ICMJE Form for Disclosure of Potential Conflicts of Interest

**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.**

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 “Yes”.

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.

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4. **Intellectual Property.**

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

5. **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.

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**Pending:** The patent has been filed but not issued

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Kiyoshi

2. Surname (Last Name)  
   Ando

3. Date  
   19-March-2018

4. Are you the corresponding author?  
   Yes ☐ No ☑

Corresponding Author’s Name  
Frank Morschhauser

5. Manuscript Title  
   Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

6. Manuscript Identifying Number (if you know it)  
   18-05104

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.

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Dr. Ando reports grants from Celgene, during the conduct of the study.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Marc

2. Surname (Last Name)  
   André

3. Date  
   07-March-2018

4. Are you the corresponding author?  
   Yes □ No □

   Corresponding Author's Name  
   Franck Morschhauser

5. Manuscript Title  
   Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

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Section 1. Identifying Information

1. Given Name (First Name) Nancy
2. Surname (Last Name) Bartlett
3. Date 12-March-2018
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Franck Morschhauser
5. Manuscript Title
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1. Given Name (First Name)
   Kamal

2. Surname (Last Name)
   Bouabdallah

3. Date
   12-March-2018

4. Are you the corresponding author? [ ] Yes [x] No
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Dr. Bouabdallah 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)  
   Rédà

2. Surname (Last Name)  
   Bouabdallah

3. Date  
   12-March-2018

4. Are you the corresponding author?  
   Yes  ☑ No

Corresponding Author’s Name  
   Franck Morschhauser

5. Manuscript Title  
   Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

6. Manuscript Identifying Number (if you know it)  
   18-05104

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Are there any relevant conflicts of interest?  
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Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 1. Identifying Information

1. Given Name (First Name)  
   Pauline

2. Surname (Last Name)  
   Brice

3. Date  
   21-June-2018

4. Are you the corresponding author?  
   Yes  No

   Corresponding Author's Name
   Franck Morschhauser

5. Manuscript Title  
   Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

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Dr. Brice has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Guillaume

2. **Surname (Last Name)**  
   Cartron

3. **Date**  
   14-March-2018

4. **Are you the corresponding author?**  
   Yes [✓] No

   **Corresponding Author's Name**  
   Franck Morschhauser

5. **Manuscript Title**  
   Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

6. **Manuscript Identifying Number (if you know it)**  
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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.

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Dr. Cartron reports personal fees from Celgene, during the conduct of the study; personal fees from Roche, personal fees from Sanofi, personal fees from Gilead, personal fees from Janssen, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Olivier
2. Surname (Last Name)  Casasnovas
3. Date  14-March-2018

4. Are you the corresponding author?  Yes  Yes  No

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Dr. Casasnovas reports grants, personal fees and non-financial support from Roche, grants, personal fees and non-financial support from Gilead, grants, personal fees and non-financial support from Takeda, personal fees and non-financial support from BMS, personal fees and non-financial support from MSD, personal fees from Abbvie, personal fees and non-financial support from Celgene, outside the submitted work.
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Daguindau
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Nicolas  
2. Surname (Last Name)  
   Daguindau  
3. Date  
   15-March-2018  
4. Are you the corresponding author?  
   ☐ Yes  
   ✔ No  
   Corresponding Author’s Name  
   Frank Morschhauser  
5. Manuscript Title  
   Firstline R2 vs R-Chemo With Rituximab Maintenance in Follicular Lymphoma  
6. Manuscript Identifying Number (if you know it)  
   18-05104

## 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.

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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

---

Daguindau
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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

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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. Daguindau 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.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Maria

2. Surname (Last Name)  
   Gomes da Silva

3. Date  
   11-March-2018

4. Are you the corresponding author?  
   Yes  No

   Corresponding Author’s Name  
   Franck Morschhauser

5. Manuscript Title  
   Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

6. Manuscript Identifying Number (if you know it)  
   18-05104

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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

If yes, please fill out the appropriate information below.

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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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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. Gomes da Silva reports grants from Gilead Sciences, personal fees from Abbvie, other from Roche, personal fees from Gilead Sciences, non-financial support from Celgene, personal fees from Janssen, non-financial support from Roche, non-financial support from Janssen, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Pierre
2. Surname (Last Name)  Feugier
3. Date  21-March-2018

4. Are you the corresponding author?  
   Yes  
   No  
   Corresponding Author’s Name  Franck Morschhauser

5. Manuscript Title  
   Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

6. Manuscript Identifying Number (if you know it)  
   18-05104

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Ian
2. Surname (Last Name)    Flinn
3. Date                   16-March-2018
4. Are you the corresponding author?  
   Yes  No

Corresponding Author’s Name  Franck Morschhauser

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

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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. Flinn reports other from Celgene, during the conduct of the study; other from Agios, other from ArQule, other from Beigene, other from Calithera, other from Constellation, other from Curis, other from Forma, other from Forty Seven, other from Genentech, other from Gilead, other from Incyte, other from Infinity, other from Janssen, other from KITE, other from Merck, other from Novartis, other from Pfizer, other from Pharmacyclics, other from Portola, other from Seattle Genetics, other from Takeda, other from TG Therapeutics, other from Trillium, other from Verastem, outside the submitted work.

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Nathan
2. Surname (Last Name)  Fowler
3. Date  12-April-2018

4. Are you the corresponding author?  No

Corresponding Author’s Name  Franck Morschhauser

5. Manuscript Title  Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

6. Manuscript Identifying Number (if you know it)  18-05104

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?  No

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Are there any relevant conflicts of interest?  Yes

If yes, please fill out the appropriate information below.

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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. Fowler reports grants and personal fees from Roche, grants and personal fees from Celgene, grants and personal fees from Abbvie, personal fees from Merck, grants from Janssen, 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)  
   Christophe

2. Surname (Last Name)  
   Fruchart

3. Date  
   12-March-2018

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  

   Corresponding Author’s Name  
   Franck Morschhauser

5. Manuscript Title  
   Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

6. Manuscript Identifying Number (if you know it)  
   18-05104

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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

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   [ ] Yes  
   ✔ No

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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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Dr. Fruchart has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Alejandro

2. Surname (Last Name)  
Martín García-Sancho

3. Date  
11-March-2018

4. Are you the corresponding author?  
☑ Yes  ☐ No  
Corresponding Author’s Name
Franck Morschhauser

5. Manuscript Title  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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   Corinne

2. Surname (Last Name)  
   Haioun

3. Date  
   11-March-2018

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   Yes  No

Corresponding Author’s Name  
Franck Morschhauser

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<td>Advisory boards</td>
</tr>
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</table>

Section 4.  Intellectual Property – Patents & Copyrights

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

Section 5.  Relationships not covered above

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

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

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Dr. Haioun reports personal fees from Celgene, personal fees from Roche, during the conduct of the study; personal fees from Amgen, personal fees from Janssen, personal fees from Gilead, personal fees from Novartis, personal fees from Takeda, outside the submitted work.
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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. **Given Name (First Name)**  
   Jean-François

2. **Surname (Last Name)**  
   Larouche

3. **Date**  
   11-March-2018

4. **Are you the corresponding author?**  
   [ ] Yes  
   ✓ No  
   **Corresponding Author’s Name**  
   Franck Morschhauser

5. **Manuscript Title**  
   Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

6. **Manuscript Identifying Number (if you know it)**  
   18-05104

**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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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✓ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Larouche 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)  
   Le Gouill

3. Date  
   08-March-2018

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

   Corresponding Author’s Name  
   Franck Morschhauser

5. Manuscript Title  
   Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

6. Manuscript Identifying Number (if you know it)  
   18-05104

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Edward
2. Surname (Last Name) Libby
3. Date 12-March-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Franck Morschhauser

5. Manuscript Title
Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

6. Manuscript Identifying Number (if you know it)
18-05104

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

Libby
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Dr. Libby reports grants from University of Washington, Seattle WA, outside the submitted work.

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<tr>
<td>David</td>
<td>Liu</td>
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4. Are you the corresponding author?  
   - Yes  
   - No  
   
Corresponding Author’s Name  
Franck Morschhauser

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<td>Employee and owner of Celgene stock</td>
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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. Liu reports personal fees and other from Celgene, during the conduct of the study; personal fees from Celgene, 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)  
   Amando

2. Surname (Last Name)  
   Lopez-Guillermo

3. Date  
   09-March-2018

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author's Name  
   Franck Morschhauser

5. Manuscript Title  
   Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

6. Manuscript Identifying Number (if you know it)  
   18-05104

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

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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  
   If yes, please fill out the appropriate information below.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. Lopez-Guillermo reports personal fees from Celgene, grants and personal fees from Roche, personal fees from Novartis, grants and personal fees from Gilead, personal fees from Janssen, personal fees from Bayer, 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.
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Section 1. Identifying Information

1. Given Name (First Name) Herve
2. Surname (Last Name) Maisonneuve
3. Date 23-March-2018
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Franck Morschhauser
5. Manuscript Title
   Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma
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   18-05104

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Dr. Maisonenneuve 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)  
   Franck

2. Surname (Last Name)  
   Morschhauser

3. Date  
   13-March-2018

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

5. Manuscript Title  
   Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

6. Manuscript Identifying Number (if you know it)  
   18-05104

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

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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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1. Given Name (First Name)  
   M. Lia

2. Surname (Last Name)  
   Palomba

3. Date
   13-March-2018

4. Are you the corresponding author?  
   Yes [✓]  No

   Corresponding Author’s Name  
   Franck Morschhauser

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Yes [✓]  No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Gian Matteo

2. Surname (Last Name)  
   Pica

3. Date  
   08-April-2018

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author's Name  
   Franck Morschhauser

5. Manuscript Title  
   Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

6. Manuscript Identifying Number (if you know it)  
   18-05104

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Are there any relevant conflicts of interest?  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Pica 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)  Vincent  
2. Surname (Last Name)  Ribrag  
3. Date  25-April-2017  
4. Are you the corresponding author?  Yes  ☑  No  
Corresponding Author’s Name  Franck Morschhauser  
5. Manuscript Title  Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma  
6. Manuscript Identifying Number (if you know it)  18-05104  

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Are there any relevant conflicts of interest?  ☑ Yes  ☑ No  

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Dr. Ribrag reports other from Gilead, other from Infinity, other from ArgenX, other from MSD, other from BMS, other from Epizyme, other from Nanostring, other from Incyte, personal fees from Roche, 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)  
   Gilles

2. Surname (Last Name)  
   Salles

3. Date  
   11-March-2018

4. Are you the corresponding author?  
   Yes  ☑️  No

   Corresponding Author’s Name  
   Franck Morschhauser

5. Manuscript Title  
   Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

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   18-05104

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1) I participated to advisory board meetings and symposia organized by Celgene, directly compensated to me, over the last 5 years. Transportation for these activities were occasionally supported by Celgene.

2) As a chair of the LYSARC board of directors (position without any personal compensations or benefits), I approved grant contracts established between Celgene and LYSARC relative to the conduct of the Investigator Initiated Study Relevance conducted by LYSARC.
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Laurie
2. Surname (Last Name)  
   Sehn
3. Date  
   20-June-2018
4. Are you the corresponding author?  
   Yes
5. Manuscript Title  
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Section 4. Intellectual Property – Patents & Copyrights

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

Section 5. Relationships not covered above

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Section 1. Identifying Information

1. Given Name (First Name)  
Hervé

2. Surname (Last Name)  
Tilly

3. Date  
12-March-2018

4. Are you the corresponding author?  
☑ Yes  ☐ No

Corresponding Author’s Name  
Franck Morschhauser

5. Manuscript Title  
Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

6. Manuscript Identifying Number (if you know it)  
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Tilly
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Dr. Tilly reports grants and personal fees from Celgene, personal fees and non-financial support from Roche, personal fees from Karyopharm, personal fees from Astra-Zeneca, personal fees from BMS, 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)  
Kensei

2. Surname (Last Name)  
Tobinai

3. Date  
23-June-2018

4. Are you the corresponding author?  
☐ Yes  □ No

Corresponding Author’s Name  
Franck Morschhauser

5. Manuscript Title  
Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

6. Manuscript Identifying Number (if you know it)  
18-05104

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Jianming

2. Surname (Last Name)  
Wang

3. Date  
21-June-2018

4. Are you the corresponding author?  
☑ Yes ☐ No  
Corresponding Author's Name  
Franck Morschhauser

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Section 1. Identifying Information

1. Given Name (First Name)  
Luc

2. Surname (Last Name)  
Xerri

3. Date  
13-March-2018

4. Are you the corresponding author?  
[ ] Yes  [✓] No

Corresponding Author’s Name  
Franck Morschhauser

5. Manuscript Title  
Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

6. Manuscript Identifying Number (if you know it)  
18-05104

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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

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Dr. Xerri has nothing to disclose.

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1. Given Name (First Name)  
   Loic

2. Surname (Last Name)  
   Ysebaert

3. Date  
   23-March-2018

4. Are you the corresponding author?  
   Yes  ☑  No

   Corresponding Author's Name  
   Franck Morschhauser

5. Manuscript Title  
   Rituximab plus Either Lenalidomide or Chemotherapy in Follicular Lymphoma

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Dr. Ysebaert reports grants and personal fees from Janssen, grants and personal fees from Roche, personal fees from Gilead, personal fees from Abbvie, outside the submitted work.

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1. Given Name (First Name)  
Pierre

2. Surname (Last Name)  
Zachee

3. Date  
21-June-2018

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Franck Morschhauser

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