20-November-2013

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Pearlie K Epling-Burnette

5. Manuscript Title
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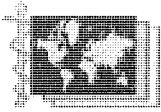
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Incyte	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honoraria
Alexion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honoraria



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Dr. List reports grants from NIH, grants from Genzyme Corporation, during the conduct of the study.

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) Epling-Burnette
 2. Surname (Last Name) Pearlie
 3. Date 20-November-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
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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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
12/933975 Biomarkers for predicting response to immunosuppressive therapy filing 9-22-2010 US non-provisional patent application	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Evaluation and Feedback

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