

ICMJE DISCLOSURE FORM

Date: 1/26/2025

Your Name: Yasser R. Abou Mourad

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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: 1/26/2025

Your Name: Jennifer K. White

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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Date: 1/26/2025

Your Name: Cynthia L. Toze

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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

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Date: 1/26/2025

Your Name: Sujaatha Narayanan

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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Date: 1/26/2025

Your Name: Kevin W. Song

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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ICMJE DISCLOSURE FORM

Date: 1/26/2025

Your Name: Shanee S. Chung

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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

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ICMJE DISCLOSURE FORM

Date: 1/26/2025

Your Name: Satarupa Mohapatra

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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

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ICMJE DISCLOSURE FORM

Date: 1/26/2025

Your Name: David Sanford

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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

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ICMJE DISCLOSURE FORM

Date: 1/26/2025

Your Name: Ryan J. Stubbins

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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

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ICMJE DISCLOSURE FORM

Date: 1/26/2025

Your Name: Arefeh Rouhi

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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:

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ICMJE DISCLOSURE FORM

Date: 1/26/2025

Your Name: Thomas J. Nevill

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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: 1/26/2025

Your Name: Stephen H. Nantel

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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

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ICMJE DISCLOSURE FORM

Date: 1/27/2025

Your Name: Katie Lacaria

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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

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ICMJE DISCLOSURE FORM

Date: 1/26/2025

Your Name: Judith A. Rodrigo

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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

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ICMJE DISCLOSURE FORM

Date: 1/26/2025

Your Name: Joanna MacLean

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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

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ICMJE DISCLOSURE FORM

Date: 1/26/2025

Your Name: Hannah M. Cherniawsky

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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

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ICMJE DISCLOSURE FORM

Date: 1/26/2025

Your Name: Gagan Kaila

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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

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ICMJE DISCLOSURE FORM

Date: 1/26/2025

Your Name: Donna L. Forrest

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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

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ICMJE DISCLOSURE FORM

Date: 1/26/2025

Your Name: Florian Kuchenbauer

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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

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ICMJE DISCLOSURE FORM

Date: 1/26/2025

Your Name: Deepesh P. Lad

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

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: 1/26/2025

Your Name: Claudie Roy

Manuscript Title: Racial Disparity in Myeloablative Hematopoietic Cell Transplantation Outcomes in Patients with Hematological Malignancies Older Than 45 Years

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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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"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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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"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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