ICMJE Form for Disclosure of Potential Conflicts of Interest

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4. **Intellectual Property.**

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Royalties:** Funds are coming in to you or your institution due to your patent
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Ursula

2. Surname (Last Name)  
   Creutzig

3. Date  
   11-March-2014

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   The prognostic significance of early treatment response in pediatric relapsed AML: Results of the I-BFM-SG study Relapsed AML 2001/01

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/104182

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Dr. Creutzig has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Martin
2. Surname (Last Name) Zimmermann
3. Date 07-March-2014
4. Are you the corresponding author? ☑ No
5. Manuscript Title The prognostic significance of early treatment response in pediatric relapsed AML: Results of the I-BFM-SG study Relapsed AML 2001/01
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/104182

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Dworzak

3. Date  
   07-March-2014

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Ursula Creutzig

5. Manuscript Title  
   The prognostic significance of early treatment response in pediatric relapsed AML: Results of the I-BFM-SG study Relapsed AML 2001/01

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<table>
<thead>
<tr>
<th>Given Name (First Name)</th>
<th>Surname (Last Name)</th>
<th>Date</th>
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<tbody>
<tr>
<td>Brenda</td>
<td>Gibson</td>
<td>10-March-2014</td>
</tr>
</tbody>
</table>

Are you the corresponding author? [ ] Yes [ ] No

- Corresponding Author’s Name: Ursula Creutzig

**5. Manuscript Title**
The prognostic significance of early treatment response in pediatric relapsed AML: Results of the I-BFM-SG study Relapsed AML 2001/01

**6. Manuscript Identifying Number (if you know it)**
HAEMATOL/2014/104182

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Rienk Yde Johan

2. Surname (Last Name)  
Tamminga

3. Date  
07-March-2014

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Ursula Creutzig

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Dr. Tamminga has nothing to disclose.

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- **Licensed:** The patent has been licensed to an entity, whether earning royalties or not
- **Royalties:** Funds are coming in to you or your institution due to your patent
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Jonas</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Abrahamsson</td>
</tr>
<tr>
<td>3. Date</td>
<td>12-March-2014</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes [ ] No [x]</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Ursula Creutzig</td>
</tr>
</tbody>
</table>

**5. Manuscript Title**
The prognostic significance of early treatment response in pediatric relapsed AML: Results of the I-BFM-SG study Relapsed AML 2001/01

**6. Manuscript Identifying Number (if you know it)**
HAEMATOL/2014/104182

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Are there any relevant conflicts of interest?  [ ] Yes  [x] No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  [ ] Yes  [x] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Abrahamsson has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Shau Yin

2. Surname (Last Name)  
   HA

3. Date  
   10-March-2014

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Ursula Creutzig

5. Manuscript Title  
   The prognostic significance of early treatment response in pediatric relapsed AML: Results of the I-BFM-SG study Relapsed AML 2001/01

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/104182

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Henrik
2. Surname (Last Name) Hasle
3. Date 07-March-2014

4. Are you the corresponding author? [ ] Yes  [ ] No
Corresponding Author’s Name: Ursula Creutzig

5. Manuscript Title
The prognostic significance of early treatment response in pediatric relapsed AML: Results of the I-BFM-SSG study Relapsed AML 2001/01
6. Manuscript Identifying Number (if you know it)
HAEMATOLOGICAL 2014/104182

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Hasle
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**Section 6. Disclosure Statement**

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hasle has nothing to disclose.

[Signature]

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alexey
2. Surname (Last Name) MASCHAN
3. Date 14-March-2014
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Ursula Creutzig

5. Manuscript Title
The prognostic significance of early treatment response in pediatric relapsed AML: Results of the I-BFM-SG study Relapsed AML 2001/01

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/104182

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Are there any relevant conflicts of interest? ☑ No

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Dr. MASCHAN has nothing to disclose.

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Section 1. Identifying Information

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2. Surname (Last Name)  BERTRAND
3. Date  07-March-2014
4. Are you the corresponding author?  Yes  ☑ No
Corresponding Author’s Name
Ursula Creutzig

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/104182

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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Guy

2. **Surname (Last Name)**  
   LEVERGER

3. **Date**  
   12-March-2014

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Ursula Creutzig

5. **Manuscript Title**  
   The prognostic significance of early treatment response in pediatric relapsed AML: Results of the I-BFM-SG study Relapsed AML 2001/01

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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- [x] No other relationships/conditions/circumstances that present a potential conflict of interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Christine

2. Surname (Last Name)  
von Neuhoff

3. Date  
11-March-2014

4. Are you the corresponding author?  
   ☑ Yes  
   ☐ No

5. Manuscript Title  
The prognostic significance of early treatment response in pediatric relapsed AML: Results of the I-BFM-SG study Relapsed AML 2001/01

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/104182

Corresponding Author’s Name  
Ursula Creutzig

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Dr. von Neuhoff has nothing to disclose.

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Corresponding Author’s Name: Ursula Creutzig

5. Manuscript Title
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Rizzari
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**Section 1. Identifying Information**

1. Given Name (First Name)  
Carmelo  
2. Surname (Last Name)  
Rizzari  
3. Date  
14-March-2014  
4. Are you the corresponding author?  
☑ No  
5. Manuscript Title  
The prognostic significance of early treatment response in pediatric relapsed AML: Results of the I-BFM-SG study Relapsed AML 2001/01  
6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/104182  

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Dr. Rizzari has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Petr
2. Surname (Last Name) Smíšek
3. Date 17-March-2014
4. Are you the corresponding author? Yes

**Corresponding Author’s Name** Ursula Creutzig

5. Manuscript Title
   The prognostic significance of early treatment response in pediatric relapsed AML: Results of the I-BFM-SG study Relapsed AML 2001/01

6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/104182

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Smíšek
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Dr. Smíšek has nothing to disclose.

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<td>Smith</td>
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   - No  
   ✔ No

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- **Royalties:** Funds are coming in to you or your institution due to your patent
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. **Given Name (First Name)**
   Batia
2. **Surname (Last Name)**
   Stark
3. **Date**
   09-March-2014
4. **Are you the corresponding author?**
   ✔ No
5. **Manuscript Title**
   The prognostic significance of early treatment response in pediatric relapsed AML: Results of the I-BFM-SG study. Relapsed AML 2001/01
6. **Manuscript Identifying Number (if you know it)**
   HAEMATOL/2014/104182
7. **Corresponding Author’s Name**
   Ursula Creutzig

### Section 2. The Work Under Consideration for Publication

**Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?**

**Are there any relevant conflicts of interest?**

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### Section 3. Relevant financial activities outside the submitted work.

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Dr. Stark has nothing to disclose.

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The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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<td>Reinhardt</td>
<td>14-March-2014</td>
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4. Are you the corresponding author?  Yes ☑  No  

Corresponding Author’s Name: Ursula Creutzig

5. Manuscript Title
   The prognostic significance of early treatment response in pediatric relapsed AML: Results of the I-BFM-SG study Relapsed AML 2001/01

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Are there any relevant conflicts of interest?  Yes ☑  No  

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Dr. Reinhardt reports grants from Galen Pharmaceutical, during the conduct of the study.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Gertjan

2. Surname (Last Name)  
   Kaspers

3. Date  
   10-March-2014

4. Are you the corresponding author?  
   Yes ✔

5. Manuscript Title  
   The prognostic significance of early treatment response in pediatric relapsed AML: Results of the I-BFM-SG study Relapsed AML 2001/01

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<td>advisory board with corresponding compensation of costs and honorarium</td>
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Kaspers
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