ICMJE DISCLOSURE FORM

Date: 6/22/2026

Your Name: Nicolas Parnell

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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Date: 6/22/2026

Your Name: Xiao Cao

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

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Date: 6/22/2026

Your Name: Jan Beumer

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

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Date: 6/22/2026

Your Name: Thomas Braun

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

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Date: 6/22/2026

Your Name: Yilei Cui

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

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Date: 6/22/2026

Your Name: Gary Fisher

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

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Date: 6/22/2026

Your Name: Guoqing Hou

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

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Date: 6/22/2026

Your Name: Julianne Holleran

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

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Date: 6/22/2026

Your Name: Tracey Churay

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

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Date: 6/22/2026

Your Name: Michelle Rozwadowski

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

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Date: 6/22/2026

Your Name: Luna Heider

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

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11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 6/22/2026

Your Name: Mark Vander Lugt

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 6/22/2026

Your Name: Carrie Kitko

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

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ICMJE DISCLOSURE FORM

Date: 6/22/2026

Your Name: April Rahrig

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

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ICMJE DISCLOSURE FORM

Date: 6/22/2026

Your Name: Ed Peres

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 6/22/2026

Your Name: Kirsten Williams

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 6/22/2026

Your Name: Julie-An Talano

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 6/22/2026

Your Name: Vanessa Fabrizio

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 6/22/2026

Your Name: Ghada Abusin

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 6/22/2026

Your Name: Greg Yanik

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 6/22/2026

Your Name: John Magenau

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

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11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 6/22/2026

Your Name: Mary Riwes

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

Manuscript Number (if known): Click or tap here to enter text.

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3	Royalties or licenses	☒ **None**	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 6/22/2026

Your Name: Marcus Geer

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 6/22/2026

Your Name: Sarah Anand

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 6/22/2026

Your Name: Monalisa Ghosh

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

Manuscript Number (if known): Click or tap here to enter text.

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Date: 6/22/2026

Your Name: Attaphol Pawarode

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

Manuscript Number (if known): Click or tap here to enter text.

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Date: 6/22/2026

Your Name: Kristen Votruba

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 6/22/2026

Your Name: Pavan Reddy

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 6/22/2026

Your Name: Sung Won Choi

Manuscript Title: Vorinostat for Graft-Versus-Host Disease Prevention in Pediatric, Adolescent, and Young Adult Allogeneic Transplant

Manuscript Number (if known): Click or tap here to enter text.

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