

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".

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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.

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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) Paul | 2. Surname (Last Name) Barr | 3. Date 30-January-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Tait Shanafelt |
| 5. Manuscript Title Ibrutinib-Rituximab or Chemoimmunotherapy for Chronic Lymphocytic Leukemia | | |
| 6. Manuscript Identifying Number (if you know it) 18-17073 | | |

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.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|------------|
| Pharmacyclics | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting |
| AbbVie | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting |
| Gilead | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting |
| Merck | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting |
| Genentech | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting |
| Seattle Genetics | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting |
| Verastem | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting |
| Tg Therapeutics | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting |

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|------------|
| Celgene | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting |

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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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. Barr reports personal fees from Pharmacyclics, personal fees from AbbVie, personal fees from Gilead, personal fees from Merck, personal fees from Genentech, personal fees from Seattle Genetics, personal fees from Verastem, personal fees from Tg Therapeutics, personal fees from Celgene, 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

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Section 1. Identifying Information

| | | |
|--|--------------------------------------|---|
| 1. Given Name (First Name) Jacqueline | 2. Surname (Last Name) Barrientos | 3. Date 29-March-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Tait Shanafelt |
| 5. Manuscript Title Ibrutinib-Rituximab or Chemoimmunotherapy for Chronic Lymphocytic Leukemia | | |
| 6. Manuscript Identifying Number (if you know it) 18-17073 | | |

Section 2. The Work Under Consideration for Publication

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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.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--|
| Pharmacyclics/AbbVie | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Institutional research support. Personal fees for advisory board. |
| Janssen | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | honoraria for lectures. company paid travel related expenses. |
| Gilead | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | personal fees for advisory board work. company paid travel related expenses. |
| Genentech | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | personal fees for advisory board work. company paid travel related expenses. |

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

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Dr. Barrientos reports grants and personal fees from Pharmacyclics/AbbVie, personal fees and non-financial support from Janssen, personal fees and non-financial support from Gilead, personal fees and non-financial support from Genentech, outside the submitted work.

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Section 1. Identifying Information

| | | |
|--|-----------------------------------|---|
| 1. Given Name (First Name) Esteban | 2. Surname (Last Name) Braggio | 3. Date 30-January-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Tait Shanafelt |
| 5. Manuscript Title Ibrutinib-Rituximab or Chemoimmunotherapy for Chronic Lymphocytic Leukemia | | |
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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.

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

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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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Dr. Braggio reports grants from NIH during the conduct of the study.

Evaluation and Feedback

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Section 1. Identifying Information

| | | |
|--|----------------------------------|---|
| 1. Given Name (First Name) Amanda | 2. Surname (Last Name) Cashen | 3. Date 24-March-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Tait Shanafelt |
| 5. Manuscript Title Ibrutinib-Rituximab or Chemoimmunotherapy for Chronic Lymphocytic Leukemia | | |
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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|------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|------------------|
| Celgene | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speaker's Bureau |
| Seattle Genetics | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speaker's Bureau |
| Novartis | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speaker's Bureau |

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. Cashen reports personal fees from Celgene, personal fees from Seattle Genetics, personal fees from Novartis, outside the submitted work.

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Section 1. Identifying Information

| | | |
|--|----------------------------------|---|
| 1. Given Name (First Name) Steven | 2. Surname (Last Name) Coutre | 3. Date 30-March-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Tait Shanafelt |
| 5. Manuscript Title Ibrutinib-Rituximab or Chemoimmunotherapy for Chronic Lymphocytic Leukemia | | |
| 6. Manuscript Identifying Number (if you know it) 18-17073 | | |

Section 2. The Work Under Consideration for Publication

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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.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|---|
| Pharmacyclics | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Research funding, Advisory Board, non-promotional education programs, Travel expenses |
| AbbVie | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Research funding, Advisory Board, Travel expenses |
| Gilead | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research funding |
| Takeda | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research funding |
| Janssen | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Research funding, Advisory Board, non-promotional education programs, Travel expenses |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|------------------------------------|
| AstraZeneca | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advisory Board |
| BeiGene | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DSMB, Travel expenses |
| Acerta | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Astellas | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advisory Board |
| Genentech | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Patent litigation, Travel expenses |
| Celgene | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Advisory Board, Travel expenses |
| Novartis | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain 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. Coutre reports grants, personal fees and non-financial support from Pharmacyclics, grants, personal fees and non-financial support from AbbVie, grants from Gilead, grants from Takeda, grants, personal fees and non-financial support from Janssen, personal fees from AstraZeneca, personal fees and non-financial support from BeiGene, grants from Acerta, personal fees from Astellas, personal fees and non-financial support from Genentech, grants, personal fees and non-financial support from Celgene, personal fees from Novartis, outside the submitted work; .

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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.

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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) Harry | 2. Surname (Last Name) Erba | 3. Date 04-February-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Tait Shanafelt |
| 5. Manuscript Title Ibrutinib-Rituximab or Chemoimmunotherapy for Chronic Lymphocytic Leukemia | | |
| 6. Manuscript Identifying Number (if you know it) 18-17073 | | |

Section 2. The Work Under Consideration for Publication

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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.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---|
| Agios | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant, speaker |
| Amgen | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| Astellas | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| Celgene | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant, speaker. Chair, Scientific Steering Committee |
| Daiichi Sankyo | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research contract, consultant |
| GlycoMimetics | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research contract, consultant. Chair, DSMB |
| Immunogen | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------------|
| Incyte | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant, speaker |
| Jazz | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant, speaker |
| MacroGenics | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant, speaker |
| Novartis | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant, speaker |
| Pfizer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| Seattle Genetics | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| Covance | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chair, independent review 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

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Dr. Erba reports personal fees from Agios, personal fees from Amgen, personal fees from Astellas, personal fees from Celgene, grants and personal fees from Daiichi Sankyo, grants and personal fees from GlycoMimetics, personal fees from Immunogen, personal fees from Incyte, personal fees from Jazz, personal fees from MacroGenics, personal fees from Novartis, personal fees from Pfizer, personal fees from Seattle Genetics, personal fees from Covance, outside the submitted work; .

ICMJE Form for Disclosure of Potential Conflicts of Interest

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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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) Curtis | 2. Surname (Last Name) Hanson | 3. Date 30-January-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Tait Shanafelt |
| 5. Manuscript Title Ibrutinib-Rituximab or Chemoimmunotherapy for Chronic Lymphocytic Leukemia | | |
| 6. Manuscript Identifying Number (if you know it) 18-17073 | | |

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

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. Hanson 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) Diane | 2. Surname (Last Name) Jelinek | 3. Date 31-January-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Tait Shanafelt |
| 5. Manuscript Title Ibrutinib-Rituximab or Chemoimmunotherapy for Chronic Lymphocytic Leukemia | | |
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Dr. Jelinek 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) Neil | 2. Surname (Last Name) Kay | 3. Date 01-July-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Tait Shanafelt |
| 5. Manuscript Title Ibrutinib-Rituximab or Chemoimmunotherapy for Chronic Lymphocytic Leukemia | | |
| 6. Manuscript Identifying Number (if you know it) 18-17073 | | |

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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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If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| Morphosys | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | DSMC (paid to institution) |
| Infinity Pharmaceuticals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | DSMC (paid to institution) |
| Celgene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | DSMC (paid to institution) |
| Agios | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | DSMC (paid to institution) |
| CytomX Therapeutics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | DSMC and Advisory Board (paid to institution) |
| AstraZeneca | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Advisory Board (paid to institution) |
| Pharmacyclics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Advisory Board (paid to institution) |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| DAVA Pharmaceuticals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Advisory Board (paid to institution) |
| Juno Therapeutics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Advisory Board (paid to institution) |
| Acerta Pharma | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Research and Advisory Board (paid to institution) |
| Tolero Pharmaceuticals | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Research and Advisory Board (paid to institution) |
| MEI Pharma | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research grant (Paid to institution) |
| Rigel Pharma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | DSMC (Paid to Institution) |

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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Section 6. Disclosure Statement

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Dr. Kay reports other from Morphosys, other from Infinity Pharmaceuticals, other from Celgene, other from Agios, other from CytomX Therapeutics, other from AstraZeneca, grants and other from Pharmacyclics, other from DAVA Pharmaceuticals, other from Juno Therapeutics, grants and other from Acerta Pharma, grants and other from Tolero Pharmaceuticals, grants from MEI Pharma, other from Rigel Pharma, outside the submitted work; .

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4. Intellectual Property.

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

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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) Jose | 2. Surname (Last Name) Leis | 3. Date 28-February-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Tait Shanafelt |
| 5. Manuscript Title Ibrutinib-Rituximab or Chemoimmunotherapy for Chronic Lymphocytic Leukemia | | |
| 6. Manuscript Identifying Number (if you know it) 18-17073 | | |

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

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Section 6. Disclosure Statement

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Dr. Leis has nothing to disclose.

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) Richard | 2. Surname (Last Name) Little | 3. Date 30-January-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Tait Shanafelt |
| 5. Manuscript Title Ibrutinib-Rituximab or Chemoimmunotherapy for Chronic Lymphocytic Leukemia | | |
| 6. Manuscript Identifying Number (if you know it) 18-17073 | | |

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

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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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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) Mark | 2. Surname (Last Name) Litzow | 3. Date 02-July-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Tait Shanafelt |
| 5. Manuscript Title Ibrutinib-based Therapy Versus Chemoimmunotherapy for Chronic Lymphocytic Leukemia | | |
| 6. Manuscript Identifying Number (if you know it) 18-17073 | | |

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

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------|
| Amgen | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultancy |
| Astellas | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Abbvie | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Actinium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Novartis | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pluristem | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sanofi | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultancy |
| NewLink Genetics | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultancy |

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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Dr. Litzow reports grants and personal fees from Amgen, grants from Astellas, grants from Abbvie, grants from Actinium, grants from Novartis, grants from Pluristem, personal fees from Sanofi, personal fees from NewLink Genetics, 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) Anthony | 2. Surname (Last Name) Mato | 3. Date 29-March-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Tait Shanafelt |
| 5. Manuscript Title Ibrutinib-Rituximab or Chemoimmunotherapy for Chronic Lymphocytic Leukemia | | |
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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**.

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------------|
| TG Therapeutics | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting / DSMB/ Advisory board |
| Pharmacyclics | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting / Advisory board |
| J and J | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting / Advisory board |
| Regeneron | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| AbbVie | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting / Advisory board |
| Celgene | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DSMB / Advisory board |
| Sunesis | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advisory board |
| Prime Oncology | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speaking, CME and non CME events |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------|
| Loxo | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advisory board |
| AstraZeneca | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting / 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

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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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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) Michael | 2. Surname (Last Name) Mullane | 3. Date 01-February-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Tait Shanafelt |
| 5. Manuscript Title Ibrutinib-Rituximab or Chemoimmunotherapy for Chronic Lymphocytic Leukemia | | |
| 6. Manuscript Identifying Number (if you know it) 18-17073 | | |

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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- ☐ 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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Section 6. Disclosure Statement

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Dr. Mullane 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) Susan | 2. Surname (Last Name) O'Brien | 3. Date 31-January-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Tait Shanafelt |
| 5. Manuscript Title Ibrutinib-Rituximab or Chemoimmunotherapy for Chronic Lymphocytic Leukemia | | |
| 6. Manuscript Identifying Number (if you know it) 18-17073 | | |

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.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|------------|
| Amgen | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| Astellas | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| Celgene | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| GlaxoSmithKline | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| Janssen Oncology | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| Aptose Biosciences, Inc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| Vaniam Group, LLC | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| AbbVie | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|------------------------------|
| Alexion | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| Kite | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research Support |
| Regeneron | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research Support |
| Acerta | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research Support |
| Gilead | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research Support, consultant |
| Pharmacyclics | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research Support, consultant |
| TG Therapeutics | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research Support, consultant |
| Pfizer | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research Support, consultant |
| Sunesis | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research Support, consultant |

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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MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

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. O'Brien reports personal fees from Amgen, personal fees from Astellas, personal fees from Celgene, personal fees from GlaxoSmithKline, personal fees from Janssen Oncology, personal fees from Aptose Biosciences, Inc., personal fees from Vaniyam Group, LLC, personal fees from AbbVie, personal fees from Alexion, grants from Kite, grants from Regeneron, grants from Acerta, grants and personal fees from Gilead, grants and personal fees from Pharmacyclics, grants and personal fees from TG Therapeutics, grants and personal fees from Pfizer, grants and personal fees from Sunesis, 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)

Tait

2. Surname (Last Name)

Shanafelt

3. Date

12-July-2019

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Ibrutinib-Rituximab or Chemoimmunotherapy for Chronic Lymphocytic Leukemia

6. Manuscript Identifying Number (if you know it)

18-17073

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 |
|-----------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|---|
| Pharmacyclics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Provision of study drug to the US National Cancer Institute, partial funding of trial, and funding for correlative research studies |

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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| AbbVie | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| Genentech | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cephalon | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hospira | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| GlaxoSmithKline | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Polyphenon E International | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Merck | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Celgene | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Section 4. Intellectual Property -- Patents & Copyrights

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

| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|-----------|---|
| Green tea extract EGCG in combination with chemotherapy for CLL(US14/292075) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Mayo Clinic holds this patent based on the work of Dr. Shanafelt and Dr. Kay. It has not been licensed and no royalties received. |

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 6.

Disclosure Statement

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Dr. Shanafelt reports grants and non-financial support from Pharmacyclics, during the conduct of the study; grants from Pharmacyclics, grants from AbbVie, grants from Genentech, grants from Cephalon, grants from Hospira, grants from GlaxoSmithKline, grants from Polyphenon E International, grants from Merck, grants from Celgene, outside the submitted work. In addition, Dr. Shanafelt has a patent, Green tea extract EGCG in combination with chemotherapy for CLL (US14/292075) issued.

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)

Avina

2. Surname (Last Name)

Singh

3. Date

20-February-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Tait Shanafelt

5. Manuscript Title

Ibrutinib-Rituximab or Chemoimmunotherapy for Chronic Lymphocytic Leukemia

6. Manuscript Identifying Number (if you know it)

18-17073

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Singh has nothing to disclose.

Evaluation and Feedback

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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) Richard | 2. Surname (Last Name) Stone | 3. Date 01-April-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Tait Shanafelt |
| 5. Manuscript Title Ibrutinib-Rituximab or Chemoimmunotherapy for Chronic Lymphocytic Leukemia | | |
| 6. Manuscript Identifying Number (if you know it) 18-17073 | | |

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

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--|
| AbbVie | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ad hoc consulting, clinical research support to Dana Farber Cancer Institute |
| Actinium | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advisory board |
| Agios | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ad hoc consulting, clinical research support to Dana Farber Cancer Institute |
| Amgen | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advisory board |
| Argenx | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DSMB |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--|
| Arog | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ad hoc consulting, clinical research support to Dana Farber Cancer Institute |
| Astellas | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advisory board |
| AstraZeneca | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ad hoc consulting |
| Celgene | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ad hoc consulting, steering committee, DSMB |
| Celator | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ad hoc consulting |
| Cornerstone | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ad hoc consulting |
| FujiFilm | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ad hoc consulting |
| Jazz | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ad hoc consulting |
| Macrogenics | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ad hoc consulting |
| Novartis | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ad hoc consulting, clinical research support to Dana Farber Cancer Institute |
| Ono/Theradex | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ad hoc consulting |
| Orsenix | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ad hoc consulting |
| Otsuka/Astex | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ad hoc consulting |
| Pfizer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ad hoc consulting |
| Roche | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ad hoc consulting |
| Stemline | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ad hoc consulting |
| Takeda | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DSMB |
| Daiichi-Sankyo | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ad hoc consulting |

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

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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. Stone reports personal fees and other from AbbVie, personal fees from Actinium, personal fees and other from Agios, personal fees from Amgen, personal fees from Argenx, personal fees and other from Arog, personal fees from Astellas, personal fees from AstraZeneca, personal fees from Celgene, personal fees from Celator, personal fees from Cornerstone, personal fees from FujiFilm, personal fees from Jazz, personal fees from MacroGenics, personal fees and other from Novartis, personal fees from Ono/Theradex, personal fees from Orsenix, personal fees from Otsuka/Astex, personal fees from Pfizer, personal fees from Roche, personal fees from Stemline, personal fees from Takeda, personal fees from Daiichi-Sankyo, outside the submitted work; .

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1. Identifying information.

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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)

Tallman

3. Date

30-January-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Tait Shanafelt

5. Manuscript Title

Ibrutinib-Rituximab or Chemoimmunotherapy for Chronic Lymphocytic Leukemia

6. Manuscript Identifying Number (if you know it)

18-17073

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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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Dr. Tallman 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)

Xin Victoria

2. Surname (Last Name)

Wang

3. Date

15-February-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Tait Shanafelt

5. Manuscript Title

Ibrutinib-Rituximab or Chemoimmunotherapy for Chronic Lymphocytic Leukemia

6. Manuscript Identifying Number (if you know it)

18-17073

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Dr. Wang 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)
Cong Christine

2. Surname (Last Name)
Zhang

3. Date
29-March-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Tait Shanafelt

5. Manuscript Title
Ibrutinib-based Therapy vs Chemoimmunotherapy for Chronic Lymphocytic Leukemia

6. Manuscript Identifying Number (if you know it)
18-17073

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

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