ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Are you the corresponding author?  
   - Yes
   - No  ✔

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6. Manuscript Identifying Number (if you know it)  
   19-03455

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Dr. Chang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ajai
2. Surname (Last Name) Chari
3. Date 26-March-2019
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name Sundar Jagganath
5. Manuscript Title Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma
6. Manuscript Identifying Number (if you know it) 19-03455

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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. Chari reports personal fees from Karyopharm during the conduct of the study; grants and personal fees from Millenium/Takeda, grants and personal fees from Celgene, grants and personal fees from Novartis Pharmaceuticals, grants and personal fees from Amgen, personal fees from Bristol Myers Squibb, personal fees from Seattle Genetics, grants from Pharmacyclics, grants and personal fees from Janssen, personal fees from Sanofi, grants and personal fees from Seattle Genetics, personal fees from OncoPeptides, outside the submitted work.

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<tr>
<td>Sylvain</td>
<td>Choquet</td>
<td>26-March-2019</td>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  
   Corresponding Author's Name: J Sundar Jagannath

5. Manuscript Title  
   Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

6. Manuscript Identifying Number (if you know it)  
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Dr. Choquet has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Craig

2. Surname (Last Name)  
Cole

3. Date  
01-May-2019

4. Are you the corresponding author?  
Yes

5. Manuscript Title  
Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

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Corresponding Author’s Name  
Sundar Jagannath
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   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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- **Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
   Raymond

2. Surname (Last Name)  
   Comnezo

3. Date  
   25-April-2019

4. Are you the corresponding author?  
   [ ] Yes  ✔ No  
   Corresponding Author's Name  
   Sundar Jagannath

5. Manuscript Title  
   Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

6. Manuscript Identifying Number (if you know it)  
   19-03455

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

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Comnezo has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent
**Section 1. Identifying Information**

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Cornell

3. Date  
   26-April-2019

4. Are you the corresponding author?  
   Yes [ ]  No [X]  
   Corresponding Author’s Name  
   Sundar Jaggyanath

5. Manuscript Title  
   Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

6. Manuscript Identifying Number (if you know it)  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Cornell 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)  
   Luciana

2. Surname (Last Name)  
   Costa

3. Date  
   27-March-2019

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

   Corresponding Author’s Name  
   Sundar Jagganath

5. Manuscript Title  
   Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

6. Manuscript Identifying Number (if you know it)  
   19-03455

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Are there any relevant conflicts of interest?  
   [ ] Yes  
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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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</tr>
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<td></td>
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<td>Janssen</td>
<td>✔</td>
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</tbody>
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Costa
ICMJE Form for Disclosure of Potential Conflicts of Interest

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. Costa reports personal fees from Celgene, grants and personal fees from Amgen, personal fees from Karyopharm, grants from Janssen, outside the submitted work.

Evaluation and Feedback

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Crochiere
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Marsha

2. Surname (Last Name)  
   Crochiere

3. Date  
   27-March-2019

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

5. Manuscript Title  
   Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

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<td>☐</td>
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Dr. Crochiere reports personal fees and other from Karyopharm Therapeutics Inc. outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Michel  
2. Surname (Last Name)  Delforge  
3. Date  27-March-2019  
4. Are you the corresponding author?  Yes  ✔  No  
Corresponding Author’s Name  Sundar Jagannath  
5. Manuscript Title  Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma  
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Section 1. Identifying Information

1. Given Name (First Name)  
   Meletios  

2. Surname (Last Name)  
   Dimopoulos  

3. Date  
   27-March-2019  

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

5. Manuscript Title  
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1. Given Name (First Name)
   David

2. Surname (Last Name)
   Dingli

3. Date
   26-March-2019

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name
   Sundar Jagannath

5. Manuscript Title
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Yes  
No  
✔

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   Chantal

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   Doyen

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Dr. Doyen has nothing to disclose.

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   Monika

2. Surname (Last Name)  
   Engelhardt

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Thierry  
2. Surname (Last Name)  
   Facon  
3. Date  
   26-April-2019  
4. Are you the corresponding author?  
   ✔ No  
5. Manuscript Title  
   Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma  
6. Manuscript Identifying Number (if you know it)  
   19-03455

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   ✔ 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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**Section 6. Disclosure Statement**

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Dr. Facon reports personal fees from Karyopharm, during the conduct of the study; personal fees from Janssen, personal fees from Celgene, personal fees from Takeda, personal fees from Sanofi, personal fees from Amgen, personal fees from Karyopharm, personal fees from Oncopeptides, 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)  
Laurent

2. Surname (Last Name)  
Frenzel

3. Date  
25-April-2019

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

Corresponding Author’s Name  
Sundar Jagannath

5. Manuscript Title  
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Yes ☐  No ☑

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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Dr. Frenzel has nothing to disclose.

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1. Given Name (First Name)  
   Maria

2. Surname (Last Name)  
   Gavriatopoulou

3. Date  
   25-April-2019

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   [ ] Yes  [ ] No

   Corresponding Author’s Name  
   Sundar Jagannath

5. Manuscript Title  
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1. Given Name (First Name)  James
2. Surname (Last Name)  Hoffman
3. Date  26-March-2019
4. Are you the corresponding author?  ☑ Yes  ☐ No
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Section 1. Identifying Information

1. Given Name (First Name)  Carol Ann
2. Surname (Last Name)  Huff
3. Date  25-March-2019
4. Are you the corresponding author?  Yes  No  ✔
5. Manuscript Title  Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma
6. Manuscript Identifying Number (if you know it)  19-03455

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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honorarium for role on DSMB
honorarium for advisory board, travel
honorarium for advisory board, travel
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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

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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Dr. Huff reports grants from Karyopharm, during the conduct of the study; personal fees from Janssen, personal fees and non-financial support from Celgene, grants, personal fees and non-financial support from Glenmark, personal fees and non-financial support from Sanofi, personal fees and non-financial support from Karyopharm, 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)  
   Illmer

3. Date  
   26-March-2019

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name

Sundar Jagannath

5. Manuscript Title
   Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

6. Manuscript Identifying Number (if you know it)
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Dr. Illmer 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)  Sundar
2. Surname (Last Name)  Jagannath
3. Date  03-April-2019
4. Are you the corresponding author?  ✔ Yes  ❑ No
5. Manuscript Title  Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma
6. Manuscript Identifying Number (if you know it)  19-03455

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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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Dr. Jagannath reports personal fees from Celgene Corporation, personal fees from Bristol-Myers Squibb, personal fees from Janssen Pharmaceuticals, Inc, personal fees from Merck & Co, 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)**
   - David

2. **Surname (Last Name)**
   - Kaminetzky

3. **Date**
   - 15-May-2019

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

   **Corresponding Author’s Name**
   - Sundar Jagannath

5. **Manuscript Title**
   - Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

6. **Manuscript Identifying Number (if you know it)**
   - 19-03455

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   Lionel

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   KARLIN

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Dr. KARLIN reports personal fees and non-financial support from AMGEN, personal fees from CELGENE, personal fees and non-financial support from JANSSEN, personal fees from TAKEDA, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name) Michael
2. Surname (Last Name) Kauffman
3. Date 27-March-2019
4. Are you the corresponding author? No
5. Manuscript Title Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma
6. Manuscript Identifying Number (if you know it) 19-03455

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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<tr>
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<td>Yes</td>
<td></td>
<td>Yes</td>
<td>Employment, stock ownership</td>
</tr>
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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? No
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1. **Given Name (First Name)**
   - Yosef

2. **Surname (Last Name)**
   - Landesman

3. **Date**
   - 27-March-2019

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

6. **Manuscript Identifying Number (if you know it)**
   - 19-03455

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- Yes
- No

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Section 1. Identifying Information

1. Given Name (First Name)  Moshe
2. Surname (Last Name)  Levy
3. Date  15-May-2019
4. Are you the corresponding author?  Yes ☑ No
   Corresponding Author’s Name  Sundar Jagannath
5. Manuscript Title  Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma
6. Manuscript Identifying Number (if you know it)  19-03455

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   Lingling

2. Surname (Last Name)  
   Li

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Sagar

2. Surname (Last Name)  
   Lonial

3. Date  
   27-March-2019

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Sundar Jagannath

5. Manuscript Title  
   Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

6. Manuscript Identifying Number (if you know it)  
   19-03455

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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**

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

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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. Lonial reports personal fees from Karyopharm, during the conduct of the study; personal fees from Celgene, personal fees from Takeda, personal fees from Janssen, personal fees from Novartis, personal fees from BMS, personal fees from GSK, outside the submitted work.
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4. Are you the corresponding author? ☐ Yes ☑️ No

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<th>Corresponding Author’s Name</th>
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5. Manuscript Title

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

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Dr. Meuleman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Mohamad

2. Surname (Last Name)  
   Mohty

3. Date  
   26-April-2019

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

5. Manuscript Title  
   Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

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Lectures honoraria, consultancy, and research support.
## 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. Mohty reports grants and personal fees from Janssen, grants and personal fees from Sanofi, grants and personal fees from Jazz, personal fees from Celgene, personal fees from Amgen, personal fees from BMS, personal fees from Takeda, grants from Roche, outside the submitted work.
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1. Given Name (First Name)  Philippe
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4. Are you the corresponding author?  Yes    No  ✔

Corresponding Author’s Name
Sundar Jagga

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Ajay

2. Surname (Last Name)  
Nooka

3. Date  
26-April-2019

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

Corresponding Author’s Name  
Sundar Jagannath

5. Manuscript Title  
Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

6. Manuscript Identifying Number (if you know it)  
19-03455

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☑ Yes  
☐ No

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Dr. Nooka reports personal fees from Amgen, personal fees from GSK, personal fees from BMS, personal fees from Celgene, personal fees from Takeda, personal fees from Janssen, personal fees from Spectrum, personal fees from Adaptive, outside the submitted work.
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<td>Parekh</td>
<td>27-March-2019</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author's Name
Sundar Jagганath

5. Manuscript Title
Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

6. Manuscript Identifying Number (if you know it)
19-03455

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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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Are there any relevant conflicts of interest? [ ] Yes [ ] No

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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

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Dr. Parekh reports grants from Karyopharm, during the conduct of the study; grants from Karyopharm Therapeutics, outside the submitted work.

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   Terri

2. Surname (Last Name)  
   Parker

3. Date  
   27-March-2019

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

Corresponding Author's Name  
Sundar Jagganath

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Dr. Parker has nothing to disclose.

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   - Aurore

2. **Surname (Last Name)**
   - Perrot

3. **Date**
   - 26-March-2019

4. **Are you the corresponding author?**
   - Yes [✔]

5. **Manuscript Title**
   - Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

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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) Carla
2. Surname (Last Name) Picklesimer
3. Date 27-March-2019
4. Are you the corresponding author? [ ] Yes [✓] No
   Corresponding Author’s Name Sundar Jagganath
5. Manuscript Title Oral Selinexor / dexamethasone for Triple-Class Refractory Multiple Myeloma
6. Manuscript Identifying Number (if you know it) 19-03455

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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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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Dr. Picklesimer reports personal fees and other from Karyopharm Therapeutics outside the submitted work.

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Dr. Podar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Marc
2. Surname (Last Name) Raab
3. Date 27-March-2019
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Sundar Jagannath
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Dr. Raab reports grants and personal fees from Novartis, non-financial support from BMS, non-financial support from Celgene, personal fees and non-financial support from Janssen, non-financial support from Takeda, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Paul G

2. Surname (Last Name)  
   Richardson

3. Date  
   01-May-2019

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

   Corresponding Author’s Name  
   Sundar Jagannath

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

Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments
--- | --- | --- | --- | --- | ---
BMS |  | ✔ |  |  | advisory board

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?

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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. Richter reports personal fees from Amgen, personal fees from Celgene, personal fees from Sanofi, personal fees from Takeda, personal fees from Karyopharm, personal fees from Oncopeptides, personal fees from Janssen, personal fees from Adaptive Biotechnologies, personal fees from BMS, outside the submitted work.

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

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

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jean-Richard
2. Surname (Last Name)  Saint-Martin
3. Date  27-March-2019
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Sundar Jagganath
5. Manuscript Title  Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma
6. Manuscript Identifying Number (if you know it)  19-03455

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
If yes, please fill out the appropriate information below.

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Dr. Saint-Martin reports personal fees and other from Karyopharm Therapeutics outside the submitted work.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Gary

2. **Surname (Last Name)**
   - Schiller

3. **Date**
   - 26-March-2019

4. **Are you the corresponding author?**
   - ✔ No

   **Corresponding Author's Name**
   - Sundar Jagganath

5. **Manuscript Title**
   - Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

6. **Manuscript Identifying Number (if you know it)**
   - 19-03455

### 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?  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Schiller 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)  
   Martin

2. Surname (Last Name)  
   Schreder

3. Date  
   27-March-2019

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

   Corresponding Author's Name  
   Sundar Jagannath

5. Manuscript Title  
   Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

6. Manuscript Identifying Number (if you know it)  
   19-03455

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Are there any relevant conflicts of interest?  
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Dr. Schreder has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Sharon

2. Surname (Last Name)  
Shacham

3. Date  
27-March-2019

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☐ Yes  ☑ No

Corresponding Author’s Name  
Sundar Jagganath

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☑ Yes  ☐ No

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<td>Patents based on the referenced PCT granted in the following countries/regions: EP, CN, JP, AU, NZ, CL, GE, UA, PE, HK, MX, CO, ID, SG</td>
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Dr. Shacham reports other from Karyopharm Therapeutics, outside the submitted work; In addition, Dr. Shacham has a patent Karyopharm Therapeutics issued.

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

Shah

1
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jatin

2. Surname (Last Name)  
   Shah

3. Date  
   25-April-2019

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Sundar Jagannath

5. Manuscript Title  
   Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

6. Manuscript Identifying Number (if you know it)  
   19-03455

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

If yes, please fill out the appropriate information below.

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Shah reports personal fees from Karyopharm, outside the submitted work.

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Royalties: Funds are coming in to you or your institution due to your patent.
Section 1. Identifying Information

1. Given Name (First Name)  
   Alexander

2. Surname (Last Name)  
   Stewart

3. Date  
   27-March-2019

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

   Corresponding Author’s Name  
   Sundar Jagganath

5. Manuscript Title  
   Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

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   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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Dr. Stewart has nothing to disclose.

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   Shijie  
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   Tang  
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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)**
   - Sascha

2. **Surname (Last Name)**
   - Tuchman

3. **Date**
   - 25-April-2019

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

5. **Manuscript Title**
   - Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

6. **Manuscript Identifying Number (if you know it)**
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Are there any relevant conflicts of interest?  
- [Yes]

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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- [Yes]

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☐ Yes  ✔ No

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Dr. Tuchman reports grants and personal fees from Karyopharm, during the conduct of the study; personal fees from Celgene, grants from Amgen, grants from Janssen, grants from Sanofi, grants from Merck, personal fees from Alnylam, outside the submitted work.
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Ravi

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Vij

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26-March-2019

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Section 3. Relevant financial activities outside the submitted work.

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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 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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?

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

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Dr. Vij reports personal fees from Karyopharm outside the submitted work.

Evaluation and Feedback

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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) Philip
2. Surname (Last Name) Vlummens
3. Date 02-April-2019
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Sundar Jagganath
5. Manuscript Title Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma
6. Manuscript Identifying Number (if you know it) 19-03455

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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Dr. Vlummens reports personal fees and non-financial support from Celgene, personal fees and non-financial support from Takeda, non-financial support from Amgen, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Dan

2. Surname (Last Name)  
   Vogl

3. Date  
   26-April-2019

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author's Name  
   Sundar Jagannath

5. Manuscript Title  
   Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

6. Manuscript Identifying Number (if you know it)  
   19-03455

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

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Katja

2. **Surname (Last Name)**
   - Weisel

3. **Date**
   - 26-July-2019

4. **Are you the corresponding author?**
   - Yes ✔

5. **Manuscript Title**
   - Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

6. **Manuscript Identifying Number (if you know it)**
   - 19-03455.R2

## Section 2. The Work Under Consideration for Publication

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   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.


   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.

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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Andrew

2. Surname (Last Name)  
   Yee

3. Date  
   28-March-2019

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

   Corresponding Author’s Name  
   Sundar Jagganath

5. Manuscript Title  
   Oral Selinexor/Dexamethasone for Triple-Class Refractory Multiple Myeloma

6. Manuscript Identifying Number (if you know it)  
   19-03455

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 ☐

If yes, please fill out the appropriate information below.

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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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</table>
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

Yes  ✔ No

Section 5. Relationships not covered above

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

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

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

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

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

Dr. Yee reports personal fees from Adaptive, personal fees from Amgen, grants and personal fees from Bristol-Myers Squibb, personal fees from Karyopharm, grants and personal fees from Celgene, personal fees from Takeda, personal fees from Janssen, personal fees from Dexcel, 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.