



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Sarah

2. Surname (Last Name)

Kranick

3. Date

24-September-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Thomas Uldrick

5. Manuscript Title

Paradoxical Central Nervous System Immune Reconstitution Syndrome in Acquired Immunodeficiency Syndrome-related Primary Central Nervous System Lymphoma

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2014/114736

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

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

Are there any relevant conflicts of interest?  Yes  No

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

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

Are there any relevant conflicts of interest?  Yes  No

### 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

### 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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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. Kranick has nothing to disclose.

### Evaluation and Feedback

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Priscila

2. Surname (Last Name)  
Goncalves

3. Date  
24-September-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Thomas Uldrick

5. Manuscript Title

Paradoxical Central Nervous System Immune Reconstitution Syndrome in Acquired Immunodeficiency Syndrome-related Primary Central Nervous System Lymphoma

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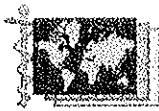
### Section 6: Disclosure Statement

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

Dr. Goncalves 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) 2. Surname (Last Name) 3. Date  
 Maryalice Stetler-Stevenson 24-September-2014

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

5. Manuscript Title  
 Paradoxical Central Nervous System Immune Reconstitution Syndrome in Acquired Immunodeficiency Syndrome-related Primary Central Nervous System Lymphoma

6. Manuscript Identifying Number (if you know it)  
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Dr. Stetler-Stevenson 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) 2. Surname (Last Name) 3. Date  
 Karen Aleman 25-September-2014

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

5. Manuscript Title  
 Paradoxical Central Nervous System Immune Reconstitution Syndrome in Acquired Immunodeficiency Syndrome-related Primary Central Nervous System Lymphoma

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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
Mitos Pharmaceuticals, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MTS-01 for anal cancer

### 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.

Ms. Aleman reports non-financial support from Mitos Pharmaceuticals, Inc, 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)

Mark

2. Surname (Last Name)

Polizzotto

3. Date

25-September-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Thomas Uldrick

5. Manuscript Title

Paradoxical Central Nervous System Immune Reconstitution Syndrome in Acquired Immunodeficiency Syndrome-related Primary Central Nervous System Lymphoma

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2014/114736

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Are there any relevant conflicts of interest?  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. Polizzotto 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) Richard  
 2. Surname (Last Name) Little  
 3. Date 25-September-2014

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

5. Manuscript Title  
 Paradoxical Central Nervous System Immune Reconstitution Syndrome in Acquired Immunodeficiency Syndrome-related  
 Primary Central Nervous System Lymphoma

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Are there any relevant conflicts of interest?  Yes  No

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

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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. Little 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) Robert  
 2. Surname (Last Name) Yarchoan  
 3. Date 25-September-2014

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

5. Manuscript Title  
 Paradoxical Central Nervous System Immune Reconstitution Syndrome in Acquired Immunodeficiency Syndrome-related Primary Central Nervous System Lymphoma

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Celgene Corporation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pomalidomide for KSHV-associated malignancies
Mitos Pharmaceuticals, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MTS-01 for anal cancer

### Section 4: Intellectual Property – Patents & Copyrights

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Dr. Yarchoan reports non-financial support from Celgene Corporation, non-financial support from Mitos Pharmaceuticals, Inc., outside the submitted work.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1: Identifying Information

1. Given Name (First Name) Thomas  
 2. Surname (Last Name) Uldrick  
 3. Date 25-September-2014

4. Are you the corresponding author?  Yes  No

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 Paradoxical Central Nervous System Immune Reconstitution Syndrome in Acquired Immunodeficiency Syndrome-related Primary Central Nervous System Lymphoma  
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