Date: <u>May 26<sup>th</sup>, 2021</u> Your Name: <u>Ryohei Fujii</u> Manuscript Title: <u>The efficacy and safety of intravenous chlorpromazine treatment for sleep disturbance in</u> <u>incurable cancer patients with difficulty receiving oral administration: A one-week, prospective observational study</u> Manuscript number (if known): <u>APM-21-948</u>

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</u> <u>manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
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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	X_None	
4	Consulting fees	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	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	10 Leadership or fiduciary role in other board, society,	XNone	
	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		

None.

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

Date: <u>May 26<sup>th</sup>, 2021</u> Your Name: Hideaki Hasuo

Manuscript Title: <u>The efficacy and safety of intravenous chlorpromazine treatment for sleep disturbance in</u> <u>incurable cancer patients with difficulty receiving oral administration: A one-week, prospective observational study</u> Manuscript number (if known): <u>APM-21-948</u>

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10	Advisory Board		
10	10 Leadership or fiduciary role in other board, society,	XNone	
	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		

None.

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

Date: <u>May 26<sup>th</sup>, 2021</u>

Your Name: Hiroko Sakuma

Manuscript Title: <u>The efficacy and safety of intravenous chlorpromazine treatment for sleep disturbance in</u> <u>incurable cancer patients with difficulty receiving oral administration: A one-week, prospective observational study</u> Manuscript number (if known): <u>APM-21-948</u>

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10	Advisory Board		
10	10 Leadership or fiduciary role in other board, society,	XNone	
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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		

None.

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

Date: <u>May 26<sup>th</sup>, 2021</u>

Your Name: Miyuki Okada

Manuscript Title: <u>The efficacy and safety of intravenous chlorpromazine treatment for sleep disturbance in</u> <u>incurable cancer patients with difficulty receiving oral administration: A one-week, prospective observational study</u> Manuscript number (if known): <u>APM-21-948</u>

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7	Support for attending meetings and/or travel	XNone	
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	pending		
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10	Advisory Board		
10	10 Leadership or fiduciary role in other board, society,	XNone	
	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		

None.

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

Date: <u>May 26<sup>th</sup>, 2021</u>

Your Name: Kazuki Uchitani

Manuscript Title: <u>The efficacy and safety of intravenous chlorpromazine treatment for sleep disturbance in</u> <u>incurable cancer patients with difficulty receiving oral administration: A one-week, prospective observational study</u> Manuscript number (if known): <u>APM-21-948</u>

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