Date:	Jan 6,	2024
Your N	lame:	Hiroshi Hamada
Manus	script Title	e: Opioid-induced respiratory depression suspected of drug interaction in a prostate cancer
		patient: A case report
Manus	script nun	nber (if known): APM-23-581

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 <u>current manuscript only</u>.

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.

		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	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert	XNone  XNone	
0	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.	

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

Date:	Dec. 25 <sup>th</sup> , 2023
Your Name	e: <u>Eisuke Suzuki</u>
Manuscrip	t Title: Opioid-induced respiratory depression suspected of drug interaction in a prostate cancer
	patient: A case report
Manuscrip <sup>1</sup>	t number (if known): APM-23-581

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.	

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

Date:D	ec. 25 <sup>th</sup> , 2023
Your Name:	: Mitsufumi Endo
Manuscript	Title: Opioid-induced respiratory depression suspected of drug interaction in a prostate cancer
	patient: A case report
Manuscript	number (if known): APM-23-581

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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert	XNone  XNone	
0	testimony		
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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.	

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

Date: _	Dec. 25 <sup>th</sup> , 2023
Your Na	ame: Yukiko Mihara
Manus	cript Title: Opioid-induced respiratory depression suspected of drug interaction in a prostate cancer
	patient: A case report
Manus	cript number (if known): APM-23-581

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0	testimony		
7	Support for attending meetings and/or travel	XNone	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.	

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

Date:I	Dec. 25 <sup>th</sup> , 2023
Your Name	e: Sayaka Iketani
Manuscrip	ot Title: Opioid-induced respiratory depression suspected of drug interaction in a prostate cancer
	patient: A case report
Manuscrip	ot number (if known): APM-23-581

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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert	XNone  XNone	
0	testimony		
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9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.	

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

Date:	Dec. 25 <sup>th</sup> , 2023
Your Nam	e: Miki Ishida
Manuscrip	ot Title: Opioid-induced respiratory depression suspected of drug interaction in a prostate cancer
	patient: A case report
Manuscrin	et number (if known): APM-23-581

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4	Consulting fees	XNone	

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0	testimony		
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.	

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

Date: <u>Dec.</u>	25 <sup>th</sup> , 2023
Your Name:	Akime Miyasato
Manuscript Tit	le: Opioid-induced respiratory depression suspected of drug interaction in a prostate cancer
	patient: A case report
Manuscript nu	mber (if known): APM-23-581

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.	

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

Date:D	Dec. 25 <sup>th</sup> , 2023
Your Name	: Kanako Miyazaki
Manuscript	t Title: Opioid-induced respiratory depression suspected of drug interaction in a prostate cancer
	patient: A case report
Manuscript	t number (if known): APM-23-581

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

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