

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Reda	2. Surname (Last Name) Mahfouz	3. Date 14-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yogen Saunthararajah
5. Manuscript Title Non-Cytotoxic DNMT1-depleting Treatment of Myelodysplastic Syndrome		
6. Manuscript Identifying Number (if you know it) 78789-CMED-1		

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Alan

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Lichtin

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Sobecks

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Royalties: Funds are coming in to you or your institution due to your patent



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jaroslaw	2. Surname (Last Name) Maciejewski	3. Date 14-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yogen Saunthararajah
5. Manuscript Title Non-Cytotoxic DNMT1-depleting Treatment of Myelodysplastic Syndrome		
6. Manuscript Identifying Number (if you know it) 78789-CMED-1		

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1. Given Name (First Name) Kathleen	2. Surname (Last Name) Cooper	3. Date 14-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yogen Saunthararajah
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1. Given Name (First Name) Anjali	2. Surname (Last Name) Advani	3. Date 14-November-2014
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Section 1. Identifying Information

1. Given Name (First Name)
Eric

2. Surname (Last Name)
Hsi

3. Date
14-November-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Yogen Saunthararajah

5. Manuscript Title
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1. Given Name (First Name) Sean	2. Surname (Last Name) Hobson	3. Date 14-November-2014
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1. Given Name (First Name) Ricki	2. Surname (Last Name) Englehaupt	3. Date 14-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yogen Saunthararajah
5. Manuscript Title Non-Cytotoxic DNMT1-depleting Treatment of Myelodysplastic Syndrome		
6. Manuscript Identifying Number (if you know it) 78789-CMED-1		

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1. Given Name (First Name) Lisa	2. Surname (Last Name) Durkin	3. Date 14-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yogen Saunthararajah
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1. Given Name (First Name)
Robert

2. Surname (Last Name)
Dean

3. Date
14-November-2014

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Yes No

Corresponding Author's Name
Yogen Saunthararajah

5. Manuscript Title
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Sauntharajah

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Oral THU-decitabine to improve the pharmacology of decitabine for non-cytotoxic DNMT1-depletion.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		This patent application is not directly relevant to this work and had no financial connection to this work or clinical trial, which did not use the agent that is being developed, but repositioned an existing FDA-approved drug that is now generically available.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Matt	2. Surname (Last Name) Kalaycio	3. Date 14-November-2014
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5. Manuscript Title Non-Cytotoxic DNMT1-depleting Treatment of Myelodysplastic Syndrome		
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Royalties: Funds are coming in to you or your institution due to your patent



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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Bartlomiej	2. Surname (Last Name) Przychodzen	3. Date 14-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yogen Saunthararajah
5. Manuscript Title Non-Cytotoxic DNMT1-depleting Treatment of Myelodysplastic Syndrome		
6. Manuscript Identifying Number (if you know it) 78789-CMED-1		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

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1. Given Name (First Name) Ramon	2. Surname (Last Name) Tiu	3. Date 14-November-2014
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1. Given Name (First Name) Ronald	2. Surname (Last Name) Sobecks	3. Date 14-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yogen Saunthararajah
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