

## ICMJE DISCLOSURE FORM

Date: July 7, 2023

Your Name: Hiba Narvel

Manuscript Title: Primary central nervous system lymphoma: treatment access and outcomes in HIV positive patients in a minority rich cohort.

Manuscript number (if known): SCI-2023-021

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

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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: July 7, 2023

Your Name: Charan Vegivinti

Manuscript Title: Primary central nervous system lymphoma: treatment access and outcomes in HIV positive patients in a minority rich cohort.

Manuscript number (if known): SCI-2023-021

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## ICMJE DISCLOSURE FORM

Date: July 7, 2023

Your Name: Sindhu Vikash

Manuscript Title: Primary central nervous system lymphoma: treatment access and outcomes in HIV positive patients in a minority rich cohort.

Manuscript number (if known): SCI-2023-021

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## ICMJE DISCLOSURE FORM

Date: July 7, 2023

Your Name: Abdul Hamid Bazarbachi

Manuscript Title: Primary central nervous system lymphoma: treatment access and outcomes in HIV positive patients in a minority rich cohort.

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## ICMJE DISCLOSURE FORM

Date: July 7, 2023

Your Name: Kith Pradhan

Manuscript Title: Primary central nervous system lymphoma: treatment access and outcomes in HIV positive patients in a minority rich cohort.

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## ICMJE DISCLOSURE FORM

Date: July 7, 2023

Your Name: Shuai Wang

Manuscript Title: Primary central nervous system lymphoma: treatment access and outcomes in HIV positive patients in a minority rich cohort.

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Your Name: M Bakri Hammami

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Date: July 7, 2023

Your Name: Nida Narvel

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Your Name: Shreyas Yakkali

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Your Name: Shehbaz Ansari

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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	<input checked="" type="checkbox"/> None	
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:

None.
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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: July 7, 2023

Your Name: Turab Mohammed

Manuscript Title: Primary central nervous system lymphoma: treatment access and outcomes in HIV positive patients in a minority rich cohort.

Manuscript number (if known): SCI-2023-021

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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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	__X__ None	

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

None.
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## ICMJE DISCLOSURE FORM

Date: July 7, 2023

Your Name: Ioannis Mantzaris

Manuscript Title: Primary central nervous system lymphoma: treatment access and outcomes in HIV positive patients in a minority rich cohort.

Manuscript number (if known): SCI-2023-021

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## ICMJE DISCLOSURE FORM

Date: July 7, 2023

Your Name: Marina Konopleva

Manuscript Title: Primary central nervous system lymphoma: treatment access and outcomes in HIV positive patients in a minority rich cohort.

Manuscript number (if known): SCI-2023-021

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## ICMJE DISCLOSURE FORM

Date: July 7, 2023

Your Name: Mendel Goldfinger

Manuscript Title: Primary central nervous system lymphoma: treatment access and outcomes in HIV positive patients in a minority rich cohort.

Manuscript number (if known): SCI-2023-021

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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: July 7, 2023

Your Name: Kira Gritsman

Manuscript Title: Primary central nervous system lymphoma: A real-world comparison on treatment access and outcomes in HIV positive patients in a minority rich cohort

Manuscript number (if known): SCI-2023-021

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

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: July 7, 2023

Your Name: Dennis Cooper

Manuscript Title: Primary central nervous system lymphoma: treatment access and outcomes in HIV positive patients in a minority rich cohort.

Manuscript number (if known): SCI-2023-021

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

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: July 7, 2023

Your Name: Aditi Shastri

Manuscript Title: Primary central nervous system lymphoma: treatment access and outcomes in HIV positive patients in a minority rich cohort.

Manuscript number (if known): SCI-2023-021

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## ICMJE DISCLOSURE FORM

Date: July 7, 2023

Your Name: Nishi Shah

Manuscript Title: Primary central nervous system lymphoma: treatment access and outcomes in HIV positive patients in a minority rich cohort.

Manuscript number (if known): SCI-2023-021

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## ICMJE DISCLOSURE FORM

Date: July 7, 2023

Your Name: Noah Kornblum

Manuscript Title: Primary central nervous system lymphoma: treatment access and outcomes in HIV positive patients in a minority rich cohort.

Manuscript number (if known): SCI-2023-021

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## ICMJE DISCLOSURE FORM

Date: July 7, 2023

Your Name: Amit Verma

Manuscript Title: Primary central nervous system lymphoma: treatment access and outcomes in HIV positive patients in a minority rich cohort.

Manuscript number (if known): SCI-2023-021

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## ICMJE DISCLOSURE FORM

Date: July 7, 2023

Your Name: Alejandro Sica

Manuscript Title: Primary central nervous system lymphoma: treatment access and outcomes in HIV positive patients in a minority rich cohort.

Manuscript number (if known): SCI-2023-021

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