

## ICMJE DISCLOSURE FORM

Date: Spetember 16, 2088

Your Name: Ram Vasudevan Nampoothiri

Manuscript Title: Outcomes of Patients with Esophageal Cancer After Allogeneic Hematopoietic Stem Cell Transplantation

Manuscript number (if known): \_\_\_\_\_

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.

The author's relationships/activities/interests should be defined broadly. 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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: Aug 15, 2022

Your Name: Jonathan Yeung

Manuscript Title: Outcomes of Patients with Esophageal Cancer After Allogeneic Hematopoietic Stem Cell Transplantation

Manuscript number (if known): \_\_\_\_\_

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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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: 9 August, 2022

Your Name: Andrew F. Pierre

Manuscript Title: Outcomes of Patients with Esophageal Cancer After Allogeneic Hematopoietic Stem Cell Transplantation

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 17/Aug/2022

Your Name: WONG, Rebecca KS

Manuscript Title: Outcomes of Patients with Esophageal Cancer After Allogeneic Hematopoietic Stem Cell Transplantation

Manuscript number (if known): \_\_\_\_\_

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No conflict of interest
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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: 17/Aug/2022

Your Name: \_\_\_\_\_ Gail Darling \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Outcomes of Patients with Esophageal Cancer After Allogeneic Hematopoietic Stem Cell Transplantation \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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None
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## ICMJE DISCLOSURE FORM

Date: Aug 15, 2022

Your Name: John Kim

Manuscript Title: Outcomes of Patients with Esophageal Cancer After Allogeneic Hematopoietic Stem Cell Transplantation

Manuscript number (if known): \_\_\_\_\_

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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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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 8, 2022

Your Name: Lillian L. Siu

Manuscript Title: Outcomes of Patients with Esophageal Cancer After Allogeneic Hematopoietic Stem Cell Transplantation

Manuscript number (if known): \_\_\_\_\_

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>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Novartis, Bristol-Myers Squibb, Pfizer, Boehringer-Ingelheim, GlaxoSmithKline, Roche/Genentech, Karyopharm, AstraZeneca, Merck, Celgene, Astellas, Bayer,	Institution receives support for clinical trials

		Abbvie, Amgen, Symphogen, Intensity Therapeutics, Mirati Therapeutics, Shattucks	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Merck, Pfizer, AstraZeneca, Roche, Symphogen, GSK, Voronoi, Arvinas, Tessa, Navire, Relay, Rubius, Janpix, Daiichi Sankyo, Coherus, Amgen, Marengo, InteRNA	Advisory board (self)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	Agios	Spouse
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	

13	Other financial or non-financial interests	Treadwell Therapeutics	Spouse (cofounder)

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

Lillian L. Siu has consulting/advisory arrangements with Merck, Pfizer, AstraZeneca, Roche, Symphogen, Seattle Genetics, GlaxoSmithKline, Voronoi, Arvinas, Tessa, Navire, Relay, Rubius, Janpix, Daiichi Sanyko, Coherus, Marengo, InteRNA; stock ownership of Agios (spouse); leadership position in Treadwell Therapeutics (spouse); and institution receives clinical trials support from Novartis, Bristol-Myers Squibb, Pfizer, Boehringer-Ingelheim, GlaxoSmithKline, Roche/Genentech, Karyopharm, AstraZeneca, Merck, Celgene, Astellas, Bayer, Abbvie, Amgen, Symphogen, Intensity Therapeutics, Mirati Therapeutics,

**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: Aug 13, 2022

Your Name: Eric Chen

Manuscript Title: Outcomes of Patients with Esophageal Cancer After Allogeneic Hematopoietic Stem Cell Transplantation

Manuscript number (if known): \_\_\_\_\_

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	



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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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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:

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: 16/Aug/2022

Your Name: \_\_\_\_\_ Elaine Bouttell \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Outcomes of Patients with Esophageal Cancer After Allogeneic Hematopoietic Stem Cell Transplantation \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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None
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## ICMJE DISCLOSURE FORM

Date: Aug 14, 2022

Your Name: Jennifer Knox

Manuscript Title: Outcomes of Patients with Esophageal Cancer After Allogeneic Hematopoietic Stem Cell Transplantation

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: August 15, 2088

Your Name: Jeffrey H Lipton

Manuscript Title: Outcomes of Patients with Esophageal Cancer After Allogeneic Hematopoietic Stem Cell Transplantation

Manuscript number (if known): \_\_\_\_\_

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 Manuscript Title: outcomes of Patients with Esophageal Cancer after allogeneic stem cell transplantation  
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