

## ICMJE DISCLOSURE FORM

Date: November 25<sup>th</sup>, 2021  
 Your Name: Satoru Iwasa  
 Manuscript Title: NA  
 Manuscript number (if known): DMR-21-89

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Daiichi Sankyo	research funding to my institution
		ONO	research funding to my institution
		Pfizer	research funding to my institution
		Astellas	research funding to my institution
		Taiho	research funding to my institution
		Eisai	research funding to my institution
		BMS	research funding to my institution
		Bayer	research funding to my institution
		Merck Biopharma	research funding to my institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	ONO Chugai Lilly Daiichi Sankyo Taiho BMS	Honoraria for lectures Honoraria for lectures Honoraria for lectures Honoraria for lectures Honoraria for lectures Honoraria for lectures
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.
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**Please place an "X" next to the following statement to indicate your agreement:**

**I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

## ICMJE DISCLOSURE FORM

Date: November 25<sup>th</sup>, 2021  
 Your Name: Kei Muro  
 Manuscript Title: NA  
 Manuscript number (if known): DMR-21-89

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Solasia Pharma	research funding to my institution
		Merck Serono	research funding to my institution
		Daiichi Sankyo	research funding to my institution
		Parexel International	research funding to my institution
		Pfizer	research funding to my institution
		MSD	research funding to my institution
		Amgen	research funding to my institution
		ONO Pharmaceutical	research funding to my institution
		Astellas	research funding to my institution
		Sanofi	research funding to my institution
		Taiho	research funding to my institution
		Eisai	research funding to my institution

		Novartis Pharma	research funding to my institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	AstraZeneca	Consulting fees
		ONO Pharmaceutical	Consulting fees
		Amgen	Consulting fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	ONO Pharmaceutical	Honoraria for lectures
		Chugai	Honoraria for lectures
		Takeda, Taiho, Sanofi, Bristol-Myers Squibb, Eli Lilly, Bayer	All honoraria for lectures
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	ONO Pharmaceutical	Advisory Board
		MSD	Advisory Board
		AstraZeneca	Advisory Board
		Daiichi Sankyo	Advisory Board
		Solasia Pharma	Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: November 25<sup>th</sup>, 2021  
 Your Name: Junichi Sakamoto  
 Manuscript Title: NA  
 Manuscript number (if known): DMR-21-89

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  x  </u> None	
3	Royalties or licenses	<u>  x  </u> None	
4	Consulting fees	<u>  x  </u> None	
5		<u>  x  </u> None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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