

ICMJE DISCLOSURE FORM

Date: May 6 2021
Your Name: Teruhiko Imamura
Manuscript Title: Optimal bridge to recovery strategy for children

Manuscript number (if known): CDT-21-188

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.

Table header with columns: 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)

1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. JSPS KAKENHI: JP20K17143 Grant support

Time frame: past 36 months

2 Grants or contracts from any entity (if not indicated in item #1 above). ___X___None

3 Royalties or licenses None

4 Consulting fees None

5 Payment or honoraria None
for lectures,
presentations, speakers
bureaus, manuscript
writing or educational
events

6 Payment for expert None
testimony

7 Support for attending None
meetings and/or travel

8 Patents planned, issued None
or pending

9 Participation on a Data None
Safety Monitoring
Board or Advisory
Board

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

11 Stock or stock options None

12 Receipt of equipment, None
materials, drugs,
medical writing, gifts or
other services

13 Other financial or non- None
financial interests

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

The author receives grant support from JSPS KAKENHI: JP20K17143.

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.