

ICMJE DISCLOSURE FORM

Date: Aug. 25th, 2022

Your Name: Toshiharu Kanai

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 Hospital

Manuscript number (if known): GS-22-389-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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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.

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
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3	Royalties or licenses	<u>__X__</u> 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:

☒ X 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: Nov. 6th, 2022

Your Name: Takaaki Oba

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 Hospital

Manuscript number (if known): APM-22-1171

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ICMJE DISCLOSURE FORM

Date: Nov. 6th, 2022

Your Name: Hiroki Morikawa

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 Hospital

Manuscript number (if known): APM-22-1171

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Date: Nov. 6th, 2022

Your Name: Masatsugu Amitani

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 Hospital

Manuscript number (if known): APM-22-1171

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Date: Nov. 6th, 2022

Your Name: Tatsunori Chino

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 Hospital

Manuscript number (if known): APM-22-1171

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Date: Nov. 6th, 2022

Your Name: Tadafumi Shimizu

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 Hospital

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Date: Nov. 6th, 2022

Your Name: Mayu Ono

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 Hospital

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Date: Nov. 6th, 2022

Your Name: Kazuma Maeno

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 Hospital

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Your Name: Ken-ichi Ito

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Time frame: past 36 months			
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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 checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input 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:

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