## **ICMJE DISCLOSURE FORM**

	e: <u>December 7, 2023</u>		<u> </u>
	r Name: <u>Lindsey Murp</u>		
		•	omes for pediatric patients with low-risk B-cell acute
	phoblastic leukemia in first		
ıvıar	nuscript number (if known):	1P-23-521	
rela part to t	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to nuscript only.	o the author's relationship	os/activities/interests as they relate to the current
to t	•	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is	-	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed) Time frame: Since the initia	al planning of the work
		Time traine. Since the initia	ai planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	X None	
_	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
_	, article or moerioes		

Consulting fees

\_None

5	Payment or honoraria for	XNone		
	lectures, presentations, speakers bureaus,			
	manuscript writing or			
	educational events	V N		
6	Payment for expert testimony	XNone		
7	Support for attending	X None		
,	meetings and/or travel			
	meetings and, or traver			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data Safety Monitoring Board or	XNone		
	Advisory Board			
10	Leadership or fiduciary role in other board, society,	XNone		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None		
13	Other financial or non-	XNone		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
	lone.			

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: <u>Dec</u>	mber 22, 2023	
Your Name: _	Ibrahim Aldoss	
Manuscript T	e: Blinatumomab improves outcomes for pediatric patients with low-risk B-cell acu	ıte
ymphoblasti	eukemia in first marrow relapse	
Manuscript n	mber (if known): TP-23-521	
-		

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

		KiTE Pharm	Ad Board
5	Payment or honoraria for	Amgen	Ad Board
	lectures, presentations, speakers bureaus, manuscript writing or	KiTE	Ad Board
6	educational events Payment for expert	XNone	
0	testimony	xNotie	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
0	pending	XNOTIE	
	penamg		
9	Participation on a Data	Amgen	Ad Board
,	Safety Monitoring Board or	KiTE Pharm	Ad Board
	Advisory Board	TOTAL THE THE	, a board
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12		V N	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None	
			+
	services		
13	Other financial or non- financial interests	XNone	
	inianciai interests		

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

Dr. Ibrahim Aldoss reports serving on Advisory Boards for Amgen and KiTE Pharm and served as a consultant for Amgen, and received consulting fees and payment from them.

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.