

## Supplement 4: Participant Information Forms of the Guideline Panelists

- Pantep Angchaisuksiri, MD (Ramathibodi Hospital, Mahidol University)
- Clifton Blair
- Adam Cuker, MD, MS (University of Pennsylvania)
- Kathryn Dane, PharmD (Johns Hopkins Hospital)
- Maria DeSancho, MD, MSc (Weill Cornell Medicine)
- David Diuguid, MD (Columbia University)
- Daniel Griffin, MD, PhD (Columbia University and ProHealth Care)
- Susan Kahn, MD, MSc (McGill University)
- F.A. “Eric” Klok, MD, PhD (Leiden University Medical Center Einthoven Laboratory)
- Alfred Lee, MD, PhD (Yale School of Medicine)
- Ignacio Neumann, MD, PhD (Pontificia Universidad Católica de Chile)
- Ashok Pai, MD (Kaiser Permanente, Oakland Medical Center)
- Marc Righini, MD (University of Geneva)
- Kristen Sanfilippo, MD, MPHS (Washington University School of Medicine in St. Louis)
- Holger Schünemann, MD, MSc, PhD (McMaster University)
- Deborah Siegal, MD, MSc (University of Ottawa)
- Mike Skara
- Deirdra Terrell, PhD, MPH (University of Oklahoma)
- Kamshad Touri
- Eric Tseng, MD, MSc (St. Michael’s Hospital)



## Pantep Angchaisuksiri, MD

Professor of Medicine

Ramathibodi Hospital, Mahidol University

Bangkok, Thailand

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Member of Guideline Panel

### Profile

Dr. Angchaisuksiri is an Adjunct Associate Professor of Medicine at the University of North Carolina at Chapel Hill and the Co-Director of the Bangkok International Hemophilia Training Centre of the World Federation of Hemophilia. His clinical focus is on patients with thrombosis, hemophilia and other bleeding disorders, and his research focus is on treatment of venous thromboembolism and hemophilia. Dr. Anghiasuksiri is an executive council member of the Asian-Pacific Society on Thrombosis and Hemostasis, and brings an Asian perspective to these guidelines

[July 7, 2020 profile approved by Dr. Angchaisuksiri]

## Section 1. Disclosures Prior to Participation

### Definitions

**Conflict of interest**

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

**Financial interest**

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

**Direct financial interest**

A financial interest that is owned by the individual or received directly by the individual

**Indirect financial interest**

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

**For-profit healthcare company**

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Novo Nordisk	Concizumab clinical trial in hemophilia A	Local investigator	ongoing	Not related to the guideline topic. Management through disclosure.
Spark Therapeutics	Gene therapy clinical trial in hemophilia A	Local investigator	ongoing	Not related to the guideline topic. Management through disclosure.

### Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

#### Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:



## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

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

### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

### Career Advancement

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

*I would receive good support from my institution.*

### Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

### Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Hematology

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

No

Yes

If yes, please explain:

#### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

#### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	PA
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	PA
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	PA
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	PA
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	PA
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	PA

<i>Policy</i>	<i>Initials</i>
I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	PA
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	PA

Agreed by

Pantep Angchaisuksiri

Date

June 20, 2020

### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	June 26, 2020	
Menaka Pai, MD, ex officio for the ASH Guideline Oversight Subcommittee	June 26, 2020	Approved to participate

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	6/20/2020	Russell	Dr. Angchaisuksiri agreed to adhere to the policies described herein.
Attestation	9/1/2020	Russell	Dr. Angchaisuksiri agreed to adhere to the policies described herein.
Attestation	3/21/2021	Russell	Dr. Angchaisuksiri agreed to adhere to the policies described herein.
Attestation	8/12/2021	Russell	Dr. Angchaisuksiri agreed to adhere to the policies described herein.
Attestation	9/3/2021	Russell	Dr. Angchaisuksiri agreed to adhere to the policies described herein.
Attestation	1/1/2022	Russell	Dr. Angchaisuksiri agreed to adhere to the policies described herein.
	4/4/2022	Deion Smith, ASH Staff	Dr. Angchaisuksiri confirmed that all information in the form is correct.



## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Yes
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	Yes



ASH Clinical Practice Guidelines  
Participant Information

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Clifton Blair

Patient Representative

Union, New Jersey

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Member of Guideline Panel

### Profile

Mr. Blair is a project manager of a technology company. He has prior experience with medical research. He brings a unique patient perspective to this guideline. His father was a surgeon who studied at Johns Hopkins.

[July 6, 2020 profile approved by Mr. Blair]

## Section 1. Disclosures Prior to Participation

### Definitions

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### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

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Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

### Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

### Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:



## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

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

### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

### Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

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

No

Yes

If yes, please explain:

### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	CB
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	CB
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	CB
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	CB
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	CB
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	CB

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	CB
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	CB

Agreed by

Clifton Blair

Date

June 24, 2020

### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	6/26/2020	
Menaka Pai, MD, ex officio for the ASH Guideline Oversight Subcommittee	6/26/2020	

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	6/21/2020	Russell, Pai	Mr. Blair agreed to adhere to the policies described herein.
Attestation	9/2/2020	Russell	Mr. Blair agreed to adhere to the policies described herein.
Attestation	5/14/2021	Russell	Mr. Blair agreed to adhere to the policies described herein.
Attestation	8/17/2021	Russell	Mr. Blair agreed to adhere to the policies described herein.
Attestation	9/14/2021	Russell	Mr. Blair agreed to adhere to the policies described herein.
Attestation	1/28/2022	Alexander	Mr. Blair agreed to adhere to the policies described herein.



## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 30, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes



ASH Clinical Practice Guidelines  
Participant Information

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## Adam Cuker, MD, MS

Associate Professor of Medicine at the Hospital of the University of Pennsylvania

Perelman School of Medicine, University of Pennsylvania

Philadelphia, Pennsylvania, United States

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Clinical co-chair of Guideline Panel (June 2020 – February 2022)

Member of Guideline Panel (March 2022 - )

### Profile

Dr. Cuker is a hematologist specializing in hemostasis and thrombosis at the University of Pennsylvania. He has clinical and research expertise in thrombosis, and an interest in guideline methodology. He is a member of ASH's Guideline Oversight Subcommittee and Committee on Quality.

[June 16, 2020 profile approved by Dr. Cuker]

## Section 1. Disclosures Prior to Participation

### Definitions

**Conflict of interest**

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

**Financial interest**

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

**Direct financial interest**

A financial interest that is owned by the individual or received directly by the individual

**Indirect financial interest**

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

**For-profit healthcare company**

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Alexion	Warm AIHA	Local PI	Current	Not related to the guideline topic. Management through disclosure.
Novartis	ITP	Local PI	Current	Not related to the guideline topic. Management through disclosure.
Novo Nordisk	Hemophilia	Local PI	Current	Not related to the guideline topic. Management through disclosure.
Pfizer	Hemophilia	Local PI	Current	Not related to the guideline topic. Management through disclosure.
Spark	Hemophilia	Local PI	Current	Not related to the guideline topic. Management through disclosure.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Takeda	TTP	Local PI	Current	Not related to the guideline topic. Management through disclosure.

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:





## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

Multiple views as expressed in (1) PMID 32440883 and (2) Cuker & Pevandi, UpToDate, "Coronavirus Disease 2019 (COVID-19):Hypercoagulability"

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

I see patients with COVID-19-associated thrombosis and my institution bills for these visits.

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

I am confident that I would be supported my institution regarding these guidelines as long as they were developed within the confines of academic integrity irrespective of their content or the reaction they receive.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>
AC Forum	See PMID 32440883*	Co-author

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Hematology, hemostasis and thrombosis

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

No

Yes

If yes, please explain:

I participate in the care of patients with suspected and confirmed COVID-19-associated thrombosis.

#### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

I serve as a paid consultant for Synergy CRO, a clinical research organization that specializes in safety monitoring and pharmacovigilance for clinical trials. I do not consider this a direct conflict because the company does not develop, produce, market, or distribute drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions.

#### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	ACC
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	ACC
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	ACC
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	ACC
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	ACC
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	ACC

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	ACC
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	ACC

Agreed by

Adam Cuker

Date

June 7, 2020

### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	June 11, 2020	
Rob Kunkle, ASH Staff	June 11, 2020	
Menaka Pai, MD, ex officio, ASH Guideline Oversight Subcommittee	June 11, 2020	



## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	6/7/2020	Russell	No special management considerations.
Attestation	8/31/2020	Russell	No special management considerations.
Attestation	3/5/2021	Russell	No special management considerations.
Attestation	8/11/2021	Russell	No special management considerations.
Attestation	9/2/2021	Russell	No special management considerations.
Attestation	1/20/2022	Alexander	No special management considerations.
	3/30/2022	Deion Smith, ASH Staff	Dr. Cuker confirmed that all information in this form is correct.

## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Yes
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	Yes



ASH Clinical Practice Guidelines  
Participant Information

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## Kathryn Dane, PharmD

Clinical Pharmacy Specialist, Benign Hematology and Cardiology; Co-director,  
Hemostatic and Antithrombotic Stewardship Program

Johns Hopkins Hospital

Baltimore, Maryland, United States

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Member of Guideline Panel

### Profile

Dr. Dane is a pharmacist at Johns Hopkins Hospital, specializing in benign hematology and cardiology. She has clinical and research expertise in thrombosis, and an interest in anticoagulant dosing in COVID-19 patients. She has taken a leadership role in developing anticoagulation management guidance and quality improvement initiatives for COVID-19 patients at her institution.

[June 16, 2020 profile approved by Dr. Dane]

## Section 1. Disclosures Prior to Participation

### Definitions

**Conflict of interest**

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

**Financial interest**

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

**Direct financial interest**

A financial interest that is owned by the individual or received directly by the individual

**Indirect financial interest**

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

**For-profit healthcare company**

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

### Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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



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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

#### Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>
None	Single center QI evaluation of correlation of anti-Xa	Local investigator	August 2020

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>
	levels with thromboembolism in COVID-19 positive patients receiving high-intensity pharmacologic prophylaxis at my institution		
None	Single center evaluation of thrombosis in COVID-19 patients requiring ECMO	Local investigator	August 2020
None	Single center evaluation of unfractionated heparin infusion dosing strategies required to overcome heparin resistance in COVID-19 positive patients	Local investigator	August 2020

#### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

### Career Advancement

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

My mentors, institution, and colleagues are supportive of this work and would continue to be supportive in the situation described.

### Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

### Clinical Practice

9. Do you see patients clinically?

- No  
 Yes

If yes, what is your primary specialty or subspecialty?

Benign hematology and cardiology clinical pharmacist

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

- No  
 Yes

If yes, please explain:

oversee health-system COVID-19 VTE prophylaxis guidance, and also answer patient-specific questions regarding VTE treatment and prophylaxis in COVID-19 patients received through the adult benign hematology consult service at my institution.

### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

- No  
 Yes

If yes, please describe:

### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

- No  
 Yes

If yes, please describe:

## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	KD
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	KD
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	KD
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	KD
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	KD
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	KD

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	KD
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	KD

Agreed by Kathryn Dane

Date June 7, 2020



### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	6/12/2020	
Menaka Pai, MD, ex officio, ASH Guideline Oversight Subcommittee	6/12/2020	

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	6/7/2020	Russell	Dr. Dane agreed to adhere to the policies described herein.
Dr. Dane disclosed that she will develop educational materials about the prophylaxis of VTE for the Society of Hospital Medicine. The project is funded by Janssen and is expected to continue for 2 years. Dr. Dane will not receive any direct payments from Janssen.	6/25/2020	Russell, Pai	Disclosure only
Dr. Dane disclosed that she will develop continuing education materials about atypical hemolytic uremic syndrome for Pharmacy Times Continuing Education (PTCE). PTCE is an accredited provider of pharmacy education. This project is funded by Alexion through an educational grant.	6/29/2020	Russell, Pai	Disclosure only
Attestation	8/31/2020	Russell	Dr. Dane agreed to adhere to the policies described herein.
Dr. Dane disclosed that she received \$200 in indirect payments from Biomarin for her participation as a peer reviewer of PTCE.	8/31/2020	Russell, Pai	Disclosure only
Dr. Dane disclosed that she will be a speaker in the April 2021 HOPA conference on COVID-19 thrombosis during a 4-part session on "Fundamentals of Non-Malignant Hematology." It will be accredited for pharmacist CE. Her speech will be on anticoagulation in special populations and COVID-19 thrombosis prophylaxis. She will be receiving direct payment	12/3/2020	Russell	Disclosure only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
from HOPA via honorarium and free conference registration.			
Attestation	3/5/2021	Russell	Dr. Dane agreed to adhere to the policies described herein.
Dr. Dane disclosed she developed continuing education materials for PTCE on acquired thrombotic thrombocytopenic purpura, which she delivered on July 15 <sup>th</sup> . This project is funded by Sanofi Genzyme through an educational grant; Dr. Dane disclosed that she received indirect payment from PTCE.	8/16/2021	Russell	Disclosure only
Attestation	8/17/2021	Russell	Dr. Dane agreed to adhere to the policies described herein.
Attestation	9/2/2021	Russell	Dr. Dane agreed to adhere to the policies described herein.
Attestation	1/24/2022	Alexander	Dr. Dane agreed to adhere to the policies described herein.
Dr. Dane disclosed she developed continuing education materials for PTCE on atypical hemolytic uremic syndrome, which she completed on 3/8/22. This project is funded by Alexion Pharmaceuticals through an educational grant; Dr. Dane disclosed that she received indirect payment from PTCE.	3/30/2022	Deion Smith, ASH Staff  Dee Terrell, PhD, Ex Officio for the Guideline Oversight Subcommittee	Dr. Dane made this disclosure and confirmed all information in this form is correct.

## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Yes
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	Yes



ASH Clinical Practice Guidelines  
Participant Information

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## Maria DeSancho, MD, MSc

Professor of Clinical Medicine, Clinical Director of Benign Hematology

Weill Cornell Medicine

New York, New York, United States

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Member of Guideline Panel

### Profile

Dr. DeSancho is a hematologist specializing in hemostasis and thrombosis at Weill Cornell Medicine. She has clinical and research expertise in thrombosis, and an interest in COVID-19 coagulopathy, including management of pregnant patients. She brings a clinical perspective from New York City, a U.S hotspot for the COVID-19 pandemic. She has taken a leadership role in developing anticoagulation management guidance for COVID-19 patients at her institution.

[June 17, 2020 profile approved by Dr. DeSancho]

## Section 1. Disclosures Prior to Participation

### Definitions

<b><i>Conflict of interest</i></b>	A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest
<b><i>Financial interest</i></b>	A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity
<b><i>Direct financial interest</i></b>	A financial interest that is owned by the individual or received directly by the individual
<b><i>Indirect financial interest</i></b>	A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution
<b><i>For-profit healthcare company</i></b>	“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Apellis Pharmaceutical	Advisory Board (1 day)	31 Dec 2019	
Bio Products Laboratory	Advisory Board (1 day)	June 16, 2020	Dr. DeSancho agreed to divest this relationship to participate on the ASH covid panel.
Sanofi Genzyme	Advisory Board (1 day)	June 16, 2020	Dr. DeSancho agreed to divest this relationship to participate on the ASH covid panel.

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.



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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

### Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

1- I delivered a 10-minute presentation on the topic of "Coagulation Complications of COVID-19" at a Weill Cornell Webinar on Saturday 6 June 2020 (OnLive® Saturday Spotlight: A Morning With Weill Cornell Medicine). The information presented included coagulopathy of COVID-19, thrombotic complications and anticoagulation management.

2- I have been involved in ASH frequently asked questions related to hematology and COVID-19 (Coagulopathy, VTE and anticoagulation, COVID-19 and pulmonary embolism)

3- I was involved in Anticoagulation in pregnant COVID19 patients and implications for anesthetic care: <https://soap.org/education/provider-education/expert-summaries/interim-considerations-for-obstetric-anesthesia-care-related-to-covid19/covid-19-faqs-for-providers/>

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

#### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Evidence based guidelines will promote better and more efficient care for our patients.

### Career Advancement

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

My institution is totally supportive of my participation on this guideline project.

### Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

### Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Hematology, specifically thrombosis and hemostasis

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

No

Yes

If yes, please explain:

I recommend imaging studies either compression ultrasound (CUS) or Computed Tomography Pulmonary Angiogram (CTPA) when clinically indicated. Perform thrombophilia screening following guidelines; prescribe antithrombotic therapy either prophylactically or for therapeutic reasons.

In addition I prepare the management of anticoagulation for patients with thrombotic disorders who need either invasive procedures or surgical procedures.

#### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

#### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	MTD
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	MTD
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	MTD
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	MTD
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	MTD
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	MTD



<i>Policy</i>	<i>Initials</i>
I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	MTD
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	MTD

Agreed by

Maria T. DeSancho

Date

June 9, 2020

### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	6/17/2020	
Rob Kunkle, ASH Staff	6/17/2020	
Menaka Pai, MD, ex officio, Guideline Oversight Subcommittee	6/17/2020	Participation approved

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	6/9/2020	Russell, Pai	Dr. DeSancho agreed to adhere to the policies described herein.
Attestation	9/3/2020	Russell	Dr. DeSancho agreed to adhere to the policies described herein.
Dr. DeSancho disclosed that she is the Principal Investigator for the IMPACT Trial, an ongoing trial on Anticoagulation in Critically Ill Patients With COVID-19 at Weill Medical College of Cornell University.	2/19/2021	Russell, Pai	This research is directly related to the guidelines. Management through disclosure and recusal from recommendations 1 & 2.
Attestation	4/17/2021	Russell	Dr. DeSancho agreed to adhere to the policies described herein.
Attestation	8/16/2021	Russell	Dr. DeSancho agreed to adhere to the policies described herein.
Attestation	9/13/2021	Russell	Dr. DeSancho agreed to adhere to the policies described herein.
Attestation	1/27/2022	Alexander	Dr. DeSancho agreed to adhere to the policies described herein.
	4/1/2022	Deion Smith, ASH Staff	Dr. DeSancho confirmed that all information in this form is correct.

## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Recused
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Recused
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Recused
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	Yes



ASH Clinical Practice Guidelines  
Participant Information

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## David Diuguid, MD

Hope Sheridan Professor of Hematology (in Medicine) and Professor of Pathology and Cell Biology at CUMC (Applied Healthcare/Public Health Sciences track)

College of Physicians & Surgeons of Columbia University

New York, New York, United States

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Member of Guideline Panel

### Profile

Dr. Diuguid is a hematologist specializing in hemostasis and thrombosis at Columbia University Herbert Irving Comprehensive Cancer Centre. He has clinical experience with COVID-19 coagulopathy. He brings a clinical perspective from New York City, a U.S hotspot for the COVID-19 pandemic.

[June 16, 2020 profile approved by Dr.Diuguid]

## Section 1. Disclosures Prior to Participation

### Definitions

**Conflict of interest**

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

**Financial interest**

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

**Direct financial interest**

A financial interest that is owned by the individual or received directly by the individual

**Indirect financial interest**

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

**For-profit healthcare company**

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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



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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
GBT Therapeutics	New treatment for sickle cell anemia	Local PI	06/30/20	

### Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part C. Relevant Other Interests That Are Not Mainly Financial

### Personal Beliefs

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

No

Yes

If yes, please explain:

I think it is incumbent on us as a community to develop evidence-based guidelines, using the best data available, to inform practice, and to stimulate further clinical research to allow us to develop better data on these topics.

### 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?

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

I maintain an active clinical practice focused on issues of managing patients with both prothrombotic and antithrombotic disorders. I also teach medical students, residents, and hematology fellows in this area.

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

As long as the work is intellectually sound, the institution will be fully supportive of my activities in this vein.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

- 8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

Clinical Practice

- 9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Non-Malignant Hematology

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

No

Yes

If yes, please explain:

As part of our Hematology service, I consult regularly on patients with thromboembolic disorders, including patients with COVID-19 infection, and we make clinical recommendations on their testing and their therapy. I also teach our residents and fellows on the risks and benefits of anticoagulant therapy, as well as other areas in the domain of Non-Malignant Hematology.

#### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

#### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	DLD
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	DLD
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	DLD
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	DLD
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	DLD
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	DLD



<i>Policy</i>	<i>Initials</i>
I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	DLD
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	DLD

Agreed by

David L. Diuguid, MD

Date

June 6, 2020

### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	6/11/2020	
Menaka Pai, MD, ex officio ASH Guideline Oversight Subcommittee	6/11/2020	Participation approved

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	6/6/2020	Russell, Pai	Dr. Diuguid agreed to adhere to the policies described herein.
Attestation	9/9/2020	Russell	Dr. Diuguid agreed to adhere to the policies described herein.
Attestation	3/29/2021	Russell	Dr. Diuguid agreed to adhere to the policies described herein.
Attestation	8/11/2021	Russell	Dr. Diuguid agreed to adhere to the policies described herein.
Attestation	9/13/2021	Russell	Dr. Diuguid agreed to adhere to the policies described herein.
Attestation	1/24/2022	Alexander	Dr. Diuguid agreed to adhere to the policies described herein.
	3/30/2022	Deion Smith, ASH Staff	Dr. Diuguid confirmed that all information in this form is correct.

## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Yes
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	Yes



ASH Clinical Practice Guidelines  
Participant Information

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Daniel Griffin, MD, PhD

Associate Research Scientist and Instructor in Clinical Medicine

Columbia University and ProHealth Care

New Hyde Park, New York, United States

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Member of Guideline Panel

### Profile

Dr. Griffin is an infectious disease specialist at Columbia University and ProHealth Care. He brings a clinical perspective from New York City, a U.S hotspot for the COVID-19 pandemic.

[June 16, 2020 profile approved by Dr. Griffin]

## Section 1. Disclosures Prior to Participation

### Definitions

**Conflict of interest**

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

**Financial interest**

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

**Direct financial interest**

A financial interest that is owned by the individual or received directly by the individual

**Indirect financial interest**

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

**For-profit healthcare company**

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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



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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

### Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

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

### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

### Career Advancement

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

No impact.

### Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

### Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Infectious disease

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

No

Yes

If yes, please explain:

In daily practice I often recommend performing diagnostic testing such as ultrasound, CTA, NM scans and pharmacological interventions for the treatment and prevention of thromboembolic complications.

#### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

#### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	DG
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	DG
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	DG
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	DG
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	DG
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	DG



I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	DG
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	DG

Agreed by

Daniel Griffin

Date

June 6, 2020

### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	6/11/2020	
Rob Kunkle, ASH Staff	6/11/2020	
Menaka Pai, MD, ex officio ASH Guideline Oversight Subcommittee	6/11/2020	Participation approved

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	6/6/2020	Russell, Pai	Dr. Griffin agreed to adhere to the policies described herein.
Attestation	8/31/2020	Russell	Dr. Griffin agreed to adhere to the policies described herein.
Attestation	3/19/2021	Russell	Dr. Griffin agreed to adhere to the policies described herein.
Attestation	8/16/2021	Russell	Dr. Griffin agreed to adhere to the policies described herein.
Attestation	9/4/2021	Russell	Dr. Griffin agreed to adhere to the policies described herein.
Attestation	1/24/2022	Alexander	Dr. Griffin agreed to adhere to the policies described herein.
	3/30/2022	Deion Smith, ASH Staff	Dr. Griffin confirmed that all information in this form is correct.

## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Yes
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	Yes



ASH Clinical Practice Guidelines  
Participant Information

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Susan Kahn, MD, MSc

Professor of Medicine

McGill University

Montreal, Quebec, Canada

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Member of Guideline Panel

### Profile

Dr. Kahn is a clinical epidemiologist and internist based at the Jewish General Hospital in Montreal, where she is the founder and director of the Centre of Excellence in Thrombosis and Anticoagulation Care. She is appointed as Professor with Tenure in the Department of Medicine, McGill University. She founded the McGill Thrombosis Fellowship, for which she was Program Director from 2007-2018. She is co-Director of the CIHR-funded CanVECTOR Network, a Canadian national venous thromboembolism research and training network. Dr. Kahn's research interests focus primarily on clinical trials of interventions to prevent, diagnose, treat, and improve outcomes of venous thromboembolism.

[June 16, 2020 profile approved by Dr.Kahn]

## Section 1. Disclosures Prior to Participation

### Definitions

<b>Conflict of interest</b>	A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest
<b>Financial interest</b>	A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity
<b>Direct financial interest</b>	A financial interest that is owned by the individual or received directly by the individual
<b>Indirect financial interest</b>	A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution
<b>For-profit healthcare company</b>	“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Sanofi	Consultancy	Dec. 2019	

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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



### Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Sanofi	STEP CAT Study: stepping down to prophylactic doses of enoxaparin after 6 months of full dose for cancer-associated thrombosis	(c) Site co-investigator	Dec 2019	

### Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

#### Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

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

### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

### Career Advancement

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

No concerns in this regard; would receive full support

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Internal medicine/Thrombosis

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

No

Yes

If yes, please explain:

For decisions re VTE prevention in COVID-19 patients, I follow our institution's current guidelines

#### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

#### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	sk
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	sk
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	sk
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	sk
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	sk
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	sk



<i>Policy</i>	<i>Initials</i>
I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	sk
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	sk

Agreed by

Susan R Kahn

Date

June 10, 2020

### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	6/11/2020	
Rob Kunkle, ASH Staff	6/11/2020	
Menaka Pai, MD, ex officio ASH Guideline Oversight Subcommittee	6/11/2020	Participation approved

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	6/10/2020	Russell, Pai	Dr. Kahn agreed to adhere to the policies described herein.
Attestation	9/1/2020	Russell	Dr. Kahn agreed to adhere to the policies described herein.
Dr. Kahn disclosed she is a member of an international steering committee that will review the literature on potential value/harms of post-discharge thromboprophylaxis in hospitalized medical patients. This research will be funded by Sanofi Global through a transfer of value to Dr. Kahn's institution.	3/19/2021	Russell, Alexander	Disclosure only.
Dr. Kahn disclosed she was a co-applicant on the grant, sits on the steering committee for, and was a member of the Executive Writing Committee for the ATTACC Trial (ongoing)	8/16/2021	Russell, Terrell	This research is directly related to the guideline. Management through disclosure and recusal from recommendations 1 & 2.
Attestation	8/18/2021	Russell	Dr. Kahn agreed to adhere to the policies described herein.
Attestation	9/2/2021	Russell	Dr. Kahn agreed to adhere to the policies described herein.
Dr. Kahn disclosed she is consulting on the development of an education tool on the pathophysiology and diagnosis of PNH Paroxysmal nocturnal hemoglobinuria (PNH) With Alexion	10/12/2021	Russell	Disclosure only.
Attestation	1/20/2022	Alexander	Dr. Kahn agreed to adhere to the policies described herein.
	3/30/2022	Deion Smith, ASH Staff	Dr. Kahn confirmed that all information in this form is correct.

## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Recused
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Recused
Develop guideline report for publication (2B)	January 31, 2022	Yes



ASH Clinical Practice Guidelines  
Participant Information

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F.A. (Erik) Klok, MD, PhD

Clinical Scientist

Leiden University Medical Center Einthoven Laboratory

Leiden, Netherlands

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Member of Guideline Panel

### Profile

Dr. Klok is an internist specializing in vascular medicine at Leiden University Medical Center and the Einthoven Laboratory. He has clinical and research expertise in thrombosis, and an interest in predictors and impact of thrombosis in COVID-19 patients. He brings a European perspective to these guidelines.

[June 17, 2020 profile approved by Dr.Klok ]

## Section 1. Disclosures Prior to Participation

### Definitions

<b>Conflict of interest</b>	A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest
<b>Financial interest</b>	A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity
<b>Direct financial interest</b>	A financial interest that is owned by the individual or received directly by the individual
<b>Indirect financial interest</b>	A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution
<b>For-profit healthcare company</b>	“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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



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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

### Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

Guidance document on behalf of the Dutch Internist society on management of COVID-19 coagulopathy, published in April 2020, stating that thrombosis prophylaxis should be offered to all patients admitted to the hospital with or because of COVID-19, and that high-intensity thrombosis prophylaxis may be considered in patients admitted to an ICU because of or with COVID-19.

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>
The Netherlands Organisation for Health Research and Development	Post-hoc analysis of Dutch COVID-19 cases to identify predictors of thrombotic complications and the long-term impact of thrombotic complications	Co-applicant	June 2021

### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

### Career Advancement

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

I would receive full support by my department and mentors, where necessary.

### Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

### Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

I am an internist with a specialty in vascular medicine. Among others, I am responsible for thromboprophylaxis and treatment of thrombotic complications in my institution.

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

No

Yes

If yes, please explain:

I am a clinical doctor and as such was fully involved in all aspects of the care for COVID-19 patients; currently the incidence of new cases in the Netherlands is close to zero and number of hospitalized COVID-19 patients in general and also in our hospital is fastly declining.

As of March 2021, the Netherlands is currently facing the third wave of patients.

#### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

#### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	FA
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	FA
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	FA
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	FA
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	FA
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	FA



<i>Policy</i>	<i>Initials</i>
I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	FA
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	FA

Agreed by

Erik Klok

Date

June 6, 2020

### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Rob Kunkle, ASH Staff	6/11/2020	
Eddrika Russell, ASH Staff	6/11/2020	
Menaka Pai, MD, ex officio ASH Guideline Oversight Subcommittee	6/11/2020	Participation approved.

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	6/6/2020	Russell, Kunkle, Pai	Dr. Klok agreed to adhere to the policies described herein.
Dr. Klok disclosed that he is the national coordinator and a member of the steering committee for an investigator-initiated industry-sponsored trial - the HI-PEITHO study, a RCT to compare EKOS treatment with conventional anticoagulation in patients with intermediate-high risk pulmonary embolism (COVID-19 patients are excluded from the study). The trial is sponsored by Boston Scientific.	8/11/2020	Russell, Alexander	Disclosure only.
Dr. Klok disclosed he is a co-applicant of 2 Dutch National grant applications on 1) incidence and risk factors for stroke in COVID-19 patients and 2) determinants of long-COVID. Both grants have been awarded by the Netherlands Organisation for Health Research and Development.	8/11/2020	Russell, Alexander	Disclosure only.
Attestation	8/31/2020	Russell	Dr. Klok agreed to adhere to the policies described herein.
Attestation	3/6/2021	Russell	Dr. Klok agreed to adhere to the policies described herein.
Attestation	8/11/2021	Russell	Dr. Klok agreed to adhere to the policies described herein.
Attestation	9/2/2021	Russell	Dr. Klok agreed to adhere to the policies described herein.
Dr. Klok disclosed he is a co-applicant of 2 Dutch National grant applications on 1) incidence and risk factors for stroke in COVID-19 patients and 2)	1/20/2022	Alexander	Disclosure only.

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
determinants of long-COVID. Both grants have been awarded.			
Dr. Klok disclosed that the study on long-term impact of COVID-19 PE describe above (see Non-Industry Sponsored Research) is ongoing and may be prolonged.	1/20/2022	Alexander	This is an update to a previous disclosure. See Non-Industry Funded Research.
Dr. Klok disclosed he received an unrestricted research grant to support the ICHOM-VTE project, focused on establishing a core outcome set for patients with VTE. The funder is BSCI.	1/20/2022	Alexander	Disclosure only.
Attestation	1/20/2022	Alexander	Dr. Klok agreed to adhere to the policies described herein.
	4/2/2022	Deion Smith, ASH Staff	Dr. Klok confirmed that all information in this form is correct.

## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Yes
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	Yes



ASH Clinical Practice Guidelines  
Participant Information

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## Alfred Lee, MD, PhD

Associate Professor of Medicine (Hematology); Director, Hematology/Oncology Fellowship Program;

Yale School of Medicine

North Haven, Connecticut, USA

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Member of guideline panel

### Profile

Dr. Lee is a hematologist specializing in thrombosis and genomics at Yale University. He has clinical and research expertise in thrombosis and anticoagulation. He has taken a leadership role in developing anticoagulation management guidance for COVID-19 patients at his institution and is the principle investigator of a study of endotheliopathy and coagulopathy in COVID-19.

[June 17, 2020 profile approved by Dr. Lee]

## Section 1. Disclosures Prior to Participation

### Definitions

**Conflict of interest**

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

**Financial interest**

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

**Direct financial interest**

A financial interest that is owned by the individual or received directly by the individual

**Indirect financial interest**

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

**For-profit healthcare company**

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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



Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

### Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>
Jack Levin fund (private donation to Benign	Mechanisms of COVID-19 associated coagulopathy	Principle investigator	Ongoing

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>
Hematology research at Yale)			

### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

### Career Advancement

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

*The support I receive from my institution would not change.*

### Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>
Yale New Haven Health System	Institutional anticoagulation dosing guidelines in COVID-19	Working group member

### Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Benign (classical) hematology, particularly thrombosis and genomics

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

No

Yes

If yes, please explain:

*I have recommended measurements of coagulation studies and also imaging studies in hospitalized and post-hospital discharge patients with COVID-19.*

#### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

#### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:



## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
<p>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</p>	<p>AIL</p>
<p>I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.</p>	<p>AIL</p>
<p>To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.</p>	<p>AIL</p>
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	<p>AIL</p>
<p>I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.</p>	<p>AIL</p>
<p>At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.</p>	<p>AIL</p>

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	AIL
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	AIL

Agreed by Alfred Ian Lee, M.D., Ph.D.

Date June 5, 2020

### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	6/11/2020	
Rob Kunkle, ASH Staff	6/11/2020	
Menaka Pai, MD, ex officio, ASH Guideline Oversight Subcommittee	6/11/2020	Participation approved

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	6/5/2020	Russell, Kunkle	Dr. Lee agreed to adhere to the policies described herein.
Attestation	9/15/2020	Russell	Dr. Lee agreed to adhere to the policies described herein.
Attestation	3/30/2021	Russell	Dr. Lee agreed to adhere to the policies described herein.
Attestation	8/17/2021	Russell	Dr. Lee agreed to adhere to the policies described herein.
Attestation	9/13/2021	Russell	Dr. Lee agreed to adhere to the policies described herein.
Attestation	1/25/2022	Alexander	Dr. Lee agreed to adhere to the policies described herein.
	4/6/2022	Deion Smith, ASH Staff	Dr. Lee confirmed that all information in this form is correct.

## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Yes
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	Yes



ASH Clinical Practice Guidelines  
Participant Information

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Ignacio Neumann, MD, PhD

Assistant Professor

Pontificia Universidad Católica de Chile

Santiago, Chile

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Member of guideline panel; member (unpaid) of the methods team

### Profile

Dr. Neumann is an internist and methodologist at the Pontificia Universidad Católica de Chile. He cares for patients with COVID-19. He brings methodologic expertise, deep experience with GRADE, and a Latin American perspective to these guidelines.

[June 16, 2020 profile approved by Dr. Neumann]

## Section 1. Disclosures Prior to Participation

### Definitions

**Conflict of interest**

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

**Financial interest**

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

**Direct financial interest**

A financial interest that is owned by the individual or received directly by the individual

**Indirect financial interest**

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

**For-profit healthcare company**

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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



Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

### Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

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

### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

### Career Advancement

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

I would anticipate support from my mentor and colleagues.

**Involvement in Organizations With Relevant Policies, Positions, or Guidelines**

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

**Clinical Practice**

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Internal Medicine

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

No

Yes

If yes, please explain:

I provide care for patients with COVID-19, including diagnosis, prophylaxis and treatment of VTE

#### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

#### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:



## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	IN
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	IN
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	IN
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	IN
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	IN
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	IN

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	IN
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	IN

Agreed by Ignacio Neumann

Date June 7, 2020

### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	6/11/2020	
Rob Kunkle, ASH Staff	6/11/2020	
Menaka Pai, MD, ex officio, ASH Guideline Oversight Subcommittee	6/11/2020	Participation approved

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	6/7/2020	Russell, Kunkle	Dr. Neumann agreed to adhere to the policies described herein.
Attestation	9/4/2020	Russell	Dr. Neumann agreed to adhere to the policies described herein.
Attestation	3/30/2021	Russell	Dr. Neumann agreed to adhere to the policies described herein.
Attestation	8/17/2021	Russell	Dr. Neumann agreed to adhere to the policies described herein.
Attestation	9/15/2021	Russell	Dr. Neumann agreed to adhere to the policies described herein.
Attestation	1/31/2022	Alexander	Dr. Neumann agreed to adhere to the policies described herein.
	4/6/2022	Deion Smith, ASH Staff	Dr. Neumann confirmed that all information in the form is correct.

## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Yes
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	Yes



## Robby Nieuwlaat, PhD, MSc

Associate Professor

McMaster University

Hamilton, Ontario, Canada

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Methods Team Member

Methodology Co-Chair of the Guideline Panel (March 2022 - )

### Profile

Dr. Nieuwlaat is Associate Professor in the Department of Health Research Methods, Evidence and Impact at McMaster University. He is a researcher in the MacGRADE Centre, member of the GRADE Working Group, and member of the Red Hat Group to promote broader uptake of core outcome sets. His research interest and expertise include practice guideline development, systematic reviews, quality of care, and best practice implementation. He has served as a systematic review and guideline development methodologist for multiple guidelines related to venous thromboembolism for the American Society of Hematology, as well as control of out-of-hospital life-threatening bleeding for the International Liaison Committee on Resuscitation. Dr. Nieuwlaat is lead author of a highly cited Cochrane review on adherence to self-administered medications, co-created the CHA2DS2-VaSc and HAS-BLED risk scores for atrial fibrillation patients, and published multiple papers on quality of care and therapy persistence among cardiovascular disease patients. He published more than 100 peer-reviewed papers with an H-index of 44.

[July 17, 2020 profile approved by Dr. Nieuwlaat]

## Section 1. Disclosures Prior to Participation

### Definitions

**Conflict of interest**

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

**Financial interest**

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

**Direct financial interest**

A financial interest that is owned by the individual or received directly by the individual

**Indirect financial interest**

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

**For-profit healthcare company**

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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



Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

### Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

### Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>
ASH	VTE guidelines	Systematic review team lead	Ongoing, expected end date January 2021
ASH	VTE guidelines	Panel member – Optimal Management of Anticoagulation	November 2018

### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Supportive of the established methodology we use.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

- 8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

Clinical Practice

- 9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

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

No

Yes

If yes, please explain:

#### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

#### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:



## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	RN
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	RN
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	RN
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	RN
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	RN
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	RN

<i>Policy</i>	<i>Initials</i>
I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	RN
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	RN

Agreed by

Robby Nieuwlaat

Date

July 8, 2020

### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	7/14/2020	
Menaka Pai, MD, ex officio ASH Guideline Oversight Subcommittee	7/14/2020	Participation approved

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	7/8/2020	Russell, Pai	Dr. Nieuwlaat agreed to adhere to the policies described herein.
Attestation	6/29/2021	Russell	Dr. Nieuwlaat agreed to adhere to the policies described herein.
Attestation	9/8/2021	Russell	Dr. Nieuwlaat agreed to adhere to the policies described herein.
Attestation	1/18/2022	Alexander	Dr. Nieuwlaat agreed to adhere to the policies described herein.
	3/30/2022	Deion Smith, ASH Staff	Dr. Nieuwlaat confirmed that all information in this form is correct.

## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Review available evidence + update recommendation 3	March 3, 2022	Yes



Ashok Pai, MD

Benign Hematology and Regional Anticoagulation Program Lead

Kaiser Permanente, Oakland Medical Center

Oakland, California, USA

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Member of Guideline Panel

### Profile

Dr. Pai is a hematologist at Kaiser Permanente (KP) based in Oakland and Richmond, California. He is the clinical lead of the benign hematology program as well as clinical chair of the anticoagulation services for KP. He has clinical and research expertise in thrombosis and has an interest in COVID associated coagulopathy. He has taken on a leadership role in developing anticoagulation management guidance for COVID-19 patients cared for at the 21 medical centers within KP.

[June 17, 2020 profile approved by Dr. Pai]

## Section 1. Disclosures Prior to Participation

### Definitions

<b><i>Conflict of interest</i></b>	A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest
<b><i>Financial interest</i></b>	A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity
<b><i>Direct financial interest</i></b>	A financial interest that is owned by the individual or received directly by the individual
<b><i>Indirect financial interest</i></b>	A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution
<b><i>For-profit healthcare company</i></b>	“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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



Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

### Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>
Kaiser Permanente	COVID associated coagulopathy	Senior Author	7/2020

### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

### Career Advancement

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

My career advancement will not be affected by authorship of these guidelines

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Benign hematology

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

No

Yes

If yes, please explain:

I provide consultative services to physicians who care for COVID patients.

#### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

#### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:



## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	AP
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	AP
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	AP
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	AP
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	AP
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	AP

<i>Policy</i>	<i>Initials</i>
I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	AP
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	AP

Agreed by

ASHOK PAI

Date

June 7, 2020

### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	6/11/2020	
Rob Kunkle, ASH Staff	6/11/2020	
Menaka Pai, MD, ex officio ASH Guideline Oversight Subcommittee	6/11/2020	Participation approved

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	6/07/2020	Russell, Menaka Pai	Dr. Pai agreed to adhere to the policies described herein.
Attestation	8/31/2020	Russell	Dr. Pai agreed to adhere to the policies described herein.
Attestation	3/19/2021	Russel	Dr. Pai agreed to adhere to the policies described herein.
Dr. Pai disclosed that he was involved in a recently published study on the risk of VTE in non-hospitalized/discharged patients with COVID-19, funded by The Permanente Medical Group Delivery Science and Applied Research Program. Dr. Pai reports this study is related to baseline risk, and not associated with any therapeutic interventions.	4/7/2021	Russell, Terrell	Disclosure only
Attestation	4/21/2021	Russell	Dr. Pai agreed to adhere to the policies described herein.
Dr. Pai disclosed he was involved in a recently published study on baseline risk for VTE in hospitalized patients with COVID-19, funded by the Kaiser Permanente Division of Research. Dr. Pai reports this research is not associated with any therapeutic interventions.	7/21/2021	Russell, Terrell	Disclosure only
Attestation	8/16/2021	Russell	Dr. Pai agreed to adhere to the policies described herein.
Attestation	9/2/2021	Russell	Dr. Pai agreed to adhere to the policies described herein.
Attestation	1/27/2022	Alexander	Dr. Pai agreed to adhere to the policies described herein.
	4/1/2022	Deion Smith, ASH Staff	Dr. Pai confirmed that all information in this form is correct.

## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Yes
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	Yes



ASH Clinical Practice Guidelines  
Participant Information

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Marc Righini, MD

Full Professor - Group Leader

University of Geneva

Switzerland

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Member of Guideline Panel

### Profile

Dr. Righini is board-certified in Internal Medicine and in Angiology. He is currently full professor and Head of the Division of Angiology and Hemostasis, Geneva University Hospitals in Switzerland. His primary research interest is the diagnosis and management of venous thromboembolism (VTE) disease. He studied the diagnostic value of signs and symptoms for the diagnosis of VTE, worked on the simplification of diagnostic strategies for pulmonary embolism, and validated the age adjusted cut-off for patients with suspected pulmonary embolism. He is involved in both the ASH and the ESC guidelines for VTE diagnosis.

[June 24, 2020 profile approved by Dr. Righini]

## Section 1. Disclosures Prior to Participation

### Definitions

<b><i>Conflict of interest</i></b>	A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest
<b><i>Financial interest</i></b>	A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity
<b><i>Direct financial interest</i></b>	A financial interest that is owned by the individual or received directly by the individual
<b><i>Indirect financial interest</i></b>	A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution
<b><i>For-profit healthcare company</i></b>	“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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



Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Bayer	Voyager PAD study	Local PI	10.03.2020	

### Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

Many investigator-driven studies/ ESC guidelines on PE diagnosis and management/ ASH guidelines for VTE diagnosis

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

### Career Advancement

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

None.

### Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

### Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Internal medicine/ Angiology

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

No

Yes

If yes, please explain:

Standard vascular medicine practice

#### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

#### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:



## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	MR
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	MR
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	MR
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	MR
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	MR
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	MR

<i>Policy</i>	<i>Initials</i>
I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	MR
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	MR

Agreed by

Marc Righini

Date

June 19, 2020

### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	6/19/2020	
Menaka Pai, MD, ex officio ASH Guideline Oversight Subcommittee	6/19/2020	Participation approved

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	6/19/2020	Russell, Pai	Dr. Righini agreed to adhere to the policies described herein.
Attestation	8/31/2020	Russell	Dr. Righini agreed to adhere to the policies described herein.
Attestation	3/19/2021	Russell	Dr. Righini agreed to adhere to the policies described herein.
Attestation	8/11/2021	Russell	Dr. Righini agreed to adhere to the policies described herein.
Attestation	9/8/2021	Russell	Dr. Righini agreed to adhere to the policies described herein.
Attestation	1/25/2022	Alexander	Dr. Righini agreed to adhere to the policies described herein.
	3/31/2022	Deion Smith, ASH Staff	Dr. Righini confirmed that all information in this form is correct.

## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Yes
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	Yes



ASH Clinical Practice Guidelines  
Participant Information

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Kristen M. Sanfilippo, MD, MPH

Assistant Professor, Department of Medicine, Hematology Division

Washington University School of Medicine in St. Louis

St. Louis, MO, United States

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Member of Guideline Panel

### Profile

Dr. Sanfilippo is a hematologist at Washington University School of Medicine in St. Louis. She has clinical and research expertise in thrombosis, and an interest in practice patterns surrounding anticoagulation in COVID-19 patients. She has taken a leadership role in developing anticoagulation management guidance for COVID-19 patients at her institution.

[June 15, 2020 profile approved by Dr. Sanfilippo]

## Section 1. Disclosures Prior to Participation

### Definitions

**Conflict of interest**

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

**Financial interest**

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

**Direct financial interest**

A financial interest that is owned by the individual or received directly by the individual

**Indirect financial interest**

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

**For-profit healthcare company**

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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



Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Janssen \$111.39	Food (unsure reason)	9/26/2018	
Pfizer \$2925.00	Consulting Fee (Understanding patients with cancer associated thrombosis)	10/29/2018	
Pfizer \$265.16	Travel/Lodging (for above consulting)	10/29/2018	
AstraZeneca \$1253.49	Travel/Lodging/Food for Mandatory Investigator Meeting (see indirect below)	11/10/2018	
Bayer HealthCare Pharmaceuticals \$5000.00	Consulting Fee – Radium 223	12/08/2018	
Bayer HealthCare Pharmaceuticals \$1234.69	Travel/Lodging Food for Consulting Meeting (above)	12/08/2018	
Amgen Inc \$5.01	Coffee Meeting (Nplate)	2/19/2019	
Amgen Inc \$26.03	Lunch Meeting (Xgeva)	6/17/2019	

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Amgen Inc \$114.24	Study Meeting Meal (Discuss Prostate Cancer Research possibilities using VA data)	8/21/2019	
Amgen Inc \$8.81	Coffee Meeting (Nplate)	10/08/2019	

#### My Partner's or Spouse's Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

#### Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

I do not believe relevant to the work of developing these guidelines; however, for the sake of completeness have listed everything.

Expert Review (No testimony, no court)

1. Anticoagulant-Related Bleeding Malpractice Case: \$4811.25, work ended 10/15/2019
2. Post-op PE Malpractice Case: \$2718.75, work ended 5/29/2019.

## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Astellas Pharma Global \$16,150.00	Prostate cancer trial at the VA. (Observational study). Funds paid to the VA and cover the cost of the research coordinator.	Site PI  This study is closed to accrual.  I am in the process of transferring PI to my colleague effective date 6/1/2020	Last payment 7/14/19	

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
AstraZeneca Pharmaceuticals LP \$13,297.13	Prostate cancer trial at the VA. Funds paid to the VA and cover the cost of the research coordinator.  Abiraterone/Olaparib vs. Abiraterone/Placebo for first-line mCRPC	Site PI  This study is closed to accrual.  I am in the process of transferring PI to my colleague effective date 6/1/2020	Last payment 12/31/19	

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

### Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

1. I am second author on an observational study regarding survey analysis of practice patterns for COVID-coagulopathy. The article summarized the current literature and described current practice patterns based on survey responses. It is under review at RPTH.
2. I co-administered Medicine GrandRounds on COVID Coagulopathy at WUSTL
3. I co-wrote institutional guidelines for COVID Coagulopathy at WUSTL

### Non-Industry Supported Research

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

No: I do not believe my research is relevant to the topic of these guidelines, however, listed all funded research for the sake of completeness.

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>
American Cancer Society IRG-18-158-61-04	Risk of VTE in Myeloma (Biomarkers)	PI	12/31/2020
NHLBI 1K01HL136893-01	Risk of VTE in Myeloma (Risk Prediction Model)	PI	12/31/2020
NIH Loan Repayment Program NHLBI	Risk of VTE in Myeloma	PI	6/30/2019

#### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

### Career Advancement

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

To my knowledge, the only relation to my institution would be for consideration of my next promotion to Associate Professor.

### Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

### Clinical Practice

9. Do you see patients clinically?

No



Yes

If yes, what is your primary specialty or subspecialty?

Hematology/Venous Thromboembolism (at WUSTL and the VA)

Oncology/Prostate Cancer (at the VA)

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

No

Yes

If yes, please explain:

I order laboratory tests such as d-dimer to direct the care of my VTE patients as well as venous doppler US and CT scans.

#### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

#### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	kms
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	kms
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	kms
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	kms
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	kms
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	kms

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	kms
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	kms

Agreed by Kirsten Sanfilippo

Date June 7, 2020

### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	6/11/2020	
Rob Kunkle, ASH Staff	6/11/2020	
Menaka Pai, MD, ASH Guideline Oversight Subcommittee	6/11/2020	Participation approved

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	6/7/2020	Russell, Pai	Dr. Sanfilippo agreed to adhere to the policies described herein.
Dr. Sanfilippo received direct payments of \$2,100 from Health Services Advisory Group for serving as Research Consultant on Risk factors for anticoagulant associated bleeding.	8/31/2020	Russell, Pai	Disclosure only.
Dr. Sanfilippo received direct payments of \$900 from Covington & Burling LLP for an expert case review of a now closed case on anticoagulant associated bleeding.	8/31/2020	Russell, Pai	Disclosure only
Attestation	8/31/2020	Russell	Dr. Sanfilippo agreed to adhere to the policies described herein.
Dr. Sanfilippo received a NIH loan repayment program award; expected to end 6/30/2021. This activity is not related to the guideline topic.	10/30/2020	Russell, Pai	Disclosure only
To clarify the disclosures above, Dr. Sanfilippo confirmed that she received transfers of value, not direct payments, for the Amgen and AstraZeneca activities that occurred on 10/8/2019 and 11/10/2018.	11/2/2020	Russell	This is an update to a previous disclosure.
Attestation	3/29/2021	Russell	Dr. Sanfilippo agreed to adhere to the policies described herein.
Dr. Sanfilippo disclosed she received direct payments of \$1300 from Health Services Advisory Group for serving as Research Consultant on Risk factors for anticoagulant associated bleeding in July 2021.	8/16/2021	Russell, Terrell	Disclosure only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Dr. Sanfilippo disclosed she received direct payment from the American Society of Hematology for serving as CRTI faculty for the 2020-2021 class.	8/16/2021	Russell, Terrell	Disclosure only
Attestation	8/18/2021	Russell	Dr. Sanfilippo agreed to adhere to the policies described herein.
Attestation	9/2/2021	Russell	Dr. Sanfilippo agreed to adhere to the policies described herein.
Dr. Sanfilippo disclosed she received indirect payment (funds were paid to her institution) from Sanofi for an education talk for the International VTE Safety Zone Program 2021. The title of the talk was "Cancer and VTE: From risk assessment to optimal pharmacological management of the patient"	1/24/2022	Alexander	Disclosure only
Attestation	1/24/2022	Alexander	Dr. Sanfilippo agreed to adhere to the policies described herein.
	4/5/2022	Deion Smith, ASH Staff	Dr. Sanfilippo confirmed that all information in this form is correct.

## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Yes
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	Yes



ASH Clinical Practice Guidelines  
Participant Information

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Holger J. Schünemann, MD, MSc, PhD

Professor of Clinical Epidemiology and of Medicine

McMaster University

Hamilton, Ontario, Canada

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Methodology co-chair of Guideline Panel (June 2020 – February 2022)

Member of Guideline Panel (June 2020 - )

### Profile

Dr. Schünemann is an internist and methodologist at McMaster University. He cares for patients with COVID-19, and was involved in the development of ASH's VTE guidelines. He brings methodologic expertise and deep experience with GRADE to these guidelines.

[June 16, 2020 profile approved by Dr. Schünemann]



## Section 1. Disclosures Prior to Participation

### Definitions

**Conflict of interest**

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

**Financial interest**

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

**Direct financial interest**

A financial interest that is owned by the individual or received directly by the individual

**Indirect financial interest**

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

**For-profit healthcare company**

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

### Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

<i>Organization</i>	<i>Description and role</i>	<i>Paid or Unpaid?</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Evidence Prime	Support with GRADEpro development	Unpaid	ongoing	

#### Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

ASH VTE guidelines on prevention and treatment.

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>
ASH	Funding from ASH for doing methods work and systematic reviews.	PI	ongoing

### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:



### Career Advancement

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

Research publications lead to career advancement and it will undoubtedly help me although I have advanced in my career and the additional gain is marginal.

### Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

### Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Internal medicine.

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

No

Yes

If yes, please explain:

LMWH, tests for DVT/PE

#### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

#### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	HJS
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	HJS
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	HJS
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	HJS
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	HJS
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	HJS

<i>Policy</i>	<i>Initials</i>
I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	HJS
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	HJS

Agreed by

HOLGER SCHUNEMANN

Date

June 12, 2020

### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	6/12/2020	
Menaka Pai, MD, ASH Guideline Oversight Subcommittee	6/12/2020	Participation approved

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	6/12/2020	Russell, Kunkle	Dr. Schünemann agreed to adhere to the policies described herein.
Attestation	9/14/2020	Russell	Dr. Schünemann agreed to adhere to the policies described herein.
Dr. Schunemann disclosed that he received direct funding from the Canadian Government (CIHR) in 2020 and the World Health Organization (WHO) in 2021 to work on COVID-19 recommendation maps.	5/14/2021	Russell, Alexander	Disclosure only.
Attestation	5/24/2021	Russell	Dr. Schünemann agreed to adhere to the policies described herein.
Dr. Schunemann disclosed that, as the Nominated Principle Applicant , he received direct funding from CIHR to maintain the recommendation maps previously disclosed and for using the map in knowledge mobilization activities to support decision-making by public citizens.	8/17/2021	Russell, Alexander	Disclosure only.
Attestation	8/18/2021	Russell	Dr. Schünemann agreed to adhere to the policies described herein.
Attestation	9/14/2021	Russell	Dr. Schünemann agreed to adhere to the policies described herein.
Attestation	1/29/2022	Alexander	Dr. Schünemann agreed to adhere to the policies described herein.
	4/4/2022	Deion Smith, ASH Staff	Dr. Schünemann confirmed that all information in the form is correct.

## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Yes
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	Yes



ASH Clinical Practice Guidelines  
Participant Information

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## Deborah Siegal, MD, MSc

Assistant Professor, Department of Medicine

University of Ottawa

Ottawa, Ontario, Canada

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Member of Guideline Panel (June 2020 – February 2022)

Clinical Co-Chair of Guideline Panel (March 2022 - )

### Profile

Dr. Siegal is a hematologist specializing in thrombosis at the University of Ottawa. She has clinical and research expertise in thrombosis, and interests in bleeding complications associated with anticoagulant therapy, the risk of venous thromboembolism after hospitalization for COVID-19, and the impact of COVID-19 on patients with benign hematology conditions.

[June 18, 2020 profile approved by Dr. Siegal. April 6, 2022, profile updated by Dr. Siegal.]



## Section 1. Disclosures Prior to Participation

### Definitions

**Conflict of interest**

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

**Financial interest**

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

**Direct financial interest**

A financial interest that is owned by the individual or received directly by the individual

**Indirect financial interest**

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

**For-profit healthcare company**

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Portola	consultant meetings	October 27, 2019	
BMS-Pfizer	consultant meetings, presentation	April 31, 2020	
Leo Pharma	consultant meetings	May 14, 2020	

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

### Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Novartis	Inflammation in Ph Negative MPNs (non-interventional, investigator initiated)	Co-investigator	ongoing	

### Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

<i>Organization</i>	<i>Description and role</i>	<i>Paid or Unpaid?</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Thrombosis Canada	Board of Directors	Unpaid	ongoing	

#### Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

Thrombosis and COVID-19: FAQs for Current Practice (ACC)

<https://www.acc.org/latest-in-cardiology/articles/2020/04/17/14/42/thrombosis-and-coronavirus-disease-2019-covid-19-faqs-for-current-practice>

An FAQ on the potential impact of COVID-19 on thrombotic and/or bleeding risk from ACC's Science and Quality Committee summarize the current data on the risk, potential need for hemostasis/coagulation testing, VTE prophylaxis, and therapeutic anticoagulation in patients with COVID-19 without confirmed/suspected thrombosis.

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>
Under review by CIHR and PSI Foundation  Dr. Siegal informed ASH Staff on 4/6/2022 that CIHR funded her research.	Risk of Venous Thromboembolism after Hospitalization for COVID-19 (non-interventional cohort study)	Principal investigator	

#### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No



Yes

If yes, please explain:

### Career Advancement

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

My institution (McMaster University) advocates strongly for methodologically rigorous guideline development. I have the full support of my mentor and institution.

### Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

### Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Hematology/Thrombosis Medicine

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

No

Yes

If yes, please explain:

I practice inpatient and outpatient Thrombosis Medicine and advise on the diagnosis and treatment of confirmed or suspected thromboembolism including antithrombotic therapy use. This includes managing assessing antithrombotic therapy in patients at high risk of venous thromboembolism (e.g. post-operative).

#### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

#### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	DS
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	DS
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	DS
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	DS
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	DS
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	DS

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	DS
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	DS

Agreed by Deborah Siegal  
Date June 9, 2020

### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	6/17/2020	
Rob Kunkle, ASH Staff	6/17/2020	
Menaka Pai, MD, ex officio, ASH Guideline Oversight Subcommittee	6/17/2020	Participation approved

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	6/9/2020	Russell, Pai	Dr. Siegal agreed to adhere to the policies described herein.
Attestation	9/14/2020	Russell	Dr. Siegal agreed to adhere to the policies described herein.
Dr. Siegal disclosed that the research study on risk of Venous Thromboembolism after Hospitalization for COVID-19 (non-interventional cohort study) [mentioned above] was funded by CIHR (not funded by PSI Foundation).	10/30/2020	Russell, Pai	This is an update to a previous disclosure.
Dr. Siegal disclosed that on October 13, 2020, she conducted an educational presentation for Thrombosis Canada (a not-for-profit organization) as part of World Thrombosis Day on Cancer Associated Thrombosis. She has not received an honorarium for this presentation. Thrombosis Canada will be paying an honorarium to her institution – Ottawa Hospital Research Institute.	10/30/2020	Russell, Pai	Disclosure only
Attestation	4/20/2021	Russell	Dr. Siegal agreed to adhere to the policies described herein.
Dr. Siegal disclosed that in October 2020 and January 2021, she gave two educational presentations relevant to the content of the ASH guidelines: (1) Venous Thromboembolism after Hospitalization for COVID-19, Thrombosis-Canada VECTOR Annual Meeting, and (2) COVID-19 and Thrombosis, Best of Hematology Virtual Conference.	3/21/2021	Russell, Alexander	Disclosure only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Both presentations paid honorarium to her institution.			
<p>Dr. Siegal disclosed that she gave educational presentations not relevant to the content of the ASH guidelines:</p> <ol style="list-style-type: none"> <li>1. My Patient with AF had a Major Bleed on DOAC: What Now? Cardiology Update, McMaster University (Nov 7, 2020)</li> <li>2. Emergency Reversal of DOAC Therapy: Current Evidence on Best Approaches Thrombosis and Hemostasis Society of North America (Oct 29, 2020)</li> <li>3. Balancing and Managing: Clinical Pearls for DOAC Use, Northern Ontario Nurse Practitioner Virtual Event (March 5, 2021)</li> <li>4. NOAC Related Bleeding: A Hematologist's Perspective, Winter Webinar Series (Nov 25, 2020)</li> <li>5. Treatment of Cancer Associated Thrombosis: Maximizing Benefit and Minimizing Harm (Feb 11, 2021)</li> </ol> <p>All presentations paid honorarium to her institution.</p>	3/21/2021	Russell, Alexander	Disclosure only
Dr. Siegal disclosed that she was a member of the Protocol Development Committee for a research study on ACTIV-IVc Post-Hospitalization Thrombosis Prevention, funded by the NIH.	3/21/2021	Russell	Disclosure only
Dr. Siegal disclosed she gave educational presentations on unrelated topics, where payment was not received:	8/12/2021	Russell	Disclosure only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
<ul style="list-style-type: none"> <li>• Reversing DOACs Providing Answers on When, Why and How/ ISTH 2021 Congress, Philadelphia, US (virtual) (July 18, 2021)</li> <li>• Management of Antithrombotic Therapy after Gastrointestinal Bleeding/ ISTH 2021 Congress, Philadelphia, US (virtual) (July 17, 2021)</li> <li>• Anticoagulation Trivia Test Your Knowledge/ American College of Cardiology ACC.21 Meeting (virtual) (May 15, 2021)</li> <li>• DOAC-Associated Bleeding Management/ Cardiology Rounds, University of Ottawa Heart Institute (May 12, 2021)</li> <li>• DOACs and Reversal in High-Risk Situations/ International Society of Thrombosis and Haemostasis Webinar (virtual) (April 14, 2021)</li> </ul>			
<p>Dr. Siegal disclosed she gave educational presentations on unrelated topics, where indirect funding was received via her institution:</p> <ul style="list-style-type: none"> <li>• Duration of Anticoagulation for VTE and the Role of Thrombophilia Testing, Kuwait Thrombosis &amp; Hemostasis webinar Series 2021: Approach, Challenges and Updates (March 28, 2021)</li> </ul>	8/12/2021	Russell	Disclosure only



<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
<ul style="list-style-type: none"> <li>Balancing and Managing: Clinical Pearls for DOAC Use in the Elderly (March 25, 2021)</li> <li>Management of Anticoagulant-Related Bleeding , Kuwait Thrombosis &amp; Hemostasis webinar Series 2021: Approach, Challenges and Updates (March 20, 2021)</li> </ul>			
<p>Dr. Siegal disclosed she gave educational presentations on related topics, where indirect funding was received via her institution:</p> <p>Anticoagulation for the prevention of thrombosis associated with COVID-19 and biomarker for patient monitoring/ COVID Virtual Event – Mexico (June 2, 2021)</p>	8/12/2021	Russell	Disclosure only
<p>Dr. Siegal disclosed she gave educational presentations on related topics, where payment was not received:</p> <ul style="list-style-type: none"> <li>COVID-19 Coagulopathy: Lessons Learned So Far/ American Thoracic Society Annual Meeting (virtual) (May 12, 2021)</li> <li>Venous Thromboembolism after Hospitalization for COVID-19/ Department of Medicine Grand Rounds, University of Ottawa (April 7, 2021)</li> </ul> <p>COVID-19 and Thrombosis/ Highlights of ASH (virtual) (March 1, 2021)</p>	8/12/2021	Russell	Disclosure only
Dr. Siegal disclosed she was a member of the Adjudication	8/12/2021	Russell	Disclosure only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Committee for the ATTACC, ACTIV-IVa and ACTIV-IVb trials where she reviewed event reports and documents submitted by the sites to determine whether bleeding or venous thromboembolic events occurred in a given participant. No direct/indirect funding received to date, but if honorarium is received, it will be paid directly to institution.`			
Attestation	8/17/2021	Russell	Dr. Siegal agreed to adhere to the policies described herein.
Dr. Siegal disclosed she published article for ACC Cardiology Magazine "COVID-19 and Thrombosis Prevention" at <a href="https://www.acc.org/Latest-in-Cardiology/Articles/2021/08/31/12/21/COVID-19-and-Thrombosis-Prevention">https://www.acc.org/Latest-in-Cardiology/Articles/2021/08/31/12/21/COVID-19-and-Thrombosis-Prevention</a> . She did not receive any honoraria for this.	9/13/2021	Russell	Disclosure only
Attestation	9/15/2021	Russell	Dr. Siegal agreed to adhere to the policies described herein.
Dr. Siegal disclosed that she served on the Anticoagulation Forum Board of Directors in an unpaid, ongoing position.	4/6/2022	Deion Smith, ASH Staff  Dee Terrell, PhD, Ex Officio ASH Guideline Oversight Subcommittee	Disclosure Only
	4/6/2022	Smith	Dr. Siegal confirmed that all information in this form is correct.

## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Yes
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	Yes



ASH Clinical Practice Guidelines  
Participant Information

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Mike Skara

Patient Representative

Cottage Grove, Minnesota

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Member of Guideline Panel

### Profile

Mike Skara is 46 years old and lives in Cottage Grove, Minnesota. He currently works two jobs as a Sales Director, for the last 7 years, and a Lieutenant/EMT for 18 years now. He is married with two kids – 21 and 23 years old. One and a half years ago, he was diagnosed with Multiple Myeloma (MM). He is currently in remission and is doing great! In March 2020, Mr. Skara was diagnosed with Covid-19, and was symptomatic for about 2 weeks. He has now recovered and has returned to his immunotherapy for multiple myeloma.

[June 25, 2020 profile approved by Mr. Skara]

## Section 1. Disclosures Prior to Participation

### Definitions

<b>Conflict of interest</b>	A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest
<b>Financial interest</b>	A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity
<b>Direct financial interest</b>	A financial interest that is owned by the individual or received directly by the individual
<b>Indirect financial interest</b>	A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution
<b>For-profit healthcare company</b>	“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

### Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:



## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

### Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

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

### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

### Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

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

No

Yes

If yes, please explain:

### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	MS
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	MS
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	MS
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	MS
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	MS
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	MS

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	MS
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	MS

Agreed by

Mike Skara

Date

June 19, 2020



### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	6/26/2020	
Menaka Pai, MD, ex officio ASH Guideline Oversight Subcommittee	6/26/2020	Participation approved

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	6/24/2020	Russell, Pai	Mr. Skara agreed to adhere to the policies described herein.
Attestation	9/1/2020	Russell	Mr. Skara agreed to adhere to the policies described herein.
Attestation	3/9//2021	Russell	Mr. Skara agreed to adhere to the policies described herein.
Attestation	8/16/2021	Russell	Mr. Skara agreed to adhere to the policies described herein.
Attestation	9/13/2021	Russell	Mr. Skara agreed to adhere to the policies described herein.
	4/5/2022	Deion Smith, ASH Staff	Mr. Skara confirmed that all information in this form is correct.

## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	No
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes



ASH Clinical Practice Guidelines  
Participant Information

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Deirdra Terrell, MPH, PhD

Associate Professor of Epidemiology

University of Oklahoma Health Sciences Center

Oklahoma City, Oklahoma, USA

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Ex Officio for Guideline Oversight Subcommittee, Member of Guideline Panel

### Profile

Dr. Terrell is an Associate Professor in the Department of Biostatistics and Epidemiology at the University of Oklahoma Health Sciences Center. She has a President's Associates Presidential Professorship. She is a clinical epidemiologist and her main research interests include diseases of platelet disorders, specifically thrombotic thrombocytopenic purpura and immune thrombocytopenia. Dr. Terrell currently has a career development grant from the National Institutes of Health with the focus on improving patient reported outcomes in survivors of thrombotic thrombocytopenic purpura. In addition to benign hematology, Dr. Terrell is passionate about research focused on racial disparities and depression.

[March 5, 2021 profile approved by Dr. Terrell]

## Section 1. Disclosures Prior to Participation

### Definitions

**Conflict of interest**

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

**Financial interest**

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

**Direct financial interest**

A financial interest that is owned by the individual or received directly by the individual

**Indirect financial interest**

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

**For-profit healthcare company**

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Takeda	TTP patient Advisory Board	9/10/2020	

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:



## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

### Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

#### Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain: I have a NHLBI K01 grant

## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

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

### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

### Career Advancement

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

I am supported to work on these guidelines

### Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

### Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

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

No

Yes

If yes, please explain:

### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	DRT
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	DRT
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	DRT
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	DRT
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	DRT
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	DRT

<i>Policy</i>	<i>Initials</i>
I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	DRT
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	DRT

Agreed by

Deirdra Terrell

Date

March 2, 2021



### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	3/5/2021	
Menaka Pai, MD, ex officio, ASH Guideline Oversight Subcommittee	3/5/2021	Participation approved

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	3/2/2021	Russell	Dr. Terrell agreed to adhere to the policies described herein.
Dr. Terrell disclosed she received indirect funding to her institution in 2020, as an honorarium, from the American Society of Hematology for her role as CRTI faculty.	8/17/2021	Russell, Alexander	Disclosure only
Dr. Terrell disclosed she gave an educational talk on TTP for patients and families for the ReeWynn Foundation TTP Education Day and was paid \$200.	8/17/2021	Russell, Alexander	Disclosure only
Attestation	8/18/2021	Russell	Dr. Terrell agreed to adhere to the policies described herein.
Dr. Terrell disclosed she received direct payment from Sanofi for consulting on racial disparities in patients with TTP.	1/27/2022	Alexander, Pai	Disclosure only
Attestation	1/27/2022	Alexander	Dr. Terrell agreed to adhere to the policies described herein.
	4/4/2022	Deion Smith, ASH Staff	Dr. Terrell confirmed that all information in the form is correct.

## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	N/A
Prioritize guideline questions.	July 8, 2020	N/A
Review available evidence	September 30, 2020	N/A
Form recommendations 1&2	October 8, 2020	N/A
Review public comments.	October 27, 2020	N/A
Develop guideline report for publication.	October 27, 2020	N/A
Receive orientation	March 5, 2021 (with Dr. Menaka Pai)	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Yes
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	Yes



Kamshad Touri

Patient Representative

Vaughan, Ontario, Canada

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## Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

## Role

Member of Guideline Panel

## Profile

Kamshad Touri, born in Tehran, Iran, completed medical school in Iran and was a medical officer of health for the southern region, during his underservice area placement.

In 2003, Mr. Touri moved to Canada where he worked as a research assistant in cognitive neurology for 6 years. After completing the physician's assistant (PA) program at University of Toronto, he worked as a hospitalist PA at Princess Margaret Hospital. Later, he initiated and headed the oncology team within the General Internal Medicine department at Toronto General Hospital.

Since the beginning of the Covid-19 pandemic, his team became the covid-19, cancer team.

[July 6, 2020 profile approved by Mr. Touri]

## Section 1. Disclosures Prior to Participation

### Definitions

**Conflict of interest**

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

**Financial interest**

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

**Direct financial interest**

A financial interest that is owned by the individual or received directly by the individual

**Indirect financial interest**

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

**For-profit healthcare company**

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

### Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:



## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

### Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

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

### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

### Career Advancement

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

It does not make any difference in the support I will receive.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Work as Physician Assistant, under supervision of a physician in General Internal Medicine.

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

No

Yes

If yes, please explain:

#### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

#### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	KT
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	KT
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	KT
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	KT
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	KT
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	KT

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	KT
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	KT

Agreed by Kamshad Touri

Date June 23, 2020



### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	6/26/2020	
Menaka Pai, MD, ex officio, Guideline Oversight Subcommittee	6/26/2020	Participation approved

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	6/23/2020	Russell, Pai	Mr. Touri agreed to adhere to the policies described herein.
Attestation	9/2/2020	Russell	Mr. Touri agreed to adhere to the policies described herein.
Attestation	3/29/2021	Russell	Mr. Touri agreed to adhere to the policies described herein.
Attestation	8/16/2021	Russell	Mr. Touri agreed to adhere to the policies described herein.
Attestation	9/13/2021	Russell	Mr. Touri agreed to adhere to the policies described herein.
Attestation	1/25/2022	Alexander	Mr. Touri agreed to adhere to the policies described herein.

## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes



ASH Clinical Practice Guidelines  
Participant Information

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Eric Tseng, MD, MSc

Clinician-Teacher

St. Michael's Hospital

Toronto, Ontario, Canada

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### Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients With COVID-19

### Role

Member of Guideline Panel

### Profile

Dr. Tseng is a hematologist specializing in thrombosis at St. Michael's Hospital. He has clinical and research expertise in thrombosis. As a clinician-teacher, he brings deep expertise and experience in knowledge translation and development of educational materials to support clinical practice guidelines.

[June 17, 2020 profile approved by Dr.Tseng]

## Section 1. Disclosures Prior to Participation

### Definitions

<b>Conflict of interest</b>	A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest
<b>Financial interest</b>	A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity
<b>Direct financial interest</b>	A financial interest that is owned by the individual or received directly by the individual
<b>Indirect financial interest</b>	A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution
<b>For-profit healthcare company</b>	“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

### Part A. Direct Financial Interests

#### Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

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

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Fresenius Pharmaceuticals	Advisory Board for intravenous iron (hourarium of \$1,000 CAD)	April 10, 2019	

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:



## Part B. Indirect Financial Interests

### Institutional Research Funded by For-Profit Healthcare Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

### Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

## Part C. Relevant Other Interests That Are Not Mainly Financial

### 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?

My views were published in a webinar for Thrombosis Canada; the content is accessible here:

<https://www.youtube.com/watch?v=nvyWyXSSQAE&t=2017s>

### Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>
St. Michael's Hospital Foundation	RAPID COVID COAG: randomized trial of therapeutic vs. standard dose prophylaxis in medical inpatients with COVID19	Site investigator Medical monitor	July 2021 (tentative)

### Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

I would receive tremendous support from my institution and mentors were there to be a positive response to these guidelines.

As an early career academic thrombosis physician, this would be helpful in establishing my area of expertise within the hospital and division which would facilitate future research and quality improvement collaborations, and aid in establishing a thrombosis clinical service. My involvement would also enable my opportunities for knowledge translation and continuing professional development both locally and nationally.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Benign hematology, thrombosis medicine

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

No

Yes

If yes, please explain:

As a clinical hematologist I am involved in order investigations for VTE diagnosis (ultrasound, CT scans, etc.) along with diagnostic tests for COVID. I am also involved in the prophylaxis and treatment of patients with COVID and established thrombosis.

#### Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

#### Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

## Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	ET
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	ET
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	ET
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> <li>• Any <b>direct financial interest</b> of myself or my partner or spouse in any <b>for-profit healthcare company or companies</b>, if such interests in aggregate may be reasonably valued to be &gt;\$5,000/year, regardless of relevance to the guidelines</li> <li>• Any noneducational speaking by myself on behalf of any <b>for-profit healthcare company</b> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</li> <li>• Consulting or advising about the marketing of products by any <b>for-profit healthcare company</b> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</li> <li>• Simultaneous participation on guidelines by another organization on the same topic</li> <li>• Any <i>undisclosed</i> financial interest in any <b>for-profit healthcare company</b> occurring in the 24 months prior to my participation on these guidelines</li> </ul>	ET
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	ET
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	ET

<i>Policy</i>	<i>Initials</i>
I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	ET
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	ET

Agreed by

Eric Tseng

Date

June 10, 2020



### Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

<i>Name, Role</i>	<i>Date</i>	<i>Management Notes</i>
Eddrika Russell, ASH Staff	6/11/2020	
Menaka Pai, MD, ex officio, ASH Guideline Oversight Subcommittee	6/11/2020	Participation approved

## Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

<i>Disclosure or attestation</i>	<i>Date</i>	<i>Reviewed by</i>	<i>Management Notes</i>
Attestation	6/10/2020	Russell, Pai	Dr. Tseng agreed to adhere to the policies described herein.
Attestation	9/2/2020	Russell	Dr. Tseng agreed to adhere to the policies described herein.
Attestation	3/5/2021	Russell	Dr. Tseng agreed to adhere to the policies described herein.
Attestation	8/16/2021	Russell	Dr. Tseng agreed to adhere to the policies described herein.
Attestation	9/2/2021	Russell	Dr. Tseng agreed to adhere to the policies described herein.
Attestation	1/27/2022	Alexander	Dr. Tseng agreed to adhere to the policies described herein.
	4/2/2022	Deion Smith, ASH Staff	Dr. Tseng confirmed that all information in this form is correct.

## Section 5. Participation and Recusal History

For ASH Internal Use Only

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Yes
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	Yes