

#### **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.

#### Identifying information.

#### The work under consideration for publication.

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#### Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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## Intellectual Property.

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

#### Relationships not covered above.

Use this section to report 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.

#### Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

Hughes 1



| Section 1.                                   | Identifying Inform   | nation                     |                   |                        |           |  |
|--|--|----------------------------|-------------------|------------------------|-----------|--|
| 1. Given Name (Fir<br>Timothy                | st Name)   | 2. Surnan<br>Hughes        | ne (Last Nar      | ne)                    |           | 3. Date<br>23-December-2013  |
| 4. Are you the corr                          | esponding author?  | ✓Yes                       | No                |                        |           |  |
|  |  |                            | •                 | •                      |           | ic myeloid leukemia in chronic phase<br>ly   |
| *  | ntifying Number (if you kr   |                            |                   |                        |           |  |
| Section 2.                                   | The Work Under C   | onsiderat                  | ion for P         | ublication             |           |  |
| any aspect of the s<br>statistical analysis, | titution <b>at any time</b> rece<br>ubmitted work (including   | ive payment<br>but not lim | or services       | from a third party     |           | ent, commercial, private foundation, etc.) fo<br>oudy design, manuscript preparation,                                    |
| If yes, please fill o                        |  | ormation b                 | elow. If yo       | u have more thar       | one ent   | ity press the "ADD" button to add a row  |
| Name of Institut                             | ion/Company  | Grant?                     | Personal<br>Fees? | Non-Financial Support? | Other?    | Comments   |
| ovartis                                      |  | <b>V</b>                   | <b>✓</b>          |                        |           | Consultant Fees, Research Funding  |
| 1S   |  | $\checkmark$               | <b>✓</b>          |                        |           | Consultant Fees, Research Funding  |
| lad  |  | <b>V</b>                   | <b>✓</b>          |                        |           | Consultant Fees, Research Funding  |
|  |  |                            |                   |                        |           |  |
| Section 3.                                   | Relevant financial   | activities                 | outside           | the submitted          | work.     | THE RESERVE OF THE PARTY OF THE PARTY.   |
| of compensation                              | ) with entities as descr   | ibed in the                | instructio        | ns. Use one line fo    | or each e | cial relationships (regardless of amount<br>ntity; add as many lines as you need by<br>e 36 months prior to publication. |
| Are there any rel                            | evant conflicts of inter   | est?                       | es 🗌              | No                     |           |  |
| If yes, please fill o                        | out the appropriate inf  | ormation b                 | elow.             |                        |           |  |
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| Name of Entity                               |  | Grant?                     | Personal<br>Fees? | Non-Financial Support? | Other?    | Comments   |

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| Name of Entity   | Grant   | ersonal Non-Finar   | Other   | Comments  |      |
|--|---|---|---|---|------|
| BMS  | <b>V</b>  | <b>V</b>  |   | Consultant Fees, Research Fundin                                    | ig   |
| Ariad  | <b>V</b>  | <b>V</b>  |   | Consultant Fees, Research Funding                                   | ıg   |
| Section 4. Intellectua   | l Property Paten  | ts & Copyrights   |   |   |      |
| Do you have any patents, when Section 5. Relationsh  | ther planned, pending   |   | elevant to the  | e work? Yes 📝 No  |      |
| potentially influencing, what your potentially influencing, what your years when the following relations  No other relationships/conductionshi | ou wrote in the subm<br>hips/conditions/circu<br>ditions/circumstances<br>ptance, journals will a | itted work?  mstances are presens that present a potensk authors to confirm | t (explain bel<br>ntial conflict on<br>n and, if nece | of interest<br>ssary, update their disclosure sta                   |      |
| Section 6. Disclosure  | Statement   |   |   |   | YE Y |
| Based on the above disclosures below.  | s, this form will autom   | natically generate a d  | isclosure stat  | ement, which will appear in the                                     | box  |
|  | t of the study; grants  | and personal fees fr  |   | rom BMS, grants and personal fe<br>grants and personal fees from BN |      |
|  |   |   |   |   |      |

Hughes



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#### 1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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## 4. Other relationships.

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| Section 1.                  | Identifying Infor        | mation   |  |
|-----------------------------|--------------------------|--|--|
| 1. Given Name (F<br>Andreas | irst Name)               | 2. Surname (Last Name)<br>Hochhaus                           | 3. Effective Date (07-August-2008)<br>27-April-2013                                    |
| 4. Are you the co           | rresponding author?      | Yes V No   | Corresponding Author's Name Timothy P Hughes   |
|                             | acy of switching to nile | otinib 400 mg twice daily fo<br>n frontline imatinib or nilo | or patients with chronic myeloid leukemia in chronic phase<br>tinib 300 mg twice daily |
|                             | ntifying Number (if you  |  |  |

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| The Work Under Consideration f   | or Pub   | lication                |                                  |                                 |                  |     |
|--|----------|-------------------------|----------------------------------|---------------------------------|------------------|-----|
| Туре   | No       | Money<br>Paid<br>to You | Money to<br>Your<br>Institution* | Name of Entity                  | Comments**       |     |
| 1. Grant   |          |                         | <b>7</b>                         | Novartis, BMS, Pfizer,<br>ARIAD | Research Funding | ×   |
|  |          |                         |                                  |                                 |                  | ADD |
| 2. Consulting fee or honorarium  | <b>V</b> |                         |                                  | Novartis, BMS, Pfizer, ARIAD    |                  | ×   |
|  |          |                         |                                  |                                 |                  | ADD |
| 3. Support for travel to meetings for the study or other purposes  | <b>V</b> |                         |                                  |                                 |                  | ×   |
|  |          |                         |                                  |                                 |                  | ADD |
| <ol> <li>Fees for participation in review<br/>activities such as data monitoring<br/>boards, statistical analysis, end<br/>point committees, and the like</li> </ol> | <b>V</b> |                         |                                  |                                 |                  | ×   |
|  |          |                         |                                  |                                 |                  | ADD |
| 5. Payment for writing or reviewing the manuscript   | <b>V</b> |                         |                                  |                                 |                  | ×   |
|  |          |                         |                                  |                                 |                  | ADD |



| The Work Under Consideration   | for Pub  | lication                |                                  |                |            |     |
|--|----------|-------------------------|----------------------------------|----------------|------------|-----|
| Туре   | No       | Money<br>Paid<br>to You | Money to<br>Your<br>Institution* | Name of Entity | Comments** |     |
| <ol> <li>Provision of writing assistance,<br/>medicines, equipment, or<br/>administrative support</li> </ol> | <b>✓</b> |                         |                                  |                |            | ×   |
|  |          |                         |                                  |                |            | ADD |
| 7. Other   | 1        |                         |                                  |                |            | ×   |
|  |          |                         |                                  |                |            | ADD |

#### 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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| Type of Relationship (in alphabetical order) | No       | Money<br>Paid to<br>You | Money to<br>Your<br>Institution* | Entity   | Comments |         |
|--|----------|-------------------------|----------------------------------|----------|----------|---------|
| . Board membership                           | <b>V</b> |                         |                                  |          |          | · · · · |
|  |          |                         |                                  |          |          | Al      |
| 2. Consultancy                               |          | <b>✓</b>                |                                  | BMS      |          |         |
| 2. Consultancy                               |          | <b>✓</b>                |                                  | Pfizer   |          |         |
| 2. Consultancy                               |          | <b>✓</b>                |                                  | Novartis |          |         |
| 2. Consultancy                               |          | <b>✓</b>                |                                  | ARIAD    |          |         |
|  |          |                         |                                  |          |          | Al      |
| 3. Employment                                | <b>V</b> |                         |                                  |          |          |         |
|  |          |                         |                                  |          |          | Al      |
| 1. Expert testimony                          | <b>V</b> |                         |                                  |          |          |         |

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



| Type of Relationship (in alphabetical order)   | No       | Money<br>Paid to<br>You | Money to<br>Your<br>Institution* | Entity | Comments |   |
|--|----------|-------------------------|----------------------------------|--------|----------|---|
| 5. Grants/grants pending   | <b>V</b> |                         |                                  |        |          |   |
|  |          |                         |                                  |        |          | P |
| <ol> <li>Payment for lectures including<br/>service on speakers bureaus</li> </ol>                   |          |                         | <b>V</b>                         |        |          |   |
| and the later of the second  |          |                         |                                  |        |          | P |
| 7. Payment for manuscript preparation  | <b>✓</b> |                         |                                  |        |          |   |
|  |          |                         |                                  |        |          | F |
| <ol><li>Patents (planned, pending or issued)</li></ol>   | <b>V</b> |                         |                                  |        |          |   |
|  |          |                         |                                  |        |          | A |
| 9. Royalties   | <b>√</b> |                         |                                  |        |          |   |
|  |          |                         |                                  |        |          | F |
| Payment for development of educational presentations   | <b>√</b> |                         |                                  |        |          |   |
|  |          |                         |                                  |        |          | F |
| 1. Stock/stock options   | <b>✓</b> |                         |                                  |        |          |   |
|  |          |                         |                                  |        |          | F |
| <ol> <li>Travel/accommodations/<br/>meeting expenses unrelated to<br/>activities listed**</li> </ol> | 7        |                         |                                  |        |          |   |
|  |          |                         |                                  |        |          | P |
| Other (err on the side of full disclosure)   | <b>V</b> |                         |                                  |        |          |   |

# 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? No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below):

Hochhaus 4

<sup>\*\*</sup> For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



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

Kantarjian 1



| Given Name (First Name) Hagop   | 2. Surnan<br>Kantarjia                | ne (Last Nam<br>In                   | e)                      | girilgidagikisində illərilərindi kirilərində daması | 3. Date<br>23-December-2013  |
|---|---------------------------------------|--------------------------------------|-------------------------|---|--|
| 4. Are you the corresponding author?  | Yes                                   | √No                                  | Correspond<br>Timothy H | _   | or's Name  |
| 5. Manuscript Title<br>Safety and efficacy of switching to nilo<br>with suboptimal response or failure or   |                                       |                                      |                         |   |  |
| 6. Manuscript Identifying Number (if you k<br>HAEMATOL/2013/091272  | (now it)                              |                                      |                         |   |  |
| Section 2. The Work Under (   |                                       |                                      | V-1-70-200              |   |  |
| The Work Under (  | considerat                            |                                      | iblication              |   |  |
| Arathara any ralayant conflicts of into   | roct?                                 | /oc   N                              | lo                      |   |  |
| If yes, please fill out the appropriate in<br>Excess rows can be removed by pressi  | formation b                           | elow. If you<br>utton.<br>Personal   | have more than          | one enti  | ty press the "ADD" button to add a I                                       |
| If yes, please fill out the appropriate in<br>Excess rows can be removed by pressi<br>Name of Institution/Company   | formation b                           | elow. If you<br>utton.               | have more than          |   |  |
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| If yes, please fill out the appropriate in<br>Excess rows can be removed by pressi<br>Name of Institution/Company<br>ovartis<br>AS  | formation b<br>ng the "X" b<br>Grant? | elow. If you utton. Personal         | have more than          |   | Comments  Consulting, Research Funding  Research Funding                   |
| Are there any relevant conflicts of inte If yes, please fill out the appropriate in Excess rows can be removed by pression Name of Institution/Company ovartis  AS  Zer  Jad  Relevant financia | formation b ng the "X" b Grant?       | elow. If you utton.  Personal  Fees? | Non-Financial Support?  | Other?  | Comments  Consulting, Research Funding  Research Funding  Research Funding |



| Name of Entity   | Grant?                                | Personal<br>Fees?     | Non-Financial Support?                   | Other?                   | Comments  |        |
|--|---------------------------------------|-----------------------|--|--------------------------|---|--------|
| Novartis   | <b>V</b>                              | <b>✓</b>              |  |                          | Consulting, Research Funding  |        |
| BMS  | <b>4</b>                              |                       |  |                          | Research Funding  |        |
| Pfizer   | <b>√</b>                              |                       |  |                          | Research Funding  |        |
| Ariad  | <b>✓</b>                              |                       |  |                          | Research Funding  |        |
| Section 4. Intellectual Pro  | operty Pate                           | nts & Coi             | ovriahts                                 |                          |   |        |
| Intellectual Fit   |                                       |                       |  |                          |   |        |
| Do you have any patents, whether   | planned, pendir                       | ng or issue           | ed, broadly releva                       | int to the               | work? Yes No  |        |
| Section 5. Polationships   | # ##/A                                |                       | 78-54-52-50 at 1977                      |                          |   |        |
| Relationships  | not covered a                         | bove                  |  |                          |   |        |
| Are there other relationships or act potentially influencing, what you v   |                                       |                       |  | influence                | d, or that give the appearance of   |        |
| Yes, the following relationships   | c/conditions/circ                     | umstance              | es are present (ex                       | plain belo               | ow):  |        |
| No other relationships/conditionship | ons/circumstanc                       | es that pr            | esent a potential                        | conflict o               | f interest  |        |
| At the time of manuscript acceptar<br>On occasion, journals may ask auth   |                                       |                       |  |                          | sary, update their disclosure staten<br>elationships.                       | nents. |
| Section 6. Disclosure Sta  | tement                                |                       | New York                                 | 0.1111                   |   | 510    |
| Based on the above disclosures, th below.  | is form will auto                     | matically             | generate a disclo                        | sure state               | ement, which will appear in the box   |        |
| Dr. Kantarjian reports grants and p<br>the conduct of the study; grants a<br>outside the submitted work.   | personal fees fro<br>nd personal fees | m Novarti<br>from Nov | s, grants from BN<br>vartis, grants from | IS, grants<br>n BMS, gra | from Pfizer, grants from Ariad, dur<br>ants from Pfizer, grants from Ariad, | ing    |
|  |                                       |                       |  |                          |   |        |

Kantarjian 3



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Cervantes



| Section 1.                     | Identifying Infor          | mation   |  |
|--------------------------------|----------------------------|--|--|
| 1. Given Name (Fi<br>Francisco | rst Name)                  | 2. Surname (Last Name)<br>Cervantes                                | 3. Effective Date (07-August-2008)<br>07-May-2013                      |
| 4. Are you the cor             | responding author?         | Yes 🗸 No   | Corresponding Author's Name<br>Timothy Hughes                          |
| ,                              | y of switching to nilotini | b 400 mg twice daily for pation<br>on imatinib or nilotinib 300 mg | ents with chronic myeloid leukemia in chronic phase with g twice daily |
| 6. Manuscript Ide              | ntifying 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| The Work Under Consideration (   | for Pub  | lication                |                                  |                |            |     |
|--|----------|-------------------------|----------------------------------|----------------|------------|-----|
| Туре   | No       | Money<br>Paid<br>to You | Money to<br>Your<br>Institution* | Name of Entity | Comments** |     |
| 1. Grant   | <b>✓</b> |                         |                                  |                |            | ×   |
|  |          |                         |                                  |                |            | ADD |
| 2. Consulting fee or honorarium  | X        |                         |                                  |                |            | ×   |
|  |          |                         |                                  |                |            | ADD |
| <ol><li>Support for travel to meetings for<br/>the study or other purposes</li></ol>   | <b>✓</b> |                         |                                  |                |            | ×   |
|  |          |                         |                                  |                |            | ADD |
| <ol> <li>Fees for participation in review<br/>activities such as data monitoring<br/>boards, statistical analysis, end<br/>point committees, and the like</li> </ol> | <b>✓</b> |                         |                                  |                |            | ×   |
|  |          |                         |                                  |                |            | ADD |
| <ol><li>Payment for writing or reviewing<br/>the manuscript</li></ol>  | <b>✓</b> |                         |                                  |                |            | ×   |
|  |          |                         |                                  |                |            | ADD |
| <ol><li>Provision of writing assistance,<br/>medicines, equipment, or<br/>administrative support</li></ol>   | <b>√</b> |                         |                                  |                |            | ×   |

Cervantes 2



| The Work Under Consi | deration for Pub | lication                |                                  |                |            |     |
|----------------------|------------------|-------------------------|----------------------------------|----------------|------------|-----|
| Туре                 | No               | Money<br>Paid<br>to You | Money to<br>Your<br>Institution* | Name of Entity | Comments** |     |
|                      |                  |                         |                                  |                |            | ADD |
| 7. Other             | <b>✓</b>         |                         |                                  |                |            | ×   |
|                      |                  |                         |                                  |                |            | ADD |

#### Section 3. Relevant fina

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

|   |          | NA                      | Billion and American             |          |          |    |
|---|----------|-------------------------|----------------------------------|----------|----------|----|
| Type of Relationship (in alphabetical order)                  | No       | Money<br>Paid to<br>You | Money to<br>Your<br>Institution* | Entity   | Comments |    |
| . Board membership  | <b>V</b> |                         |                                  |          |          | >  |
|   |          |                         |                                  |          |          | A  |
| 2. Consultancy  | <b>✓</b> |                         |                                  |          |          | ;  |
|   |          |                         |                                  |          |          | Ai |
| . Employment  | <b>✓</b> |                         |                                  |          |          |    |
|   |          |                         |                                  |          |          | A  |
| Expert testimony  | <b>✓</b> |                         |                                  |          |          |    |
|   |          |                         |                                  |          |          | A  |
| . Grants/grants pending                                       | <b>✓</b> |                         |                                  |          |          |    |
|   |          |                         |                                  |          |          | A  |
| 5. Payment for lectures including service on speakers bureaus |          |                         | <b>V</b>                         | Novartis |          |    |
|   |          |                         |                                  |          |          | Α  |
| 7. Payment for manuscript preparation                         | <b>V</b> |                         |                                  |          |          |    |

Cervantes

3

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



| Type of Relationship (in alphabetical order)                                   | No           | Money<br>Paid to<br>You | Money to<br>Your<br>Institution* | Entity | Comments |    |
|--|--------------|-------------------------|----------------------------------|--------|----------|----|
|  |              |                         |                                  |        |          | A  |
| <ol><li>Patents (planned, pending or issued)</li></ol>                         | <b>V</b>     |                         |                                  |        |          |    |
|  |              |                         |                                  |        |          | A  |
| 9. Royalties   | <b>V</b>     |                         |                                  |        |          |    |
|  |              |                         |                                  |        |          | P  |
| Payment for development of educational presentations                           | <b>V</b>     |                         |                                  |        |          | į. |
|  |              |                         |                                  |        |          | P  |
| 1. Stock/stock options   | $\checkmark$ |                         |                                  |        |          |    |
|  |              |                         |                                  |        |          | P  |
| Travel/accommodations/<br>meeting expenses unrelated to<br>activities listed** | <b>V</b>     |                         |                                  |        |          |    |
|  |              |                         |                                  |        |          | A  |
| Other (err on the side of full disclosure)                                     | <b>V</b>     |                         |                                  |        |          |    |
|  |              |                         |                                  |        |          |    |
| * This means money that your institution                                       | received     | l for your ef           | forts.                           |        |          |    |

| Section 4.      | Other relationships   |
|-----------------|---|
|                 | elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? |
| ✓ No other rela | ationships/conditions/circumstances that present a potential conflict of interest   |
| Yes, the follo  | wing relationships/conditions/circumstances are present (explain below):  |
|                 | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.                                       |

Hide All Table Rows Checked 'No'

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#### **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 four parts.

## Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

## 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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

## 4. Other relationships.

Use this section to report 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.

Guilhot 1



| Section 1. Identifying Infor                 | mation                            |   |          |
|--|-----------------------------------|---|----------|
| 1. Given Name (First Name)<br>Francois       | 2. Surname (Last Name)<br>Guilhot | 3. Effective Date (07-Augus<br>07-May-2013    | st-2008) |
| 4. Are you the corresponding author?         | Yes 🗸 No                          | Corresponding Author's Name<br>Timothy Hughes |          |
| 5. Manuscript Title<br>ENESTnd Extension/SoR |                                   |   |          |
| 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| The Work Under Consideration f   | or Publ  | ication                 |                                  |                |                  |     |
|--|----------|-------------------------|----------------------------------|----------------|------------------|-----|
| Туре   | No       | Money<br>Paid<br>to You | Money to<br>Your<br>Institution* | Name of Entity | Comments**       |     |
| 1. Grant   |          |                         | <b>✓</b>                         | Novartis, BMS  | Research Funding | ×   |
|  |          |                         |                                  |                |                  | ADD |
| 2. Consulting fee or honorarium  | <b>✓</b> |                         |                                  |                |                  | ×   |
|  |          |                         |                                  |                |                  | ADD |
| <ol><li>Support for travel to meetings for<br/>the study or other purposes</li></ol>   | <b>✓</b> |                         |                                  |                |                  | ×   |
|  |          |                         |                                  |                |                  | ADD |
| <ol> <li>Fees for participation in review<br/>activities such as data monitoring<br/>boards, statistical analysis, end<br/>point committees, and the like</li> </ol> | <b>✓</b> |                         |                                  |                |                  | ×   |
|  |          |                         |                                  |                |                  | ADD |
| <ol><li>Payment for writing or reviewing<br/>the manuscript</li></ol>  | X        |                         |                                  |                |                  | ×   |
|  |          |                         |                                  |                |                  | ADD |
| <ol><li>Provision of writing assistance,<br/>medicines, equipment, or<br/>administrative support</li></ol>   | X        |                         |                                  |                |                  | ×   |

Guilhot 2



| The Work Under Cons | ideration for Publ | lication                |                                  |                |            |     |
|---------------------|--------------------|-------------------------|----------------------------------|----------------|------------|-----|
| Туре                | No                 | Money<br>Paid<br>to You | Money to<br>Your<br>Institution* | Name of Entity | Comments** |     |
|                     |                    |                         |                                  |                |            | ADD |
| 7. Other            | X                  |                         |                                  |                |            | ×   |
|                     |                    |                         |                                  |                |            | ADD |

## 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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| Relevant financial activities out  | side the | submit                  | ted work                         |                      |          |     |
|--|----------|-------------------------|----------------------------------|----------------------|----------|-----|
| Type of Relationship (in alphabetical order)                                     | No       | Money<br>Paid to<br>You | Money to<br>Your<br>Institution* | Entity               | Comments |     |
| 1. Board membership  | <b>✓</b> |                         |                                  |                      |          | ×   |
|  |          |                         |                                  |                      |          | ADD |
| 2. Consultancy   |          |                         | <b>✓</b>                         | Celgene              |          | ×   |
|  |          |                         |                                  |                      |          | ADD |
| 3. Employment  | <b>✓</b> |                         |                                  |                      |          | ×   |
|  |          |                         |                                  |                      |          | ADD |
| 4. Expert testimony  | <b>✓</b> |                         |                                  |                      |          | ×   |
|  |          |                         |                                  |                      |          | ADD |
| 5. Grants/grants pending   | <b>✓</b> |                         |                                  |                      |          | ×   |
|  |          |                         |                                  |                      |          | ADD |
| <ol><li>Payment for lectures including<br/>service on speakers bureaus</li></ol> |          |                         | <b>✓</b>                         | Novartis, BMS, ARIAD |          | ×   |
|  |          |                         |                                  |                      |          | ADD |
| <ol><li>Payment for manuscript<br/>preparation</li></ol>                         | <b>✓</b> |                         |                                  |                      |          | ×   |

Guilhot 3

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



| No   Paid to   Your   Institution*   Entity   Comments   | Relevant financial activities out        | ide the      | e submit     |                      |                               |                    |        |
|--|--|--------------|--------------|----------------------|-------------------------------|--------------------|--------|
| 8. Patents (planned, pending or issued)  9. Royalties  10. Payment for development of educational presentations  11. Stock/stock options  12. Travel/accommodations/meeting expenses unrelated to activities listed**  ADI  13. Other (err on the side of full disclosure)  * This means money that your institution received for your efforts.  |  | No           | Paid to      |                      | Entity                        | Comments           |        |
| issued)  9. Royalties  10. Payment for development of educational presentations  11. Stock/stock options  12. Travel/accommodations/ meeting expenses unrelated to activities listed**  13. Other (err on the side of full disclosure)  * This means money that your institution received for your efforts.  |  |              |              |                      |                               |                    | ADD    |
| 9. Royalties    Output   |  | <b>✓</b>     |              |                      |                               |                    | ×      |
| 10. Payment for development of educational presentations  ADD  11. Stock/stock options  12. Travel/accommodations/ meeting expenses unrelated to activities listed**  ADD  13. Other (err on the side of full disclosure)  * This means money that your institution received for your efforts.   |  |              |              |                      |                               |                    | ADD    |
| 10. Payment for development of educational presentations    X  | 9. Royalties                             | $\checkmark$ |              |                      |                               |                    | X      |
| educational presentations  ADD  11. Stock/stock options  X  ADD  12. Travel/accommodations/ meeting expenses unrelated to activities listed**  ADD  13. Other (err on the side of full disclosure)  * This means money that your institution received for your efforts.  | 10. Down out for development of          |              |              |                      |                               |                    | ADD    |
| 11. Stock/stock options    ADI   ADI |  | <b>✓</b>     |              |                      |                               |                    | ×      |
| 12. Travel/accommodations/ meeting expenses unrelated to activities listed**  ADI  13. Other (err on the side of full disclosure)  * This means money that your institution received for your efforts.   |  |              |              |                      |                               |                    | ADD    |
| 12. Travel/accommodations/ meeting expenses unrelated to activities listed**  ADI  13. Other (err on the side of full disclosure)  * This means money that your institution received for your efforts.   | 11. Stock/stock options                  | <b>✓</b>     |              |                      |                               |                    | ×      |
| meeting expenses unrelated to activities listed**  13. Other (err on the side of full disclosure)  * This means money that your institution received for your efforts.   | 12 Travel/accommodations/                |              |              |                      |                               |                    | ADD    |
| 13. Other (err on the side of full disclosure)  * This means money that your institution received for your efforts.  | meeting expenses unrelated to            | <b>V</b>     |              |                      |                               |                    | ×      |
| * This means money that your institution received for your efforts.  |  |              |              |                      |                               |                    | ADD    |
| * This means money that your institution received for your efforts.  |  | <b>V</b>     |              |                      |                               |                    | ×      |
|  |  |              |              |                      |                               |                    | ADD    |
| For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.   |  |              |              |                      | avel related to that consult  | ancy on this line  |        |
|  | i oi example, ii you report a consultant | .y above     | ciere is ii0 | need to report the   | iver related to triat consult | oney on this line. |        |
|  |  | 1,532        |              | Maria de la companio |                               |                    |        |
| Section 4. Other relationships   | Section 4. Other relationsl              | nips         |              |                      |                               |                    | Jan 18 |

No other relationships/conditions/circumstances that present a potential conflict of interest

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

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.

Hide All Table Rows Checked 'No'

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#### **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.

#### 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".

#### Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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## Intellectual Property.

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

#### Relationships not covered above.

Use this section to report 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.

#### Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

Niederwieser 1



| Section 1. Identifyi   | ng Information            |                         |                                      |                        |                       |                      |
|--|---------------------------|-------------------------|--------------------------------------|------------------------|-----------------------|----------------------|
| Given Name (First Name) Dietger  | 2. Surnar<br>Niederw      | ne (Last Name)<br>ieser |                                      |                        | 3. Date<br>23-Decembe | r-2013               |
| 4. Are you the corresponding a   | uthor? Yes                | ✓ No                    | Correspond<br>Timothy H              | ling Author's<br>ughes | Name                  |                      |
| 5. Manuscript Title<br>Safety and efficacy of switch<br>with suboptimal response or  |                           |                         |                                      |                        | nyeloid leukemia      | in chronic phase     |
| 6. Manuscript Identifying Numb<br>HAEMATOL/2013/091272   | per (if you know it)      |                         | que accepto                          |                        |                       |                      |
| Section 2. The Work  | c Under Considera         | tion for Publ           | ication                              | estable in             |                       |                      |
| Did you or your institution at ar<br>any aspect of the submitted wo<br>statistical analysis, etc.)?<br>Are there any relevant confli | rk (including but not lim | nited to grants, o      |                                      |                        |                       |                      |
| If yes, please fill out the appr<br>Excess rows can be removed   | opriate information b     | elow. If you ha         | ave more than                        | one entity             | press the "ADD" b     | outton to add a row. |
| Name of Institution/Compa  | nny Grant?                |                         | on-Financial<br>Support <sup>?</sup> | Other?                 | Comments              |                      |
| Novartis   |                           | 1                       |                                      | c                      | onsulting             |                      |
|  |                           |                         |                                      |                        |                       |                      |
| Section 3. Relevant  | financial activities      | outside the             | submitted                            | work.                  |                       |                      |
| Place a check in the appropriof compensation) with entiticlicking the "Add +" box. You   | es as described in the    | instructions. l         | Jse one line fo                      | r each enti            | ty; add as many lii   | nes as you need by   |
| Are there any relevant confli  | cts of interest? 📝        | Yes No                  |                                      |                        |                       |                      |
| If yes, please fill out the appr   | opriate information b     | elow.                   |                                      | 200                    | 25000                 |                      |
| Name of Entity   | Grant?                    |                         | on-Financial<br>Support              | Other?                 | Comments              |                      |
| Novartis   |                           | <b>✓</b>                |                                      | c                      | onsulting             |                      |

Niederwieser 2



| Section 4.                       | Intellectual Property Patents & Copyrights  |
|----------------------------------|---|
| Do you have an                   | y patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo   |
| Section 5.                       |   |
| Section 5.                       | Relationships not covered above   |
|                                  | relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?  |
| Yes, the follo                   | owing relationships/conditions/circumstances are present (explain below):   |
| ✓ No other rel                   | ationshlps/conditions/circumstances that present a potential conflict of interest   |
|                                  | nanuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements<br>urnals may ask authors to disclose further information about reported relationships. |
| Dection o.                       | Disclosure Statement  |
| Based on the ab<br>below.        | pove disclosures, this form will automatically generate a disclosure statement, which will appear in the box  |
| Dr. Niederwiese<br>the submitted | er reports personal fees from Novartis, during the conduct of the study; personal fees from Novartis, outside work.   |
|                                  |   |

#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Niederwieser 3



#### **Instructions**

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#### Relevant financial activities outside the submitted work.

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#### Intellectual Property.

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leCoutre 1



| Section 1. Identifying Infor  | mation                             |  |   |
|---|------------------------------------|--|---|
| Given Name (First Name) Philipp   | 2. Surname (Last Name)<br>leCoutre |  | 3. Date<br>23-December-2013   |
| 4. Are you the corresponding author?  | Yes ✓ No                           | Corresponding Author's<br>Timothy Hughes   | s Name  |
| 5. Manuscript Title<br>Safety and efficacy of switching to nilo<br>with suboptimal response or failure o          |                                    |  | nyeloid leukemia in chronic phase   |
| 6. Manuscript Identifying Number (if you HAEMATOL/2013/091272   |                                    |  |   |
| Section 2. The Work Under   | Consideration for Publ             | ication  |   |
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| 4. Are you the co  | rresponding author?  | Yes                 | <b>√</b> No             | Correspond<br>Timothy H | ling Author's<br>lughes | Name  |
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| Do you have any patents, whether plar  | nned, pending or issue        | d, broadly releva     | ant to the  | work? Yes          | <b>√</b> No               |
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1 Ossenkoppele



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| 4. Are you the corresponding author?   | Yes 🗸 No   | Corresponding Author<br>Timothy Hughes           | r's Name   |
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| 6. Manuscript Identifying Number (if you HAEMATOL/2013/091272  |  | 28   |  |
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| any aspect of the submitted work (include statistical analysis, etc.)?  Are there any relevant conflicts of in lf yes, please fill out the appropriate | ding but not limited to grants, disterest?  Yes  No information below. If you ha | ata monitoring board, st                         | ent, commercial, private foundation, etc.) for<br>udy design, manuscript preparation,<br>ty press the "ADD" button to add a row  |
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|   | relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?  |
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| 1. Given Name (First Name)<br>Hirohiko   | 2. Surname (Last Name)<br>Shibayama  |   | 3. Date<br>23-December-2013   |
| 4. Are you the corresponding author?   | Yes ✓ No   | Corresponding Authority Hughes  | or's Name   |
| 5. Manuscript Title Safety and efficacy of switching to nil with suboptimal response or failure o 6. Manuscript Identifying Number (if you HAEMATOL/2013/091272  | on frontline imatinib or niloti  |   |   |
| Section 2. The Work Under  | Consideration for Public   | cation  |   |
| any aspect of the submitted work (includi statistical analysis, etc.)?   | ng but not limited to grants, da   |   | ent, commercial, private foundation, etc.) for<br>sudy design, manuscript preparation,  |
| Are there any relevant conflicts of inte<br>If yes, please fill out the appropriate in<br>Excess rows can be removed by press  | nformation below. If you hav   | ve more than one ent  | ity press the "ADD" button to add a row.  |
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| Section 4.        | Intellectual Property Patents & Copyrights   |
|-------------------|--|
| Do you have aı    | ny patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo   |
| Section 5.        | Relationships not covered above  |
|                   | relationships or activities that readers could perceive to have influenced, or that give the appearance of uencing, what you wrote in the submitted work?  |
| Yes, the fol      | lowing relationships/conditions/circumstances are present (explain below):   |
| <br>✓ No other re | lationships/conditions/circumstances that present a potential conflict of interest   |
|                   | manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements  |
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| On occasion, jo   | manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements<br>ournals may ask authors to disclose further information about reported relationships. |

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3



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## Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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Fan 1

| Section 1. Identifying Infor  | mation                        |   |
|---|-------------------------------|---|
| Given Name (First Name)  Xiaolin  | 2. Surname (Last Name)<br>Fan | 3. Effective Date (07-August-2008)<br>07-May-2013                   |
| 4. Are you the corresponding author?  | Yes ✓ No                      | Corresponding Author's Name<br>Timothy Hughes                       |
| 5. Manuscript Title Safety and efficacy of switching to nilotini suboptimal response or failure on frontlir |                               | nts with chronic myeloid leukemia in chronic phase with twice daily |
| 6. Manuscript Identifying Number (if you HAEMATOL/2013/091272   | know it)                      |   |

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| The Work Under Consideration f   | or Pub   | lication                         | A SULLAND                        |                |            | 9 E M     |
|--|----------|----------------------------------|----------------------------------|----------------|------------|-----------|
| Туре   | No       | Money<br>Paid<br>to Y <b>o</b> u | Money to<br>Your<br>Institution* | Name of Entity | Comments** |           |
| 1. Grant   | <b>✓</b> |                                  |                                  |                |            | ×         |
| 2. Consulting fee or honorarium  | <b>V</b> |                                  |                                  |                |            | ADD X ADD |
| 3. Support for travel to meetings for the study or other purposes  | <b>V</b> |                                  |                                  |                |            | X         |
| <ol> <li>Fees for participation in review<br/>activities such as data monitoring<br/>boards, statistical analysis, end<br/>point committees, and the like</li> </ol> | <b>✓</b> |                                  |                                  |                |            | ×         |
| 5. Payment for writing or reviewing the manuscript   | <b>V</b> |                                  |                                  |                |            | ×         |
| Provision of writing assistance,<br>medicines, equipment, or<br>administrative support   | <b>V</b> |                                  |                                  |                |            | ADD<br>X  |

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| 7. Other                | <b>✓</b>      |                         |                                  |                |            | ×    |
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| Type of Relationship (in alphabetical order)                  | No       | Money<br>Paid to<br>You | Money to<br>Your<br>Institution* | Entity   | Comments |    |
|---|----------|-------------------------|----------------------------------|----------|----------|----|
| I. Board membership   | <b>V</b> |                         |                                  |          |          | >  |
|   |          |                         |                                  |          |          | AC |
| 2. Consultancy  | <b>4</b> |                         |                                  |          |          | >  |
|   |          |                         |                                  |          |          | AE |
| 3. Employment   | Ш        | <b>✓</b>                |                                  | Novartis |          | AC |
| 1. Expert testimony   | <b>✓</b> |                         |                                  |          |          | >  |
| 5. Grants/grants pending                                      | <b>✓</b> |                         |                                  |          |          | AC |
| i. Payment for lectures including service on speakers bureaus | <b>✓</b> |                         |                                  |          |          | AC |
|   |          |                         |                                  |          |          | ΑC |
| 7. Payment for manuscript preparation                         | <b>V</b> |                         |                                  |          |          | >  |

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.

|  |           | Money          | Money to                   |                          |                             |
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| <ul> <li>Patents (planned, pending or issued)</li> </ul>                                   | <b>V</b>  |                |                            |                          |                             |
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| . Royalties  | <b>✓</b>  |                |                            |                          |                             |
| Payment for development of educational presentations                                       | <b>V</b>  |                |                            |                          |                             |
| . Stock/stock options  | <b>√</b>  |                |                            |                          |                             |
| 2. Travel/accommodations/<br>meeting expenses unrelated to<br>activities listed**          | <b>V</b>  |                |                            |                          |                             |
| B. Other (err on the side of full disclosure)  | <b>V</b>  |                |                            |                          |                             |
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Hide All Table Rows Checked 'No'

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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

patent

1 Menssen



| Section 1. Identifying Infor  | mation  |   |
|---|---|---|
| 1. Given Name (First Name)<br>Hans  | 2. Surname (Last Name)<br>Menssen               | 3. Date<br>23-December-2013   |
| 4. Are you the corresponding author?  | ☐ Yes ✓ No                                      | Corresponding Author's Name<br>Timothy Hughes   |
| with suboptimal response or failure o   | n frontline imatinib or niloti                  | r patients with chronic myeloid leukemia in chronic phase<br>inib 300 mg twice daily  |
| 6. Manuscript Identifying Number (if you HAEMATOL/2013/091272   | know it)  |   |
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Menssen 2



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| o you have a                      | ny patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo   |
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|                                   | relationships or activities that readers could perceive to have influenced, or that give the appearance of uencing, what you wrote in the submitted work?  |
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Kemp 1



| Section 1. Identifying Infor   | mation  |  |
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| Given Name (First Name) Charisse   | 2. Surname (Last Name)<br>Kemp                                  | 3. Date<br>23-December-2013  |
| 4. Are you the corresponding author?   | Yes 📝 No  | Corresponding Author's Name<br>Timothy Hughes  |
| 5. Manuscript Title Safety and efficacy of switching to nilo with suboptimal response or failure or          |   | r patients with chronic myeloid leukemia in chronic phase<br>nib 300 mg twice daily  |
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| Disclosure Statement  |
| ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box  |
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**Other:** Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

Larson

| 1. Given Name (First Name)<br>Richard  | <ol><li>Surname (Last Name)<br/>Larson</li></ol>   |  | 3. Date<br>23-December-2013  |
|--|--|--|--|
| 4. Are you the corresponding author?   | Yes ✓ No   | Corresponding Author   | or's Name  |
| 5. Manuscript Title<br>Safety and efficacy of switching to ni<br>with suboptimal response or failure o   | lotinib 400 mg twice daily fo<br>on frontline imatinib or niloti   | r patients with chron<br>nib 300 mg twice dai  | ic myeloid leukemia in chronic phase<br>ly   |
| 6. Manuscript Identifying Number (If you<br>HAEMATOL/2013/091272   | ı know it)   |  |  |
| Section 2  |  |  |  |
| Section 2. The Work Under  | Consideration for Public   | cation   |  |
| statistical analysis, etc.)?   |  |  |  |
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| Do you have ar   | ny patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo  |
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| Section 5.   | Relationships not covered above   |
|  | r relationships or activities that readers could perceive to have influenced, or that give the appearance of uencing, what you wrote in the submitted work?   |
| Vos the fell   | lowing relationships/conditions/circumstances are present (explain below):  |
| 1 65, 1116 101   | lowing relationships/conditions/circumstances are present (explain below).  |
| No other re  | lationships/conditions/circumstances that present a potential conflict of interest  manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statem   |
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### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



#### 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.

## 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 "Yoe."

## Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

## Intellectual Property.

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

## Relationships not covered above.

Use this section to report 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.

#### **Definitions.**

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Saglio



| Giuseppe   | Saglio  | ne (Last Name)   |   |             | 3. Date<br>23-December-2013  |
|--|---|--|---|-------------|--|
| 4. Are you the corresponding author?   | Yes   | ✓ No   | Correspond<br>Timothy H   | _           | or's Name  |
| 5. Manuscript Title<br>Safety and efficacy of switching to n<br>with suboptimal response or failure  |   |  |   |             |  |
| 6. Manuscript Identifying Number (if yo HAEMATOL/2013/091272   | u know it)                                    |  |   |             |  |
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| any aspect of the submitted work (incluing<br>statistical analysis, etc.)?<br>Are there any relevant conflicts of in<br>If yes, please fill out the appropriate  | eceive payment<br>ding but not lim<br>terest? | t or services from<br>lited to grants, d<br>res No<br>lelow. If you ha                   | n a third party<br>ata monitoring                                 | j board, st | udy design, manuscript preparation,  |
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| Name of Entity  | Grant •     | Personal<br>Fees                  | Non-Financial Support | Other?   | Comments   |
|---|-------------|-----------------------------------|-----------------------|--|--|
| Novartis  |             | <b>V</b>                          |                       |  | Consulting and Lecture Fees                                  |
| BMS   |             | <b>V</b>                          |                       |  | Consulting and Lecture Fees                                  |
| Ariad   |             | <b>✓</b>                          |                       |  | Lecture Fees   |
| Pfizer  |             | V                                 |                       |  | Lecture Fees   |
| Section 4. Intellectual Proper  | ty Pat      | ents & Co                         | pyrights              |  |  |
| Do you have any patents, whether plant  | ned, pend   | ling or issue                     | ed, broadly releva    | nt to the  | work? Yes V 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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| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest   |             |                                   |                       |  |  |
| At the time of manuscript acceptance, jo<br>On occasion, journals may ask authors t   |             |                                   |                       |  | ssary, update their disclosure statements.<br>relationships. |
| Section 6. Disclosure Stateme   | ent         |                                   |                       |  |  |
| Based on the above disclosures, this for below.   | m will aut  | tomatically                       | generate a disclo     | sure stat  | ement, which will appear in the box                          |
| Dr. Saglio reports personal fees from No<br>during the conduct of the study; person<br>fees from Pfizer, outside the submitted  | nal fees fr |                                   |                       |  |  |
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