

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Yoshihiro

2. Surname (Last Name)  
Inamoto

3. Date  
26-May-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/109611

### 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
United States National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

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

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- 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. Inamoto reports grants from United States National Institutes of Health, during the conduct of the study.

### 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) Paul	2. Surname (Last Name) Martin	3. Date 02-June-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yoshihiro Inamoto
5. Manuscript Title Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/109611		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Cancer Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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
Pharmacyclics, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scientific advisory meeting
Neovii Biotech NA, Inc. (formerly Fresenius)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical trial contract

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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. Martin reports grants from National Cancer Institute, during the conduct of the study; personal fees from Pharmacyclics, Inc. , grants from Neovii Biotech NA, Inc. (formerly Fresenius), outside the submitted work; .

### 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)  
Barry

2. Surname (Last Name)  
Storer

3. Date  
29-May-2014

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Yoshihiro Inamoto

5. Manuscript Title  
Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/109611

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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

### 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 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Storer has 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)

Jeanne

2. Surname (Last Name)

Palmer

3. Date

02-June-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Yoshihiro Inamoto

5. Manuscript Title

Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2014/109611

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Are there any relevant conflicts of interest?  Yes  No

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

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

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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. Palmer has 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) Daniel

2. Surname (Last Name) Weisdorf

3. Date 29-May-2014

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

5. Manuscript Title Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease

6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/109611

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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
amgen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	consulting
alexion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	research support

### 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. Weisdorf reports other from amgen, other from alexion, outside the submitted work.

### 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) Joseph	2. Surname (Last Name) Pidala	3. Date 28-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yoshihiro Inamoto
5. Manuscript Title Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/109611		

### 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

### 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 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Pidala has 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)

Mary

2. Surname (Last Name)

Flowers

3. Date

27-May-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Yoshihiro Inamoto

5. Manuscript Title

Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2014/109611

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Are there any relevant conflicts of interest?  Yes  No

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

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Flowers has 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) Mukta

2. Surname (Last Name) Arora

3. Date 02-June-2014

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

5. Manuscript Title Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease

6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/109611

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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
Neovii Biotech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Independent endpoint reviewer on clinical trial in chronic graft versus host disease

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

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Arora reports personal fees from Neovii Biotech, outside the submitted work; .

### 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) Madan	2. Surname (Last Name) Jagasia	3. Date 27-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yoshihiro Inamoto
5. Manuscript Title Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/109611		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Jagasia has 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)

Sally

2. Surname (Last Name)

Arai

3. Date

03-June-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Yoshihiro Inamoto

5. Manuscript Title

Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2014/109611

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Dr. Arai has 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) Xiaoyu	2. Surname (Last Name) Chai	3. Date 27-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yoshihiro Inamoto
5. Manuscript Title Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/109611		

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Mr. Chai has 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) Steven	2. Surname (Last Name) Pavletic	3. Date 01-June-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yoshihiro Inamoto
5. Manuscript Title Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease		
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Dr. Pavletic has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Georgia

2. Surname (Last Name)  
Vogelsang

3. Date  
28-May-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Yoshihiro Inamoto

5. Manuscript Title

Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease

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HAEMATOL/2014/109611

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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

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

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Dr. Vogelsang has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Stephanie      2. Surname (Last Name) Lee      3. Date 28-May-2014

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

5. Manuscript Title  
Association of organ severity with mortality and recurrent malignancy in chronic graft-versus-host disease

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/109611

### 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.)?

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

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Dr. Lee reports grants from United States National Institutes of Health, during the conduct of the study.

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