

ICMJE DISCLOSURE FORM

Date: 8/31/2025

Your Name: Kimikazu Yakushijin

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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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Your Name: Jacinta Perram

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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Your Name: Aloysius Ho

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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Date: 8/31/2025

Your Name: Tasneem Farzana

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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Date: 8/31/2025

Your Name: Hiroatsu Iida

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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: 8/31/2025

Your Name: Jong Wook Lee

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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

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Date: 8/31/2025

Your Name: Yoshihiro Inamoto

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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

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Date: 8/31/2025

Your Name: Biju George

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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

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ICMJE DISCLOSURE FORM

Date: 8/31/2025

Your Name: Depei Wu

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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

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ICMJE DISCLOSURE FORM

Date: 8/31/2025

Your Name: Ritsuro Suzuki

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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: 8/31/2025

Your Name: Maryam Behfar

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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

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ICMJE DISCLOSURE FORM

Date: 8/31/2025

Your Name: He Huang

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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

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ICMJE DISCLOSURE FORM

Date: 8/31/2025

Your Name: Thiti Asawapanumas

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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

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ICMJE DISCLOSURE FORM

Date: 8/31/2025

Your Name: Philip Rowlings

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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: 8/31/2025

Your Name: Bishesh S. Poudyal

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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

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Date: 8/31/2025

Your Name: Damai Santosa

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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

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ICMJE DISCLOSURE FORM

Date: 8/31/2025

Your Name: Aye Aye Gyi

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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	

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ICMJE DISCLOSURE FORM

Date: 8/31/2025

Your Name: Otgonbat Altangerel

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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

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ICMJE DISCLOSURE FORM

Date: 8/31/2025

Your Name: Chinadol Wanitpongpun

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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

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Date: 8/31/2025

Your Name: Gin Gin Gan

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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

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ICMJE DISCLOSURE FORM

Date: 8/31/2025

Your Name: Satoshi Iyama

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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: 8/31/2025

Your Name: Shahid Iqbal

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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: 8/31/2025

Your Name: Mani Ramzi

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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

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ICMJE DISCLOSURE FORM

Date: 8/31/2025

Your Name: Alka Khadwal

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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: 8/31/2025

Your Name: Jun Kato

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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: 8/31/2025

Your Name: Joycelyn Sim

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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: 8/31/2025

Your Name: Jessica Cheng

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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

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Date: 8/31/2025

Your Name: David Ma

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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

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ICMJE DISCLOSURE FORM

Date: 8/31/2025

Your Name: Yi Xuan Chua

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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

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ICMJE DISCLOSURE FORM

Date: 8/31/2025

Your Name: Shinichiro Okamoto

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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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: 8/31/2025

Your Name: Minako Iida

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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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ICMJE DISCLOSURE FORM

Date: 8/31/2025

Your Name: Shigeo Fuji

Manuscript Title: International Survey for Antiemetics in Hematopoietic Stem Cell Transplantation in APBMT Centers

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

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