

Cerebrovascular Disease Supplement 3: Disclosure of Interests Forms of Researchers Who Contributed to the Guidelines

M. Hassan Murad

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ASH Guideline Panel Declaration of Interests Form

Part A. Direct Financial Interests in or Relationships With Companies

Employment

1. Are you currently or in the past 24 months have you been an employee of any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each employment relationship.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

Equity

2. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

Personal Income or Other Direct Transfers of Value

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months has *your partner or spouse* had any of the interests or relationships described in questions 1-4?

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

Part B. Indirect Financial Interests in or Relationships With Companies

Industry-Funded Institutional Research

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

Paid and Volunteer Activities for Organizations Supported by Industry

2. Do you currently or in the past 24 months have you been involved in any volunteer or paid work for an organization that is wholly or partially funded by any for-profit company that develops, produces,

markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the organization. If known to you, describe any industry funding or support.

Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.

Column 3 Indicate if your activity was paid or volunteered.

Column 4 Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each organization.

<i>Organization</i>	<i>Description and role</i>	<i>Paid or Unpaid?</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

Other

3. Do you have other indirect interests in or relationships with any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular Disease

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

- NHLBI guidelines and another paper with NHLBI panel on gaps in SCD research.
- [RARE-Best practices](#)

Non-Industry Supported Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

- No
- Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>

Institutional Relationships

4. Could your salary be affected by recommendations on this topic?

- Don't know
- No
- Yes

If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

- Don't know
- No
- Yes

If yes, please explain:

6. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

Don't know

No

Yes

If yes, please explain:

Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?

Very supportive.

Involvement in Organizations With Relevant Policy Positions

8. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference any policy position of the organization that is related to the topic of these guidelines.

Column 3 Describe your role at the organization, including your involvement in deciding, promoting, or implementing relevant positions.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>
RARE-Best practices	Pilot on SCD guidelines as a rare disease	Panelist

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Expected Interests

10. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in this form?

No

Yes

If yes, please describe:

My program will conduct systematic reviews to support this guideline commissioned by ASH.

Part D. New Declarations (ASH Internal Use)

<i>Company</i>	<i>Description</i>	<i>Disclosure Date</i>	<i>ASH Internal Notes</i>

Part E. Summary (ASH Internal Use)

Name of guideline panel(s)	ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular Disease
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Summary of ASH Judgments About Financial Conflicts

<i>Reviewer name and date</i>	<i>Direct Financial Conflicts?</i>	<i>Indirect Financial Conflicts?</i>	<i>Management Notes</i>
Webb 3/1/17; Panepinto 3/17/17; Kunkle 1/23/18; Panepinto 1/24/18	No	No	
Webb 4/16/19	No	No	On April 6, 2019, Dr. Murad confirmed all information in this form.

Summary of Direct Financial Conflicts

<i>Company</i>	<i>Description</i>	<i>Disclosure Date</i>	<i>ASH Notes</i>

Other Notes

Dr. Murad is conducting systematic reviews to support these guidelines under a contract with ASH. He previously supported the development of guidelines on SCD published by the National Heart, Lung and Blood Institute, including the development of a paper on gaps in SCD research. He also served on a guideline panel on SCD for RARE-Bestpractices, a pilot project funded by the European Union to explore methods for developing guidelines on rare diseases.



ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

Patents and Royalties

2. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

Personal Income or Other Remuneration

3. Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 5.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

Industry-Funded Research

4. Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months has *your partner or spouse* had any of the interests described in questions 1-4?

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular Disease

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic.

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>

Institutional Relationships

4. Could your salary be affected by recommendations on this topic?

No.

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

6. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

Don't know

No

Yes

If yes, please explain:

Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your contributions to guidelines on this topic generated a strong reaction from peers outside your institution?

N/A

Advocacy and Policy Positions

8. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

No

Yes. Name of organization(s): ____

If yes, are you involved in formulating or voting for positions?

No

Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

Don't know or not applicable

No

Yes

If yes, please explain:

Professional Specialty

9. What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?

Don't see patients clinically.

10. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Expected Interests

11. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

No

Yes

If yes, please describe:

Part C. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publicly available.

Guideline topic:	ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular Disease (systematic reviews)
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<i>Approved to participate?</i>	<i>Reviewer name and date</i>	<i>Notes</i>
Yes	Webb 7/28/18	
Yes	Webb 6/24/19	On June 12, 2019 Dr. Daraz confirmed all information in this form.

Summarize all current material interests in affected companies described above:

<i>Company</i>	<i>Description</i>	<i>Disclosure Date</i>	<i>ASH Notes</i>

Notes:

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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

Patents and Royalties

2. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

Personal Income or Other Remuneration

3. Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 5.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

Industry-Funded Research

4. Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months has *your partner or spouse* had any of the interests described in questions 1-4?

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular Disease

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic.

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>

Institutional Relationships

4. Could your salary be affected by recommendations on this topic?

No.

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

6. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

Don't know

No

Yes

If yes, please explain:

Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your contributions to guidelines on this topic generated a strong reaction from peers outside your institution?

N/A

Advocacy and Policy Positions

8. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

No

Yes. Name of organization(s): ____

If yes, are you involved in formulating or voting for positions?

No

Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

Don't know or not applicable

No

Yes

If yes, please explain:

Professional Specialty

9. What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?

Don't see patients clinically.

10. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Expected Interests

11. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

No

Yes

If yes, please describe:

Part C. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publicly available.

Guideline topic:	ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular Disease (systematic reviews)
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<i>Approved to participate?</i>	<i>Reviewer name and date</i>	<i>Notes</i>
Yes	Webb 6/25/19	On June 25, 2019 Ahmad Kunbaz confirmed all information in this form.

Summarize all current material interests in affected companies described above:

<i>Company</i>	<i>Description</i>	<i>Disclosure Date</i>	<i>ASH Notes</i>

Notes:

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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

Patents and Royalties

2. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

Personal Income or Other Remuneration

3. Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 5.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

Industry-Funded Research

4. Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months has *your partner or spouse* had any of the interests described in questions 1-4?

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular Disease

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic.

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>

Institutional Relationships

4. Could your salary be affected by recommendations on this topic?
No.

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

6. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

Don't know

No

Yes

If yes, please explain:

Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your contributions to guidelines on this topic generated a strong reaction from peers outside your institution?

N/A

Advocacy and Policy Positions

8. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

No

Yes. Name of organization(s): ____

If yes, are you involved in formulating or voting for positions?

No

Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

Don't know or not applicable

No

Yes

If yes, please explain:

Professional Specialty

9. What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?

Don't see patients clinically.

10. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Expected Interests

11. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

No

Yes

If yes, please describe:

Part C. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publicly available.

Guideline topic:	ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular Disease (systematic reviews)
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<i>Approved to participate?</i>	<i>Reviewer name and date</i>	<i>Notes</i>
Yes	Webb 6/25/19	On June 25, 2019 Dr. Majzoub confirmed all information in this form.

Summarize all current material interests in affected companies described above:

<i>Company</i>	<i>Description</i>	<i>Disclosure Date</i>	<i>ASH Notes</i>

Notes:

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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

Patents and Royalties

2. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

Personal Income or Other Remuneration

3. Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 5.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

Industry-Funded Research

4. Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months has *your partner or spouse* had any of the interests described in questions 1-4?

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular Disease

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic.

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>

Institutional Relationships

4. Could your salary be affected by recommendations on this topic?

No.

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

6. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

Don't know

No

Yes

If yes, please explain:

Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your contributions to guidelines on this topic generated a strong reaction from peers outside your institution?

N/A

Advocacy and Policy Positions

8. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

No

Yes. Name of organization(s): ____

If yes, are you involved in formulating or voting for positions?

No

Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

Don't know or not applicable

No

Yes

If yes, please explain:

Professional Specialty

9. What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?

Don't see patients clinically.

10. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Expected Interests

11. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

No

Yes

If yes, please describe:

Part C. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publicly available.

Guideline topic:	ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular Disease (systematic reviews)
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<i>Approved to participate?</i>	<i>Reviewer name and date</i>	<i>Notes</i>
Yes	Webb 6/25/19	On June 25, 2019 Dr. Ponce confirmed all information in this form.

Summarize all current material interests in affected companies described above:

<i>Company</i>	<i>Description</i>	<i>Disclosure Date</i>	<i>ASH Notes</i>

Notes:

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