

ICMJE DISCLOSURE FORM

Date: 1/17/2024

Your Name: Sujith.K

Manuscript Title: Outcomes in patients undergoing hematopoietic stem cell transplantation for myelodysplastic syndromes.

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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td style="font-size: small; color: gray;">Click the tab key to add additional rows.</td></tr> </table>	none		none		none	Click the tab key to add additional rows.
none								
none								
none	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
none								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
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	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
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	<input checked="" type="checkbox"/> None	
		none	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		none	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		none	

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: 1/17/2024

Your Name: Vikram Mathews

Manuscript Title: Outcomes in patients undergoing hematopoietic stem cell transplantation for myelodysplastic syndromes.

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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td style="font-size: small; color: gray;">Click the tab key to add additional rows.</td></tr> </table>	none		none		none	Click the tab key to add additional rows.
none								
none								
none	Click the tab key to add additional rows.							
Time frame: past 36 months								
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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
none								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
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	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
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	<input checked="" type="checkbox"/> None	
		none	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		none	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		none	

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: 1/17/2024

Your Name: Kulkarni Uday Prakash

Manuscript Title: Outcomes in patients undergoing hematopoietic stem cell transplantation for myelodysplastic syndromes.

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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td style="font-size: small; text-align: right;">Click the tab key to add additional rows.</td></tr> </table>	none		none		none	Click the tab key to add additional rows.
none								
none								
none	Click the tab key to add additional rows.							
Time frame: past 36 months								
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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
none								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
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	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
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	<input checked="" type="checkbox"/> None	
		none	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		none	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		none	

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: 1/17/2024

Your Name: Sushil Selvarajan

Manuscript Title: Outcomes in patients undergoing hematopoietic stem cell transplantation for myelodysplastic syndromes.

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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td style="font-size: small; text-align: right;">Click the tab key to add additional rows.</td></tr> </table>	none		none		none	Click the tab key to add additional rows.
none								
none								
none	Click the tab key to add additional rows.							
Time frame: past 36 months								
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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
none								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
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	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
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	<input checked="" type="checkbox"/> None	
		none	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		none	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		none	

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: 1/17/2024

Your Name: Sharon Lionel

Manuscript Title: Outcomes in patients undergoing hematopoietic stem cell transplantation for myelodysplastic syndromes.

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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td style="font-size: small;">Click the tab key to add additional rows.</td></tr> </table>	none		none		none	Click the tab key to add additional rows.
none								
none								
none	Click the tab key to add additional rows.							
Time frame: past 36 months								
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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
none								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
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	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
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	<input checked="" type="checkbox"/> None	
		none	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		none	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		none	

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: 1/17/2024

Your Name: Kavitha M Lakshmi

Manuscript Title: Outcomes in patients undergoing hematopoietic stem cell transplantation for myelodysplastic syndromes.

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%; border-collapse: collapse;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td style="font-size: small;">Click the tab key to add additional rows.</td></tr> </table>	none		none		none	Click the tab key to add additional rows.
none								
none								
none	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
none								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
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	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
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	<input checked="" type="checkbox"/> None	
		none	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		none	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		none	

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: 1/17/2024

Your Name: Biju George

Manuscript Title: Outcomes in patients undergoing hematopoietic stem cell transplantation for myelodysplastic syndromes.

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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td style="font-size: small; color: gray;">Click the tab key to add additional rows.</td></tr> </table>	none		none		none	Click the tab key to add additional rows.
none								
none								
none	Click the tab key to add additional rows.							
Time frame: past 36 months								
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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
none								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
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	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
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	<input checked="" type="checkbox"/> None	
		none	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		none	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		none	

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: 1/17/2024

Your Name: Aby Abraham

Manuscript Title: Outcomes in patients undergoing hematopoietic stem cell transplantation for myelodysplastic syndromes.

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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td style="font-size: small; text-align: right;">Click the tab key to add additional rows.</td></tr> </table>	none		none		none	Click the tab key to add additional rows.
none								
none								
none	Click the tab key to add additional rows.							
Time frame: past 36 months								
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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
none								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
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	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
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	<input checked="" type="checkbox"/> None	
		none	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		none	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		none	

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: 1/17/2024

Your Name: Anu Korula

Manuscript Title: Outcomes in patients undergoing hematopoietic stem cell transplantation for myelodysplastic syndromes.

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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td style="font-size: small; color: gray;">Click the tab key to add additional rows.</td></tr> </table>	none		none		none	Click the tab key to add additional rows.
none								
none								
none	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
none								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
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	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
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	<input checked="" type="checkbox"/> None	
		none	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		none	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		none	

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: 1/17/2024

Your Name: Anup J Devasia

Manuscript Title: Outcomes in patients undergoing hematopoietic stem cell transplantation for myelodysplastic syndromes.

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%; border-collapse: collapse;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td style="font-size: small; text-align: right;">Click the tab key to add additional rows.</td></tr> </table>	none		none		none	Click the tab key to add additional rows.
none								
none								
none	Click the tab key to add additional rows.							
Time frame: past 36 months								
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%; border-collapse: collapse;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
none								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
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	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
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	<input checked="" type="checkbox"/> None	
		none	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		none	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		none	

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: 1/17/2024

Your Name: Alok Srivastava

Manuscript Title: Outcomes in patients undergoing hematopoietic stem cell transplantation for myelodysplastic syndromes.

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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td style="font-size: small; color: gray;">Click the tab key to add additional rows.</td></tr> </table>	none		none		none	Click the tab key to add additional rows.
none								
none								
none	Click the tab key to add additional rows.							
Time frame: past 36 months								
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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
none								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
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	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
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	<input checked="" type="checkbox"/> None	
		none	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		none	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		none	

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: 1/17/2024

Your Name: Fouzia N Aboobacker

Manuscript Title: Outcomes in patients undergoing hematopoietic stem cell transplantation for myelodysplastic syndromes.

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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td style="font-size: small; color: gray;">Click the tab key to add additional rows.</td></tr> </table>	none		none		none	Click the tab key to add additional rows.
none								
none								
none	Click the tab key to add additional rows.							
Time frame: past 36 months								
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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
none								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">none</td><td></td></tr> <tr><td>none</td><td></td></tr> <tr><td>none</td><td></td></tr> </table>	none		none		none	
none								
none								
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	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
none											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>none</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	none								
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	<input checked="" type="checkbox"/> None	
		none	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		none	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		none	

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.