

ICMJE DISCLOSURE FORM

Date: 3/6/2023

Your Name: Komal Kumbhalwar

Manuscript Title: Lenalidomide with or without dexamethasone for relapsed or refractory Hodgkin Lymphoma post Autologous Stem Cell Transplant

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.

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ICMJE DISCLOSURE FORM

Date: 3/6/2023

Your Name: Akanksha Chichra

Manuscript Title: Lenalidomide with or without dexamethasone for relapsed or refractory Hodgkin Lymphoma post Autologous Stem Cell Transplant

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

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Date: 3/6/2023

Your Name: Anant Gokarn

Manuscript Title: Lenalidomide with or without dexamethasone for relapsed or refractory Hodgkin Lymphoma post Autologous Stem Cell Transplant

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

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Date: 3/6/2023

Your Name: Libin Mathew

Manuscript Title: Lenalidomide with or without dexamethasone for relapsed or refractory Hodgkin Lymphoma post Autologous Stem Cell Transplant

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

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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: 3/6/2023

Your Name: Lingaraj Nayak

Manuscript Title: Lenalidomide with or without dexamethasone for relapsed or refractory Hodgkin Lymphoma post Autologous Stem Cell Transplant

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.

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ICMJE DISCLOSURE FORM

Date: 3/6/2023

Your Name: Nishant Jindal

Manuscript Title: Lenalidomide with or without dexamethasone for relapsed or refractory Hodgkin Lymphoma post Autologous Stem Cell Transplant

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: 3/6/2023

Your Name: Navin Khattry

Manuscript Title: Lenalidomide with or without dexamethasone for relapsed or refractory Hodgkin Lymphoma post Autologous Stem Cell Transplant

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

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ICMJE DISCLOSURE FORM

Date: 3/6/2023

Your Name: Sumeet Mirgh

Manuscript Title: Lenalidomide with or without dexamethasone for relapsed or refractory Hodgkin Lymphoma post Autologous Stem Cell Transplant

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.

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ICMJE DISCLOSURE FORM

Date: 3/6/2023

Your Name: Sachin Punatar

Manuscript Title: Lenalidomide with or without dexamethasone for relapsed or refractory Hodgkin Lymphoma post Autologous Stem Cell Transplant

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.

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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.