

ICMJE DISCLOSURE FORM

Date: November 23, 2021

Your Name: Francesco Bertoni

Manuscript Title: Primary Diffuse Large B-Cell Lymphoma Of The Central Nervous System: Molecular And Biological Features Of Neoplastic Cells

Manuscript number (if known): AOL-21-38

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 current manuscript only.

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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.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	ADC Therapeutics	institutional research funds
		Bayer AG	institutional research funds
		Helsinn	institutional research funds
		Menarini Ricerche	institutional research funds
		NEOMED Therapeutics 1	institutional research funds
		Curis	institutional research funds
		Polyphor	institutional research funds
		Nordic Nanovector ASA	institutional research funds

3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	Menarini Ricerche	Institutional funds
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	Astra Zeneca	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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 summarize the above conflict of interest in the following box:

Dr. Bertoni reports institutional research funds from ADC Therapeutics, Bayer AG, Helsinn, Curis, Menarini Ricerche, NEOMED Therapeutics 1, Nordic Nanovector ASA, and Polyphor; travel grant from Astra Zeneca, Consulting fees from Menarini Ricerche.

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.

ICMJE DISCLOSURE FORM

Date: 2021-12-03

Your Name: Manuel Montesinos-Rongen

Manuscript Title: Primary Diffuse Large B-Cell Lymphoma Of The Central Nervous System: Molecular And Biological Features Of Neoplastic Cells

Manuscript number (if known): AOL-21-38

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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			
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		Deutsche Forschungsgemeinschaft	Institutional payment
		Wilhelm Sander-Stiftung	Personnel payment
		Marga und Walter Boll-Stiftung	Personnel payment
		Köln Fortune	Personnel payment
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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

MMR reports personal payment from Deutsche Krebshilfe, Wilhelm Sander-Stiftung, Marga und Walter Boll-Stiftung, Köln Fortune, and institutional payment from Deutsche Forschungsgemeinschaft.

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.