Date: Aug. 25<sup>th</sup>, 2022

Consulting fees

\_X\_\_None

Your Name: <u>Toshiharu Kanai</u>

Mai	nuscript Title: <u>Chang</u>	ges in the Pathophysiology	of Primary Hyperparathyroidism and Analysis of
Pos	toperative Recurrence Cases	s at a Regional Core Hospit	al in Japan: Experience of 35 years in Shinshu University
	<u>pital</u>		
Mai	nuscript number (if known):	GS-22-389-CL	
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<u>mar</u>	nuscript only.		
to to	he epidemiology of hyperter dication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	X None	
1	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
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		Time frame: past	36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
<b>'</b>	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
_	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11		X None	
11	Stock or stock options		
12	Receipt of equipment,	X_None	
12	materials, drugs, medical	X_NOTIC	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		
Plea	ase summarize the above co	nflict of interest in the fo	lowing box:
	lone.		

Date: Nov. 6<sup>th</sup>, 2022

Consulting fees

\_X\_\_None

Your Name: <u>Takaaki Oba</u>

Mar	nuscript Title: <u>Chang</u>	es in the Pathophysiology	of Primary Hyperparathyroidism and Analysis of
<u>Post</u>	toperative Recurrence Cases	s at a Regional Core Hospita	al in Japan: Experience of 35 years in Shinshu University
	<u>pital</u> nuscript number (if known):	APM-22-1171	
rela part to ti	ted to the content of your nies whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
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	em #1 below, report all sup time frame for disclosure is	·	in this manuscript without time limit. For all other items,
		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)
		Time frame: Since the initial	planning of the work
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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
l N	lone.			

Date: Nov. 6<sup>th</sup>, 2022

Consulting fees

X\_\_None

Hiroki Morikawa

Your Name: \_\_\_\_

Mar	nuscript Title: Chang	es in the Pathophysiology	of Primary Hyperparathyroidism and Analysis of	
Postoperative Recurrence Cases at a Regional Core Hospital in Japan: Experience of 35 years in Shinshu University				
Hos	<u>pital</u>			
Mar	nuscript number (if known):	APM-22-1171		
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	em #1 below, report all sup time frame for disclosure is	-	in this manuscript without time limit. For all other items,	
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initial	planning of the work	
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.	X_None		
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2	Cuanta au aantiis sta fiis is	Time frame: past	36 months	
2	Grants or contracts from any entity (if not indicated	XNone		
	in item #1 above).			
3	Royalties or licenses	X None		
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5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
l N	lone.			

Date: Nov. 6<sup>th</sup>, 2022

Consulting fees

X\_\_None

Masatsugu Amitani

Your Name: \_\_\_\_

Mar	nuscript Title: Chang	es in the Pathophysiology	of Primary Hyperparathyroidism and Analysis of	
Postoperative Recurrence Cases at a Regional Core Hospital in Japan: Experience of 35 years in Shinshu University				
Hos	<u>pital</u>			
Mar	nuscript number (if known):	APM-22-1171		
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		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initial	planning of the work	
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	lectures, presentations,			
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	manuscript writing or			
	educational events			
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	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
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	committee or advocacy			
	group, paid or unpaid			
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12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
l N	lone.			

Date: Nov. 6<sup>th</sup>, 2022

Consulting fees

X\_\_None

**Tatsunori Chino** 

Your Name: \_

			of Primary Hyperparathyroidism and Analysis of
		s at a Regional Core Hospit	al in Japan: Experience of 35 years in Shinshu University
	<u>pital</u> nuscript number (if known):	APM-22-1171	
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	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,
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2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
l N	lone.			

Date: Nov. 6<sup>th</sup>, 2022

Consulting fees

\_X\_\_None

Your Name: <u>Tadafumi Shimizu</u>

Mar	nuscript Title: <u>Chang</u>	es in the Pathophysiology	of Primary Hyperparathyroidism and Analysis of
<u>Post</u>	coperative Recurrence Cases	s at a Regional Core Hospita	al in Japan: Experience of 35 years in Shinshu University
<u>Hos</u>	<u>pital</u>		
Mar	nuscript number (if known):	APM-22-1171	
rela part to to rela The	ted to the content of your n ies whose interests may be ransparency and does not no tionship/activity/interest, it	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I is preferable that you do	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.  s/activities/interests as they relate to the current
to the med	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  in this manuscript without time limit. For all other items,
		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)
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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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
<b>'</b>	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
_	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11		X None	
11	Stock or stock options		
12	Receipt of equipment,	X_None	
12	materials, drugs, medical	X_NOTIC	
	writing, gifts or other		
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13	Other financial or non-	X None	
13	financial interests		
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Plea	ase summarize the above co	nflict of interest in the fo	lowing box:
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Date: Nov. 6<sup>th</sup>, 2022

Consulting fees

\_X\_\_None

	Name: Mayu Ono					
Man	Manuscript Title: Changes in the Pathophysiology of Primary Hyperparathyroidism and Analysis of					
Postoperative Recurrence Cases at a Regional Core Hospital in Japan: Experience of 35 years in Shinshu University						
<u>Hos</u> r	Hospital					
Man	uscript number (if known)	: <u>APM-22-1171</u>				
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			s/activities/interests as they relate to the <u>current</u>			
<u>man</u>	<u>uscript only</u> .					
to the med	The author's relationships/activities/interests should be <u>defined broadly</u> . 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	Specifications/Comments (e.g., if payments were made to you or to your institution)			
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)			
		whom you have this relationship or indicate none (add rows as	(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.	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia XNone	(e.g., if payments were made to you or to your institution)  planning of the work			
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)  planning of the work			
1 2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia XNone	(e.g., if payments were made to you or to your institution)  planning of the work			

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	X None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X_None			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
l N	None.				

Date: Nov. 6<sup>th</sup>, 2022

Consulting fees

X\_\_None

Kazuma Maeno

Your Name: \_

Mar	nuscript Title: Chang	es in the Pathophysiology	of Primary Hyperparathyroidism and Analysis of
<u>Post</u>	toperative Recurrence Cases	at a Regional Core Hospita	al in Japan: Experience of 35 years in Shinshu University
	<u>pital</u> nuscript number (if known):	APM-22-1171	
relat part to tr	ted to the content of your nices whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
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	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	X None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	XNone			
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	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X_None			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
l N	None.				

Date: Nov. 6<sup>th</sup>, 2022

Consulting fees

\_X\_\_None

Your Name: Ken-ichi Ito

Mar	nuscript Title: <u>Chang</u>	es in the Pathophysiology	of Primary Hyperparathyroidism and Analysis of
<u>Post</u>	coperative Recurrence Cases	at a Regional Core Hospita	al in Japan: Experience of 35 years in Shinshu University
	<u>pital</u> nuscript number (if known):	APM-22-1171	
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	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events	V N		
6	Payment for expert testimony	XNone		
7	Support for attending	X None		
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8	Patents planned, issued or pending	XNone		
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	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role in other board, society,	XNone		
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	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
	·			
12	Receipt of equipment, materials, drugs, medical	X_None		
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
	Please summarize the above conflict of interest in the following box:			
1 1	lone.			

Date: Nov. 6<sup>th</sup>, 2022
Your Name: Tokiko Ito

Consulting fees

\_X\_\_None

Mar	nuscript Title: <u>Chang</u>	es in the Pathophysiology	of Primary Hyperparathyroidism and Analysis of
<u>Post</u>	coperative Recurrence Cases	at a Regional Core Hospita	al in Japan: Experience of 35 years in Shinshu University
	<u>pital</u> nuscript number (if known):	APM-22-1171	
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7	Support for attending	X None		
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	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
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12	Receipt of equipment, materials, drugs, medical	X_None		
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
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