

## ICMJE DISCLOSURE FORM

Date: 31-AUG-2023  
 Your Name: Yasuhiro Nakamura  
 Manuscript Title: Adjuvant therapy for mucosal melanoma in the era of immune checkpoint inhibitors  
 Manuscript number (if known): CCO-23-61-R1

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 type="checkbox"/> None	
		Japan Agency for Medical Research and Development (grant numbers JP23ck0106765h0002)	My institution
		National Cancer Center Research and Development Fund (grant number 2023-J-3)	My institution
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Torii	My institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Novartis	Myself
5		<input type="checkbox"/> None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Bristol Myers-Squibb	Myself
		Kyowa Kirin	Myself
		Maruho	Myself
		MSD	Myself
		Novartis Pharma	Myself
		Ono Pharma	Myself
		Leo Pharma	Myself
		Sun Pharma	Myself
		Tanabe-Mitsubishi Pharma	Myself
		Torii	Myself
		Sanofi	Myself
		Alexion Pharma	Myself
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:**

YN has served as a consultant and/or received honoraria from Merck Sharp & Dohme (MSD), Novartis, Alexion Pharma, Bristol-Myers Squibb (BMS), Leo Pharma, Maruho, Ono Pharma, Sun Pharma, Kyowa Kirin, Torii, Sanofi and Tanabe-Mitsubishi Pharma. YN reported support for this manuscript from the Japan Agency for Medical Research and Development (grant numbers JP23ck0106765h0002) and the National Cancer Center Research and Development Fund (grant number 2023-J-3). YN also reported grants or contracts from Torii for his institution.

**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: 19-AUG-2023

Your Name: Tatsuhiko Mori

Manuscript Title: Adjuvant therapy for mucosal melanoma in the era of immune checkpoint inhibitors

Manuscript number (if known): CCO-23-61-R1

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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	<input type="checkbox"/> None	
		Ono	Myself
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

TM received honoraria from Ono Pharma

**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.