## ICMJE DISCLOSURE FORM

Date:	August 15 <sup>th</sup> , 2023				
Your Name:	Krzysztof Mrózek				
Manuscript Title: Prognostic importance of the fusion partners and measurable residual disease in					
-	patients with acute myeloid leukemia who harbor 11q23/KMT2A alterations				
Manuscript number: TP-23-360					

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)	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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		Time frame: past	36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone			
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4	Consulting fees	XNone			

5	Payment or honoraria for	XNone
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6	Payment for expert	XNone
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	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	XNone
12	Receipt of equipment,	X None
	materials, drugs, medical	
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	services	
13	Other financial or non-	X None
13	financial interests	

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

None.

## 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.