

ICMJE DISCLOSURE FORM

Date: Sep. 11, 2024

Your Name: Makoto Maemondo

Manuscript Title: A Step Towards Tackling Chemotherapy-Induced Peripheral Neuropathy (CIPN)

Manuscript number (if known): APM-24-113

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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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	lecture fee	Taiho Pharmaceutical
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
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11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

Dr. Maemondo reports receiving lecture fees from Taiho Pharmaceutical.

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: Sep. 8, 2024

Your Name: Katsuya Cho

Manuscript Title: A Step Towards Tackling Chemotherapy-Induced Peripheral Neuropathy (CIPN)

Manuscript number (if known): APM-24-113

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ICMJE DISCLOSURE FORM

Date: Sep. 8, 2024

Your Name: Hirotaka Saikawa

Manuscript Title: A Step Towards Tackling Chemotherapy-Induced Peripheral Neuropathy (CIPN)

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ICMJE DISCLOSURE FORM

Date: Sep. 8, 2024

Your Name: Tatsuya Hashimoto

Manuscript Title: A Step Towards Tackling Chemotherapy-Induced Peripheral Neuropathy (CIPN)

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ICMJE DISCLOSURE FORM

Date: Sep. 10, 2024

Your Name: Hiroshi Katagiri

Manuscript Title: A Step Towards Tackling Chemotherapy-Induced Peripheral Neuropathy (CIPN)

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Date: Sep. 8, 2024

Your Name: Yoshihiro Owada

Manuscript Title: A Step Towards Tackling Chemotherapy-Induced Peripheral Neuropathy (CIPN)

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Date: Sep. 11, 2024

Your Name: Kazuhiro Yakuwa

Manuscript Title: A Step Towards Tackling Chemotherapy-Induced Peripheral Neuropathy (CIPN)

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ICMJE DISCLOSURE FORM

Date: Sep. 12, 2024

Your Name: Itaru Fujimura

Manuscript Title: A Step Towards Tackling Chemotherapy-Induced Peripheral Neuropathy (CIPN)

Manuscript number (if known): APM-24-113

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ICMJE DISCLOSURE FORM

Date: Sep. 11, 2024

Your Name: Yu Utsumi

Manuscript Title: A Step Towards Tackling Chemotherapy-Induced Peripheral Neuropathy (CIPN)

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Date: Sep. 12, 2024

Your Name: Masachika Akiyama

Manuscript Title: A Step Towards Tackling Chemotherapy-Induced Peripheral Neuropathy (CIPN)

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Date: Sep. 8, 2024

Your Name: Hiromi Nagashima

Manuscript Title: A Step Towards Tackling Chemotherapy-Induced Peripheral Neuropathy (CIPN)

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Date: Sep. 10, 2024

Your Name: Fumiaki Takahashi

Manuscript Title: A Step Towards Tackling Chemotherapy-Induced Peripheral Neuropathy (CIPN)

Manuscript number (if known): APM-24-113

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13	Other financial or non-financial interests	___ None	

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

There are no conflicts of interest to disclose.

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.