Acute Myeloid Leukemia in Older Adults Supplement 3: Disclosure of Interests Forms of Researcher who Contributed to the Guidelines

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Part A. Material Interests in Companies						
develops, produces, n treat, monitor, manag	Equity 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						
\square Yes, as described b	elow:					
Add rows as needed for	or each equity interest.					
Company	Company Description Date Divested For ASH Internal Use					
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.						

Company	Description	Date Divested	For ASH Internal Use

Personal Income or Other Remuneration

3.	remunerat company th	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.

Company	Description	End Date	For ASH Internal Use

In 4.	ndustry-Funded Research 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 o	described be	elow:				
	Column 1	Name the	company funding or suppo	rting the rese	earch.		
	Column 2	•	scribe the research project. institution.	Indicate if fu	nding or supp	ort goes to you directly	
Column 3 Describe your role: (a) national or overall principal investigator, (b) m steering committee of a study that does not have a principal investigator. If other than these options, please describe.							
	Column 4	Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")					
	Add rows a	s needed fo	or each research project.				
Ci	ompany		Description of Research	My Role	End Date	For ASH Internal Use	
M	y Partne	r's or Sp	ouse'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.

Company	Description	End Date	For ASH Internal Use

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:

Α	cute Myeloid Leukemia in Older Adults
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
	eviously Published Opinions 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?
Re	esearch
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	nn 1 Name the entity funding the research.				
	Column 2	umn 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 loca investigator. If other than these options, please describe.					
	Column 4		when your involvement end dicate "current" or "ongoir		nvolvement has not yet	
	Add rows	as needed f	for each research project.			
Fı	ınder		Description of Research	My Role	End Date	
	nstitutional Relationships Could your salary be affected by recommendations on this topic? No 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 kr	now				
	⊠ No					
	□ Yes					
	If yes, please explain:					
6.	Could your institution benefit or be harmed by recommendations of guidelines on this topic?					
	☐ Don't kr	now				
	⊠ 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?

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:
	ofessional Specialty What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?
	Internal Medicine Resident Physician.
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:	AML in Older Ad	ults (systematic reviews)			
Approved to participate?	Reviewer name and date	Notes			
Yes	1/12/2020 Alexander	No current conflicts of in Arnav Agarwal confirmed form.			
Summarize all current ma	terial interests in affected	companies described abov	re:		
Сотрапу	Description	Disclosure Date	ASH Notes		
Notes:					

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.				
Сотрапу	Description	Date Divested	For ASH Internal Use	
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.				

Company	Description	Date Divested	For ASH Internal Use

Personal Income or Other Remuneration

Э.	remunerat company tl	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	⊠ 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.

Company	Description	End Date	For ASH Internal Use

 \square Yes, as described below:

In:	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 o	described be	elow:				
	Column 1	Column 1 Name the company funding or supporting the research.					
	Column 2		cribe the research project. institution.	Indicate if fur	nding or supp	ort goes to you directly	
	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	Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")					
	Add rows a	s needed fo	or each research project.				
Co	ompany		Description of Research	My Role	End Date	For ASH Internal Use	
	•	or in the pas	ouse's Interests t 24 months has your partn	er or spouse	had any of th	e interests described in	

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

Α	cute Myeloid Leukemia in Older Adults
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	reviously 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?
Re	esearch
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?

 \boxtimes No

	☐ Yes, as described below:				
	Column 1	Name the entity funding the research.			
	Column 2	 Describe the research project. 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 3				
	Column 4		when your involvement end dicate "current" or "ongoir		nvolvement has not yet
	Add rows	as needed f	or each research project.		
Fι	ınder		Description of Research	My Role	End Date
	No Do you ger	salary be a	ffected by recommendation or writing, or otherwise shari	employer by clinical activ	
	☐ Don't kı	now			
	⊠ No				
	□ Yes				
	If yes, plea	se explain:			
6.	Could your	· institution	benefit or be harmed by r	ecommendations of guide	lines on this topic?
	☐ Don't kı	now			
	⊠ No				
	☐ Yes				
	If yes, plea	se 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?

I would assume the support would be in the form of words of encouragement.

Advocacy and Policy Positions

40	ivocacy and Policy Positions
3.	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:
	ofessional Specialty What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?
	Medical student
10.	Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
	⊠ No
	□ Yes

Ex	pected 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:

If yes, please explain:

Part C. Summary (ASH Internal Use)

Guideline topic:

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.

AML in Older Adults (systematic reviews)

	participate?	date	Notes	
	Yes	1/13/2020 Alexander	On 1/13/2020, Rigya Arya confirmed all information in this form.	
L				
Summarize all current material interests in affected companies described above:		e:		
L	Company	Description	Disclosure Date	ASH Notes
	Company	Description	Disclosure Date	ASH Notes
	Company	Description	Disclosure Date	ASH Notes
	Company	Description	Disclosure Date	ASH Notes
	Company	Description	Disclosure Date	ASH Notes
	Company Notes:	Description	Disclosure Date	ASH Notes
		Description	Disclosure Date	ASH Notes

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.				
Сотрапу	Description	Date Divested	For ASH Internal Use	
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.				

used

Company	Description	Date Divested	For ASH Internal Use

Personal Income or Other Remuneration

3.	remunerat company th	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 use to diagnose, treat, monitor, manage, or alleviate health conditions?				
	⊠ No					
	☐ Yes, as o	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.

Company	Description	End Date	For ASH Internal Use

Industry-Funded Research

 \square Yes, as described below:

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 o	☐ Yes, as described below:									
	Column 1	Name the	company funding or suppo	rting the rese	earch.						
	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	1 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")									
	Add rows a	s needed fo	or each research project.	T	1						
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use					
M 5.	y Partne	r's or Sp	ouse's Interests								

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

Α	cute Myeloid Leukemia in Older Adults
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
	reviously Published Opinions 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?
	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	Name the entity funding the research.				
	Column 2	Describe t	the research project.				
	Column 3	steering c	your role: (a) national or over ommittee of a study that o or. If other than these opti	loes not have a	principal invo		I
	Column 4		vhen your involvement end dicate "current" or "ongoir		e. (If your inv	volvement has not yet	
	Add rows	as needed f	for each research project.				
Fı	under		Description of Research	My Role	1	End Date	
							1
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							-
	stitution Could your No		ionships Iffected by recommendation	ons on this topic	÷?		
5.			nues for your institution or writing, or otherwise shari		-		
	□ Don't know ⊠ No						
	☐ Yes						
	If yes, plea	se explain:					
6.	Could your	institution	benefit or be harmed by r	ecommendation	ns of guidelin	nes on this topic?	
	⊠ Don't kr	now					
	\square No						
	☐ Yes						

	lf١	ves.	р	lease	exp	lain	:
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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?

I am unsure of this at the moment.

. u.	mandare of this at the moment.
Ac 8.	vocacy and Policy Positions 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?
	\square 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:
	ofessional Specialty What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?
	Internal Medicine Resident (PGY3)
10.	Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
	⊠ No

Sumedha Arya (University of Toronto)

	□ Yes
	If yes, please explain:
E>	kpected 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: AML in Older Adults (systematic reviews)							
Approved to participate?	Reviewer name and date	Notes					
Yes	Alexander 1/10/2020	No current conflicts of interest. On 1/10/2020, Sumedha Arya confirmed all information in this form.					
Summarize all current ma	terial interests in affected	companies described abov	re:				
Company	Description	Disclosure Date	ASH Notes				
Notes:							

Part A. Material Interests in Companies						
develops, produces, m treat, monitor, manag	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						
\square Yes, as described be	elow:					
Add rows as needed for	Add rows as needed for each equity interest.					
Company	Company Description Date Divested For ASH Internal Use					
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.						

Company	Description	Date Divested	For ASH Internal Use

Personal Income or Other Remuneration

3.	remunerat company th	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				
	\square 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.

Company	Description	End Date	For ASH Internal Use

Industry-Funded Research

questions 1-4?

 \square Yes, as described below:

 \boxtimes No

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								
	\square 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	steering co	our role: (a) national or ov ommittee of a study that do or. If other than these option	oes not have	a principal inv				
	Column 4		hen your involvement end licate "current" or "ongoin		ole. (If your in	volvement has not yet			
	Add rows a	s needed fo	or each research project.						
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use			
	,		ouse's Interests t 24 months has your parti	ner or spouse	had any of th	e interests described in			

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

Α	cute Myeloid Leukemia in Older Adults
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pε	ersonal Beliefs
1.	
	⊠ No
	□ Yes
	If yes, please explain:
Pr	reviously Published Opinions
2.	
	⊠ No
	□ Yes
	If yes, what were those views and where were they made?
Re	esearch
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 researc	h.	
	Column 2	Describe t	the research project.		
	Column 3	steering c	your role: (a) national or over ommittee of a study that o or. If other than these opti	loes not have a principal in	r, (b) member of a nvestigator, (c) site or local
	Column 4		when your involvement end dicate "current" or "ongoir		nvolvement has not yet
	Add rows	as needed f	for each research project.		
Fı	ınder		Description of Research	My Role	End Date
	 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 kr	now			
	⊠ No				
	☐ Yes				
	If yes, plea	se explain:			
6.	Could your	institution	benefit or be harmed by r	ecommendations of guide	lines on this topic?
	☐ Don't kr	now			
	⊠ No				
	☐ Yes				
	If yes, plea	se 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? None.

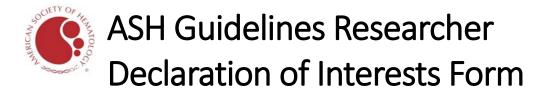
Ac	dvocacy and Policy Positions
8.	Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?
	⊠ No
	☐ Yes. Name of organization(s):
	If yes, are you 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:
	ofessional Specialty What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?
	Assistant Professor (part-time), Data Scientist
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: AML in Older A		AML in Older Ad	ults (systematic reviews)	
Approved to Review participate? date		er name and	Notes	
Summarize all current mat	terial int	erests in affected	companies described abov	ve:
Company	Descrip	otion	Disclosure Date	ASH Notes
Notes:				



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				
\square Yes, as described be	elow:			
Add rows as needed for	or each equity interest.			
Сотрапу	Description	Date Divested	For ASH Internal Use	
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.				

used

Company	Description	Date Divested	For ASH Internal Use

Personal Income or Other Remuneration

3.	remunerat company th	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 use to diagnose, treat, monitor, manage, or alleviate health conditions?		
	⊠ No			
	☐ Yes, as o	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.

		5 10 1	5 4000
Company	Description	End Date	For ASH Internal Use

Industry-Funded Research

 \boxtimes No

 $\hfill\square$ Yes, as described below:

I. Do you currently or in the past 24 months have you been involved in research funded or suppor (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 heal conditions?				arkets, or distributes		
	⊠ No					
	☐ Yes, as o	described be	elow:			
	Column 1	Name the	company funding or suppo	orting the rese	earch.	
	Column 2	•	cribe the research project. institution.	Indicate if fu	nding or supp	ort goes to you directly
	Column 3	steering co	our role: (a) national or over namittee of a study that do or. If other than these option	oes not have	a principal inv	
	Column 4		hen your involvement end icate "current" or "ongoin		ole. (If your in	volvement has not yet
	Add rows a	is needed fo	r each research project.			
Co	отрапу		Description of Research	My Role	End Date	For ASH Internal Use
M	•	or in the pas	ouse's Interests t 24 months has <i>your partr</i>	ner or spouse	had any of th	e interests described in

Luis Enrique Colunga-Lozano (Universidad de Guadalajara)

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

А	cute Myeloid Leukemia in Older Adults
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	reviously Published Opinions
	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?
Re	esearch
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 l	below:			
	Column 1	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		hen your involvement end dicate "current" or "ongoin		nvolvement has not yet	
	Add rows	as needed f	for each research project.			
Fı	under		Description of Research	My Role	End Date	
	No Do you ger	salary be a	onships ffected by recommendation nues for your institution or writing, or otherwise shari	employer by clinical activ		
	☐ Don't know					
	⊠ No					
	☐ Yes					
	If yes, plea	se explain:				
6.	Could your institution benefit or be harmed by recommendations of guidelines on this topic?					
	☐ Don't kr	now				
	⊠ No					
	☐ Yes					
	If yes, plea	se 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?

Advocacy and Policy Positions

ΑL	avocacy and Folicy Fositions
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:
	ofessional Specialty What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?
	Internal Medicine/Critical care physician
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:	AML in Older	Adults (systematic reviews)	
Approved to participate?	Reviewer name and date	Notes		
Yes	Alexander 1/13/2020		f interest. On 1/13/2020, onfirmed all information in	
Summarize all current ma	terial interests in affec	ted companies described ak	pove:	
Company	Description	Disclosure Date	ASH Notes	
Notes:				

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					
\square Yes, as described be	elow:				
Add rows as needed for	or each equity interest.				
Company Description Date Divested For ASH Internal Use					
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.					

Company	Description	Date Divested	For ASH Internal Use

Personal Income or Other Remuneration

3.	remunerat company tl	ion (e.g., reimbursement or financial support for the costs of travel) from any for-profit hat develops, produces, markets, or distributes drugs, devices, services, or therapies used e, treat, monitor, manage, or alleviate health conditions?
	⊠ No	
\square 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.

Company	Description	End Date	For ASH Internal Use

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 be	elow:				
	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	nn 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")					
	Add rows a	s needed fo	or each research project.				
С	`ompany		Description of Research	My Role	End Date	For ASH Internal Use	
		or in the pas	ouse's Interests t 24 months has <i>your partr</i>	ner or spouse	had any of th	e interests described in	
	⊠ No						
	☐ Yes, as described below:						

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

Α	cute Myeloid Leukemia in Older Adults
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
P∈ 1.	Personal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
	reviously Published Opinions 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?
	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 No

	☐ Yes, as described below:				
	Column 1	1 Name the entity funding the research.			
	Column 2	olumn 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		when your involvement end dicate "current" or "ongoir		nvolvement has not yet
	Add rows	as needed f	for each research project.		
Fι	ınder		Description of Research	My Role	End Date
	No Do you ger	salary be a	ffected by recommendation or writing, or otherwise shari	employer by clinical activ	
	☐ Don't kr	now			
	⊠ No				
	☐ Yes				
	If yes, plea	se explain:			
6.	Could your	institution	benefit or be harmed by r	ecommendations of guide	lines on this topic?
	☐ Don't kr	now			
	⊠ No				
	☐ Yes				
	If yes, plea	se 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

Ac	dvocacy 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:
	ofessional Specialty What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?
	Registered Nurse
10.	Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
	⊠ No
	□ Yes

Ex	pected 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:

If yes, please explain:

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: AML in Older Adults (systematic reviews)				
Approved to participate?	Reviewer name and date	Notes		
Yes	Alexander 1/10/2020	No current conflicts of interest. On 1/10/2 Jamie Dawdy confirmed all information in t form.		
Summarize all current ma	terial interests in affected	companies described abov	re:	
Company	Description	Disclosure Date	ASH Notes	
Notes:				

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				
\square Yes, as described be	elow:			
Add rows as needed for	or each equity interest.			
Company Description Date Divested For ASH Internal Use				
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.				

Company	Description	Data Diverted	For ACII Internal II.co
Company	Description	Date Divested	For ASH Internal Use

Personal Income or Other Remuneration

remuneration (e.g., reimbursement or financial support for the costs of travel) from any for company that develops, produces, markets, or distributes drugs, devices, services, or ther to diagnose, treat, monitor, manage, or alleviate health conditions?				
	⊠ No			
\square 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.

Company	Description	End Date	For ASH Internal Use

 \boxtimes No

 \square Yes, as described below:

	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 o	described be	elow:			
	Column 1	Name the	company funding or suppo	rting the rese	earch.	
	Column 2		cribe the research project. institution.	Indicate if fu	nding or supp	ort goes to you directly
	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 lo investigator. If other than these options, please describe.					
	Column 4		hen your involvement endolicate "current" or "ongoing		le. (If your in	volvement has not yet
	Add rows a	s needed fo	or each research project.			
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use
	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?					

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

Α	cute Myeloid Leukemia in Older Adults
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
P∈ 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	☐ Yes
	If yes, please explain:
Pr 2.	eviously Published Opinions 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?
Re	esearch
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	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 loca 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.")				involvement has not yet	
	Add rows	as needed f	or each research project.			
Fı	ınder		Description of Research	My Role	End Date	
	nstitutional Relationships L. Could your salary be affected by recommendations on this topic? No 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 kr	now				
	⊠ No					
	□ Yes					
	If yes, please explain:					
6.	. Could your institution benefit or be harmed by recommendations of guidelines on this topic?					
	☐ Don't kr	now				
	⊠ No					
	☐ Yes					
	If yes, plea	se 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? Not sure.

Ac	dvocacy 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:
	ofessional Specialty What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?
	Health Research Methodologist
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:	Guideline topic: AML in Older Adults (systematic reviews)			
Approved to participate?	Reviewer name and date	Notes		
Yes	Alexander 1/10/2020	No current conflicts of interest. On 1/10/20 Tahira Devji confirmed all information in the form.		
Summarize all current ma	terial interests in affected	companies described abov	ve:	
Company	Description	Disclosure Date	ASH Notes	
Notes:				

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				
\square Yes, as described be	elow:			
Add rows as needed for	or each equity interest.			
Company	Description	Date Divested	For ASH Internal Use	
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.				

Company	Description	Date Divested	For ASH Internal Use

Personal Income or Other Remuneration

3.	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			
	\square 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.

Company	Description	End Date	For ASH Internal Use

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 suppo	rting the rese	arch.		
	Column 2	•	cribe the research project.	Indicate if fur	nding or supp	ort goes to you directly	
	Column 3	steering co	our role: (a) national or ove ommittee of a study that do or. If other than these optic	oes not have a	a principal inv		
	Column 4		hen your involvement endo		le. (If your in	volvement has not yet	
	Add rows a	is needed fo	or each research project.				
С	ompany		Description of Research	My Role	End Date	For ASH Internal Use	
		or in the pas	ouse's Interests t 24 months has <i>your partn</i>	er or spouse l	had any of th	e interests described in	
	⊠ No						
	☐ Yes, as described below:						

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

Α	cute Myeloid Leukemia in Older adults
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe	ersonal Beliefs
1.	
	⊠ No
	□ Yes
	If yes, please explain:
	reviously Published Opinions 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?
Re	esearch
	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 researc	h.		
	Column 2	Describe t	he research project.			
	Column 3	steering c	our role: (a) national or over ommittee of a study that o or. If other than these opti	loes not have a principal in		
	Column 4		when your involvement end dicate "current" or "ongoir		nvolvement has not yet	
	Add rows	as needed f	or each research project.			
Fı	ınder		Description of Research	My Role	End Date	
	Could your salary be affected by recommendations on this topic? No 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 kr	now				
	⊠ No					
	☐ Yes					
	If yes, plea	se explain:				
6.	Could your	institution	benefit or be harmed by r	ecommendations of guide	lines on this topic?	
	□ Don't know					
	⊠ No					
	□ Yes					
	If yes, plea	se 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?

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:
	ofessional Specialty What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?
	Epidemiologist
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)

Guideline topic:

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.

AML in Older Adults (systematic reviews)

Approved to participate?	Reviewer name and date	Notes	
Yes	Alexander 1/10/2020	No current conflicts of interest. On 1/14/2020, Mi Ah Han confirmed all information in this form.	
Summarize all current mat	terial interests in affected	companies described abov	e:
Company	Description	Disclosure Date	ASH Notes
Company	Description	Disclosure Date	ASH Notes
Company	Description	Disclosure Date	ASH Notes
Company	Description	Disclosure Date	ASH Notes
Company	Description	Disclosure Date	ASH Notes
Company Notes:	Description	Disclosure Date	ASH Notes
	Description	Disclosure Date	ASH Notes

Part A. Material Interests in Companies			
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 b	elow:		
Add rows as needed for	or each equity interest.		
Company	Description	Date Divested	For ASH Internal Use
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.			

Company	Description	Date Divested	For ASH Internal Use

Personal Income or Other Remuneration

3.	remunerat company th	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 o	☐ 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.

Company	Description	End Date	For ASH Internal Use

Industry-Funded Research

 \boxtimes No

 \square Yes, as described below:

1.	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 o	described be	elow:			
	Column 1	Name the	company funding or suppo	rting the rese	earch.	
	Column 2	•	cribe the research project.	Indicate if fu	nding or supp	ort goes to you directly
	Column 3	steering co		oes not have a	al investigator, (b) member of a a principal investigator, (c) site or loca escribe.	
	Column 4		hen your involvement endoicate "current" or "ongoing		ole. (If your in	volvement has not yet
	Add rows a	is needed fo	r each research project.			
Co	отрапу		Description of Research	My Role	End Date	For ASH Internal Use
M 5.	•	or in the pas	ouse's Interests t 24 months has your partn	er or spouse	had any of th	e interests described in

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

Α	cute Myeloid Leukemia in Older Adults
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	No □ Yes If yes, please explain:
Pr 2.	reviously Published Opinions 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?
R€ 3.	esearch 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 l	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		when your involvement end dicate "current" or "ongoin		(If your in	ivolvement has not yet
	Add rows	as needed f	for each research project.			
Fı	under		Description of Research	My Role		End Date
	No Do you ger	salary be a	iffected by recommendation of the state of t	employer by clini		
	☐ Don't kr	☐ Don't know				
	⊠ No					
	☐ Yes					
	If yes, plea	se explain:				
6.	Could your	institution	benefit or be harmed by r	ecommendations (of guideli	ines on this topic?
	☐ Don't kr	now				
	⊠ No					
	☐ Yes					
	If yes, plea	se 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?

Probability no support.

Α

A c 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
	\square No
	□ Yes
	If yes, please explain:
	ofessional Specialty What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?
	Clinician and Methodologist of systematic reviews, Geriatrician
10.	Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
	⊠ No
	□ Yes

Ex	pected Interests
	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:

If yes, please explain:

Part C. Summary (ASH Internal Use)

Guideline topic:

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.

AML in Older Adults (systematic reviews)

participate?	date	Notes		
Yes	Alexander 1/13/2020	No current conflicts of interest. On 1/13/2020, QiuKui Hao confirmed all information in this form.		
Summarize all current mat	erial interests in affected	companies described abov	e:	
Сотрапу	Description	Disclosure Date	ASH Notes	
Notes:				

Part A. Material Interests in Companies

□ Yes, as described below: Add rows as needed for each equity interest. Company Description Date Divested For ASH Internal Use 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. Company Description Date Divested For ASH Internal Use	develops, produces, treat, monitor, mana	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.			
Add rows as needed for each equity interest. Company Description Date Divested For ASH Internal Use 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.	No				
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.	\square Yes, as described	below:			
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.	Add rows as needed	for each equity interest.			
 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. 	Company	Description	Date Divested	For ASH Internal Use	
 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. 					
 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. 					
 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. 					
 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. 					
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.	Patents and Roya	ılties			
☐ Yes, as described below: Add rows as needed for each patent or royalty interest.	any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health				
Add rows as needed for each patent or royalty interest.	■ No				
	\square Yes, as described	\square Yes, as described below:			
Company Description Date Divested For ASH Internal Use	Add rows as needed	for each patent or royalty	interest.		
Company Description Date Divested For ASH Internal Use					
	Company	Description	Date Divested	For ASH Internal Use	

Company	Description	Date Divested	For ASH Internal Use

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

 \square 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.

Company	Description	End Date	For ASH Internal Use

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 d	lescribed 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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

My Partner's or Spouse's Interests

 \square Yes, as described below:

5.	Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?
	■ No

Leah Kosyakovsky (University of Toronto Department of Medicine)

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

Acute Myeloid Leukemia in Older Adults
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?



	☐ Yes, as	described	l below:		
	Column 1	Name th	e entity funding the resear	rch.	
	Column 2	Describe	the research project.		
	Column 3	steering	your role: (a) national or c committee of a study that stor. If other than these op	does not have a principal	or, (b) member of a investigator, (c) site or local
	Column 4		when your involvement erndicate "current" or "ongo		involvement has not yet
	Add rows a	is needed	for each research project.		
Fur	nder		Description of Research	My Role	End Date
In: 4. 5.	Could your No Do you gen consulting, topic?	salary be nerate revo testifying	tionships affected by recommendat enues for your institution of , writing, or otherwise sha	or employer by clinical acti	ivity, teaching, speaking, vinions about this guideline
	□Don't kn	ow			
	■No □Yes				
	If yes, pleas	se explain	:		
6.	Could your	institutio	n benefit or be harmed by	recommendations of guid	elines on this topic?
	☐ Don't kr	now			
	No				
	□Yes				
	If yes, pleas	se 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?

Unsure.

Ac 8.	vocacy and Policy Positions 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:
	ofessional Specialty What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?
	Resident in Internal Medicine.
10.	Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
	■ No
	□ Yes

Ex	pected 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:

If yes, please explain:

Part C. Summary (ASH Internal Use)

Guideline topic:

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 make all parts of this form (A, B and C)publicly available.

AML in Older Adults (systematic reviews)

Approved to participate?	Reviewer name and date	Notes	
Yes	Alexander 1/10/2020	No current conflicts of interest. On 1/11/2020, Leah Kosyakovsky confirmed all information in this form.	
Summarize all current m	aterial interests in affected	d companies described abo	ove:
Сотрапу	Description	Disclosure Date	ASH Notes
Сотрапу	Description	Disclosure Date	ASH Notes
Company	Description	Disclosure Date	ASH Notes
Company	Description	Disclosure Date	ASH Notes
Company	Description	Disclosure Date	ASH Notes
Company Notes:	Description	Disclosure Date	ASH Notes
	Description	Disclosure Date	ASH Notes

Part A. Material Interests in Companies			
develops, produ treat, monitor, r other ownership	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.		
☐ Yes, as descri	bed below: eded for each equity intere	est.	
Company	Description	Date Divested	For ASH Internal Use
Patents and Ro	oyalties		
·	any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health		
⊠ No			
☐ Yes, as descri	bed below:		
Add rows as needed for each patent or royalty interest.			

Company	Description	Date Divested	For ASH Internal Use

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			
	\square 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.

Company	Description	End Date	For ASH Internal Use

Industry-Funded Research

1.	(e.g., in kin	d support) k ices, services	the past 24 months have your pay any for-profit company to so, or therapies used to diag	hat develops,	, produces, m	arkets, or distributes
	⊠ No					
	☐ Yes, as o	described be	elow:			
	Column 1	Name the	company funding or suppo	rting the rese	earch.	
	Column 2	•	cribe the research project. institution.	Indicate if fu	nding or supp	ort goes to you directly
	Column 3	steering co	our role: (a) national or ove ommittee of a study that do or. If other than these optio	oes not have	a principal inv	
	Column 4		hen your involvement ende icate "current" or "ongoing		ole. (If your in	volvement has not yet
	Add rows a	as needed fo	r each research project.			
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use
M	y Partne	r's or Sp	ouse's Interests			

5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?
	⊠ No
	☐ Yes, as described below:

Fernando Kenji Nampo (Federal University of Latin-American Integration)

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

	Acute Myeloid Leukemia in Older Adults
o	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 elevant to guidelines on the above topic.
F	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 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?
F	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

Fernando Kenji Nampo (Federal University of Latin-American Integration)

	☐ Yes, as	described l	below:		
	Column 1	Name the	entity funding the researc	h.	
	Column 2	Describe t	the research project.		
	Column 3	steering c	your role: (a) national or over ommittee of a study that o or. If other than these opti	loes not have a principal ir	
	Column 4		when your involvement end dicate "current" or "ongoir		nvolvement has not yet
	Add rows	as needed f	for each research project.		
F	under		Description of Research	My Role	End Date
 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, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about topic? 					
	□ Don't kr	IOW			
	□ Yes				
	If yes, plea	se explain:			
6.	Could your	institution	benefit or be harmed by r	ecommendations of guide	lines on this topic?
	☐ Don't kı	now			
	⊠ No				
	☐ Yes				
	If yes, plea	se 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?

There would be no change in the support I currently receive from my institution

Ac	dvocacy 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:
Pr	ofessional Specialty
9.	What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?
	I am an epidemiologist who teaches to undergraduate students in Public Health.
10.	Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
	⊠ No
	□ Yes

Ex	pected Interests
	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:

If yes, please explain:

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:		AML in Older Adults (systematic reviews)			
Approved to participate?	Review date	ver name and	Notes		
Yes			No current conflicts of interest. On 1/13/2020, Fernando Kenji Nampo confirmed all information in this form.		
Summarize all current mat	terial int	erests in affected	companies described abov	re:	
Сотрапу	Descri	otion	Disclosure Date	ASH Notes	
Notes:					

Part A. Ma	Part A. Material Interests in Companies			
 Equity 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				
\square Yes, as described	below:			
Add rows as needed	for each equity interest.			
Сотрапу	Description	Date Divested	For ASH Internal Use	
Datants and Dava	ltios			
Patents and Royalties2. 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	⊠ No			
\square Yes, as described	\square Yes, as described below:			
Add rows as needed	for each patent or royalty	interest.		
Сотрапу	Description	Date Divested	For ASH Internal Use	

Company	Description	Date Divested	For ASH Internal Use

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-company that develops, produces, markets, or distributes drugs, devices, services, or therapi to diagnose, treat, monitor, manage, or alleviate health conditions?					
	⊠ No				
	\square 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.

Communi	Decembring	Ford Date	For ACII Internal III.
Company	Description	End Date	For ASH Internal Use

Industry-Funded Research

 \square Yes, as described below:

4.	(e.g., in kin	ou currently or in the past 24 months have you been involved in research funded or supported, in kind support) by any for-profit company that develops, produces, markets, or distributes s, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health litions?					
	⊠ No						
	☐ Yes, as o	described l	pelow:				
	Column 1	Name the	e company funding or supp	orting the res	search.		
	Column 2	-	escribe the research project r institution.	. Indicate if f	unding or sup	port goes to you directly	
	Column 3	steering	your role: (a) national or over committee of a study that of tor. If other than these opti	does not have	e a principal ir		
	Column 4		when your involvement end idicate "current" or "ongoin		able. (If your i	nvolvement has not yet	
	Add rows a	as needed	for each research project.				
Сог	mpany		Description of Research	My Role	End Date	For ASH Internal Use	
M 5.	•	or in the pa	pouse's Interests est 24 months has <i>your part</i>	ner or spouse	e had any of t	he interests described in	
	<u>الما</u>						

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

Acute Myeloid Leukemia in Older Adults
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
Do you have strongly held beliefs related to the topic of these guidelines?
⊠ No
□ Yes
If yes, please explain:
Draviously Dublished Opinions
Previously Published Opinions2. 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?

\bowtie N	C
-------------	---

	☐ Yes, as	described	below:			
	Column 1	Name th	e entity funding the resear	·ch.		
	Column 2	Describe	the research project.			
	Column 3	steering	your role: (a) national or committee of a study that tor. If other than these op	does not have a p	rincipal investig	
	Column 4		when your involvement er ndicate "current" or "ongo		. (If your involve	ment has not yet
	Add rows	as needed	for each research project.			
Fur	nder		Description of Research	My Role	End Do	ate
	 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.	☐ Don't kr ☑ No ☐ Yes	now	n benefit or be harmed by	recommendation	s of guidelines o	n this topic?
	If yes, plea	se 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? Not applicable

Ac	lvocacy 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:
Pr	ofessional Specialty
9.	What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty? Clinician/Pediatrician
10.	Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
	⊠ No
	□ Yes

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• • •	,,	~		C/\P	

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)

Guideline topic:

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.

AML in Older Adults (systematic reviews)

Approved to participate?	Reviewer name and date	Notes	
Yes	Alexander 1/14/2020	No current conflicts of interest. On 1/14/2020, Shaneela Shahid confirmed all information in this form.	
Summarize all current m	aterial interests in affected	d companies described abo	ove:
Community			
Company	Description	Disclosure Date	ASH Notes
Company	Description	Disclosure Date	ASH Notes
Company	Description	Disclosure Date	ASH Notes
Company	Description	Disclosure Date	ASH Notes
Company	Description	Disclosure Date	ASH Notes
Notes:	Description	Disclosure Date	ASH Notes
	Description	Disclosure Date	ASH Notes

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				
\square Yes, as described b	elow:			
Add rows as needed for	or each equity interest.			
Company	Description	Date Divested	For ASH Internal Use	
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.				

Company	Description	Date Divested	For ASH Internal Use

Personal Income or Other Remuneration

3.	remunerat company tl	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 o	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.

Company	Description	End Date	For ASH Internal Use

 \boxtimes No

 \square Yes, as described below:

In: 4.	ndustry-Funded Research 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 o	described be	elow:			
	Column 1	Name the	company funding or suppo	rting the rese	earch.	
	Column 2		cribe the research project. institution.	Indicate if fu	nding or supp	ort goes to you directly
	Column 3	steering co	our role: (a) national or over ommittee of a study that do or. If other than these optic	pes not have	a principal inv	
	Column 4		hen your involvement endo		ole. (If your in	volvement has not yet
	Add rows a	s needed fo	or each research project.			
Co	ompany		Description of Research	My Role	End Date	For ASH Internal Use
	•	or in the pas	ouse's Interests t 24 months has your partn	ner or spouse	had any of th	e interests described in

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

Α	cute Myeloid Leukemia in Older Adults
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe	ersonal Beliefs
	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
	eviously Published Opinions 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?
	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.			or local		
	Column 4		when your involvement end dicate "current" or "ongoir		f your involvement has no	t yet
	Add rows	as needed f	or each research project.			
Fı	ınder		Description of Research	My Role	End Date	
	No Do you ger consulting, topic?	salary be a nerate rever testifying,	onships ffected by recommendation nues for your institution or writing, or otherwise shari	employer by clinic		_
	☐ Don't kr	now				
	⊠ No					
	☐ Yes					
	If yes, please explain:					
6.	. Could your institution benefit or be harmed by recommendations of guidelines on this topic?					
	☐ Don't kr	now				
	⊠ 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?

No specific support

Ac	dvocacy 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:
	ofessional Specialty What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?
	Medical student
10.	Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
	⊠ No
	□ Yes

Ex	pected 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:

If yes, please explain:

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: AML in Older Adults (systematic reviews)				
Approved to	Reviewer name and			
participate?	date	Notes		
Yes	Alexander 1/13/2020	No current conflicts of interest. On 1/13/20 Trevor Teich confirmed all information in thi form.		
Summarize all current ma	terial interests in affected	companies described abov	re:	
Company	Description	Disclosure Date	ASH Notes	
Notes:				

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							
\square Yes, as described b	elow:						
Add rows as needed for	or each equity interest.						
Company	Company Description Date Divested For ASH Internal Use						
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.							

Company	Description	Date Divested	For ASH Internal Use

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

 \square 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.

		5 10 1	5 4000
Company	Description	End Date	For ASH Internal Use

Industry-Funded Research

 \square Yes, as described below:

4. Do you currently or in the past 24 months have you been involved in research funded or supp (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributures, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate h conditions?					arkets, or distributes	
	⊠ No					
	☐ Yes, as o	described be	elow:			
	Column 1	Name the	company funding or suppo	orting the rese	earch.	
	Column 2	•	cribe the research project.	Indicate if fu	nding or supp	ort goes to you directly
	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.")					volvement has not yet
	Add rows a	as needed fo	or each research project.			
С	ompany		Description of Research	My Role	End Date	For ASH Internal Use
M ¹ 5.	-	or in the pas	ouse's Interests t 24 months has <i>your partn</i>	ner or spouse	had any of th	e interests described in
	△ IVO					

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use	

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:

Acute Myeloid Leukemia in Older Adults
The questions that follow are designed to elicit information about personal beliefs, intellectual positio 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?
Poscarch

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?

\boxtimes	No	
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☐ Yes, as	described l	pelow:			
Column 1	Name the	entity funding the research	ch.		
Column 2	Column 2 Describe the research project.				
Column 3	steering c	our role: (a) national or over committee of a study that coor. If other than these opti	does not have a	principal in	
Column 4		rhen your involvement end dicate "current" or "ongoin		e. (If your i	nvolvement has not yet
Add rows	as needed f	or each research project.			
Funder		Description of Research	My Role		End Date
	testifying,	nues for your institution of writing, or otherwise shari			
□ Don t ki	now				
□ Yes					
If yes, plea	se explain:				
. Could your	· institution	benefit or be harmed by r	ecommendatio	ns of guide	lines on this topic?
☐ Don't k	now				
⊠ No					
☐ Yes					
If yes, plea	se 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?

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:
	ofessional Specialty What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?
	Resident physician, internal medicine
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 non already declared in Part A or Part B	financial interests relevant to the topic of these guidelines not 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:	uideline topic: AML in Older Adults (systematic reviews)				
Approved to participate?	Review date	ver name and	Notes		
Yes Alexander 1/10/2020		No current conflicts of interest. On 1/12/2020 Ambika Tejpal confirmed all information in this form.			
Summarize all current ma	terial int	erests in affected	companies described abov	re:	
Company	Descriț	otion	Disclosure Date	ASH Notes	
Notes:	Notes:				