ICMJE DISCLOSURE FORM

Date: August 5, 2021

Your Name: Prakash Ambady

Manuscript Title: Relapsed and Refractory Primary CNS Lymphoma: Treatment Approaches in Routine

Manuscript number (if known): AOL-21-20

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All average at fau the process		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.	None Jonathan D. Lewis Foundation	Grant made to institution/department
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	
3	Royalties or licenses	x_None	
4	Consulting fees	x_None	

5	Payment or honoraria for lectures, presentations,	<u>x</u> None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	x None	
U	testimony	X_NOTIC	
	testimony		
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	<u>x</u> None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
	·		
12	Receipt of equipment, materials, drugs, medical	x_None	
	writing, gifts or other services		
13	Other financial or non-	_x_None	
	financial interests		

Please summarize the above conflict of interest in the following box:

Dr. Ambad	ly received institutional research grant supported by Jonathan D. Lewis Foundation	

Please place an "X" next to the following statement to indicate your agreement:

<u>x</u> 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: August 5, 2021

Your Name: Nancy D Doolittle

Manuscript Title: Relapsed and Refractory Primary CNS Lymphoma: Treatment Approaches in Routine

Manuscript number (if known): AOL-21-20

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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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		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	None	
	manuscript (e.g., funding, provision of study materials,	Jonathan D. Lewis Foundation	Grant made to institution/department
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	x_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	x_None	
4	Consulting fees	<u>x</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>x</u> None	
6	Payment for expert testimony	<u>x</u> None	
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or pending	x_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None	
11	Stock or stock options	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	_xNone	

Please summarize the above conflict of interest in the following box:

Dr. Doolittle received in	nstitutional research grant supported by Jonathan D. Lewis Foundation	

Please place an "X" next to the following statement to indicate your agreement:

<u>x</u> 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: 18th August 2021

Your Name: Dr Christopher P Fox

Manuscript Title: Relapsed and Refractory Primary CNS Lymphoma: Treatment Approaches in Routine Practice

Manuscript number (if known):

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
	Lau	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.	None	
		Time frame: past	36 months
2	Grants or contracts from	BeiGene	
	any entity (if not indicated	Roche	
	in item #1 above).	Gilead	
		Takeda Abbvie	
3	Royalties or licenses	None	
4	Consulting fees	Roche	

		Abbvie	
		AstraZeneca	
		Ono Pharma	
		Incyte	
		GenMab	
		Atarabio	
		BMS/Celgene	
		Securabio	
		Gilead	
		Takeda	
5	Payment or honoraria for	Janssen	
	lectures, presentations,	Roche	
	speakers bureaus,	Incyte	
	manuscript writing or	Takeda	
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	ŭ ,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

Please summarize the above conflict of interest in the following box:

CPF has received research funding from BeiGene, Roche, Abbvie, Takeda and Gilead; Consultancy fees from Roche, Abbvie, AstraZeneca, Ono Pharma, Incyte, GenMab, Atarabio, BMS/Celgene, Securabio, Gilead, Takeda; and speaker fees from Janssen, Roche, Incyte, Takeda.

Please place an "X" next to the following statement to indicate your agreement:		
X I certify that I have answered every question and have not altered the wording of any of the questions on this form.		