

ICMJE DISCLOSURE FORM

Date: 5/5/2023

Your Name: Mahshid Mehdizadeh

Manuscript Title: Maintenance Therapy with Everolimus in patients with refractory or relapsing Hodgkin Lymphoma after autologous stem cell transplantation

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.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 5/5/2023

Your Name: Hamed Azhdari Tehrani

Manuscript Title: Maintenance Therapy with Everolimus in patients with refractory or relapsing Hodgkin Lymphoma after autologous stem cell transplantation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 5/5/2023

Your Name: Hamid Rezvani

Manuscript Title: Maintenance Therapy with Everolimus in patients with refractory or relapsing Hodgkin Lymphoma after autologous stem cell transplantation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 5/5/2023

Your Name: Shayan Zamani

Manuscript Title: Maintenance Therapy with Everolimus in patients with refractory or relapsing Hodgkin Lymphoma after autologous stem cell transplantation

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Date: 5/5/2023

Your Name: Sina Salari

Manuscript Title: Maintenance Therapy with Everolimus in patients with refractory or relapsing Hodgkin Lymphoma after autologous stem cell transplantation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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: 5/5/2023

Your Name: Abbas Hajifathali

Manuscript Title: Maintenance Therapy with Everolimus in patients with refractory or relapsing Hodgkin Lymphoma after autologous stem cell transplantation

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.

		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)						
Time frame: Since the initial planning of the work									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<div style="border: 1px solid black; padding: 2px; font-size: small; text-align: center;">Click the tab key to add additional rows.</div>
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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