## **ICMJE DISCLOSURE FORM**

Date:	7/2/2022
Your Name:	Yasuhito Nannya
Manuscript Title:	Advances in Allogeneic Hematopoietic Stem Cell Transplantation for Acute Leukemia
Manuscript Number (if known):	Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	Otsuka Pharmaceuticals	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Takeda Pharmaceuticals Pfizer Chugai Seiyaku Nippon Shinyaku	Dai Nippon Sumitomo Astra Zeneca Kirin Asahi-Kasei
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	Novartis	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Otsuka Pharmaceuticals Novartis	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

## **ICMJE DISCLOSURE FORM**

Date:	9/12/2022
Your Name:	AURO VISWABANDYA
Manuscript Title:	Advances in Allogeneic Hematopoietic Stem Cell Transplantation for Acute Leukemia
Manuscript Number (if known):	Click or tap here to enter text.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
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## **ICMJE DISCLOSURE FORM**

Date:	10/7/2022
Your Name:	Peihua Lu
Manuscript Title:	Advances in Allogeneic Hematopoietic Stem Cell Transplantation for Acute Leukemia
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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