

## ICMJE DISCLOSURE FORM

Date: July 9<sup>th</sup>, 2022

Your Name: Makoto Usami

Manuscript Title: Achievement of a durable response with eribulin for relapsed cardiac metastasis of uterine leiomyosarcoma after surgery: A case report and literature review

Manuscript number (if known): APM-22-536-CL

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.)<br><b>No time limit for this item.</b> | <u>  X  </u> None  |   |
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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  |   |
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| 4   | Consulting fees  | <u>  X  </u> None  |   |

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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input 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 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.

**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: July 9<sup>th</sup>, 2022

Your Name: Kohichi Takada

Manuscript Title: Achievement of a durable response with eribulin for relapsed cardiac metastasis of uterine leiomyosarcoma after surgery: A case report and literature review

Manuscript number (if known): APM-22-536-CL

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| 3   | Royalties or licenses  | <u>  X  </u> None  |   |
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| 4   | Consulting fees  | <u>  X  </u> None  |   |

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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/>      | Eisai          |
|    |  | <input checked="" type="checkbox"/>      | Janssen        |
|    |  | <input checked="" type="checkbox"/>      | Chugai         |
|    |  | <input checked="" type="checkbox"/>      | Ono            |
|    |  | <input checked="" type="checkbox"/>      | Otsuka         |
|    |  | <input checked="" type="checkbox"/>      | Daiichi Sankyo |
|    |  | <input checked="" type="checkbox"/>      | Sanofi         |
| 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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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |                |
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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |                |
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Please summarize the above conflict of interest in the following box:

They are personal fees. I received lecture fees from Eisai, Janssen, Chugai, Ono, Otsuka, Daiichi Sankyo and Sanofi.

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: July 9<sup>th</sup>, 2022

Your Name: Hajime Nakamura

Manuscript Title: Achievement of a durable response with eribulin for relapsed cardiac metastasis of uterine leiomyosarcoma after surgery: A case report and literature review

Manuscript number (if known): APM-22-536-CL

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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:**

None.

**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: July 9<sup>th</sup>, 2022

Your Name: Kazuyuki Murase

Manuscript Title: Achievement of a durable response with eribulin for relapsed cardiac metastasis of uterine leiomyosarcoma after surgery: A case report and literature review

Manuscript number (if known): APM-22-536-CL

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

None.

**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: July 9<sup>th</sup>, 2022

Your Name: Yohei Arihara

Manuscript Title: Achievement of a durable response with eribulin for relapsed cardiac metastasis of uterine leiomyosarcoma after surgery: A case report and literature review

Manuscript number (if known): APM-22-536-CL

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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None            |  |
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**Please summarize the above conflict of interest in the following box:**

None.

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

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## ICMJE DISCLOSURE FORM

Date: July 9<sup>th</sup>, 2022

Your Name: Naotaka Hayasaka

Manuscript Title: Achievement of a durable response with eribulin for relapsed cardiac metastasis of uterine leiomyosarcoma after surgery: A case report and literature review

Manuscript number (if known): APM-22-536-CL

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

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## ICMJE DISCLOSURE FORM

Date: July 9<sup>th</sup>, 2022

Your Name: Tomohiro Kubo

Manuscript Title: Achievement of a durable response with eribulin for relapsed cardiac metastasis of uterine leiomyosarcoma after surgery: A case report and literature review

Manuscript number (if known): APM-22-536-CL

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

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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: July 9<sup>th</sup>, 2022

Your Name: Koji Miyanishi

Manuscript Title: Achievement of a durable response with eribulin for relapsed cardiac metastasis of uterine leiomyosarcoma after surgery: A case report and literature review

Manuscript number (if known): APM-22-536-CL

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| 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 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.

**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: July 9<sup>th</sup>, 2022

Your Name: Junji Kato

Manuscript Title: Achievement of a durable response with eribulin for relapsed cardiac metastasis of uterine leiomyosarcoma after surgery: A case report and literature review

Manuscript number (if known): APM-22-536-CL

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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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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   |   |

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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input 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 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.

**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: July 9<sup>th</sup>, 2022

Your Name: Makoto Emori

Manuscript Title: Achievement of a durable response with eribulin for relapsed cardiac metastasis of uterine leiomyosarcoma after surgery: A case report and literature review

Manuscript number (if known): APM-22-536-CL

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.

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|---|--|--|---|
| <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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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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   |   |
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| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |

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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input 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 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.

**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: July 9<sup>th</sup>, 2022

Your Name: Shintaro Sugita

Manuscript Title: Achievement of a durable response with eribulin for relapsed cardiac metastasis of uterine leiomyosarcoma after surgery: A case report and literature review

Manuscript number (if known): APM-22-536-CL

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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| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | __X__ None   |   |
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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).   | __X__ None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | __X__ None   |   |
|   |  |  |   |
| 4   | Consulting fees  | __X__ None   |   |

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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None            |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input 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.

**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.