Date:2022, October, 31	
Your Name:Yudai Kaneda	
Manuscript Title: Optic neuritis after mRN	A vaccination against COVID-19: a secondary analysis of post-approval
national safety data by the Japanese governme	ent
Manuscript number (if known):	AES-22-45

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>.

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 needed)	Specifications/Comments (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.	None None	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
)	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
_		NI a sa a	
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
	periamg		
9	Participation on a Data	None	
,	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
11	Stock of Stock options		
12	Receipt of equipment,	None	
14	materials, drugs, medical	INUITE	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	None	
	illianciai iliterests		

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

I, Yudai Kaneda, have no COI relationship that should be disclosed	l.

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.

υaτ	e:_October 31, 2022		
	ır Name:_Chiharu Kawasaki		
Ma	nuscript Title:_ Optic neuriti	is after mRNA vaccination	against COVID-19: a secondary analysis of post-approval
nat	ional safety data by the Japa	anese government	
Ма	ional safety data by the Japa nuscript number (if known):	AES-	-22-45
rela par to t rela	ited to the content of your r ties whose interests may be ransparency and does not n itionship/activity/interest, i	manuscript. "Related" mea affected by the content o ecessarily indicate a bias. t is preferable that you do	
	nuscript only.	to the author's relationship	ps/activities/interests as they relate to the <u>current</u>
to t me	he epidemiology of hyperte dication, even if that medica	nsion, you should declare ation is not mentioned in to port for the work reported	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other iten
		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)
		needed)	
		Time frame: Since the initia	al 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.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
_			
7	Support for attending meetings and/or travel	None	
	5 ,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	_		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Dlas	aa augumagisa tha ahaya aa	uflick of interest in the fall	outing how

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

I, Chiharu Kaw	vasaki, have no COI relationship that should be disclosed.	

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.

Date	e: 2022,November 1		
Your	Name: Mira Namba		
Man	uscript Title: Optic neurit	is after mRNA vaccination	against COVID-19: a secondary analysis of post-approval
natio	onal safety data by the Japa	nese government	AES-22-45
Man	uscript number (if known):		AES-22-45
relate parte to trelate	ted to the content of your n ies whose interests may be ansparency and does not no tionship/activity/interest, it	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
to the med	ne epidemiology of hyperter lication, even if that medica em #1 below, report all sup	nsion, you should declare a tion is not mentioned in the port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. I in this manuscript without time limit. For all other items,
the t	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)
		needed)	
		Time frame: Since the initia	l 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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

		1	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
			•
Dlas	se summarize the above co	nflict of interest in the fo	llowing boy:

I, Mira Namba, have no COI relationship that should be disclosed.	

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.

Dat	te:2022, October, 31_		
	ur Name:Uiri Kaneda		
Ma	nuscript Title: Optic neu	uritis after mRNA vaccinat	ion against COVID-19: a secondary analysis of post-approval
nat	ional safety data by the Japa	nese government	
Ma	nuscript number (if known):		AES-22-45
rela par to t rela	ated to the content of your nation whose interests may be transparency and does not	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the manuscript of the manuscript. Disclosure represents a commitment of the manuscript of the manuscript. Disclosure represents a commitment of the manuscript. Disclosure represents a commitment of the manuscript of the manuscript. Disclosure represents a commitment of the manuscript. Disclosure represents a
to i me In i	the epidemiology of hypertendication, even if that medica	nsion, you should declare tion is not mentioned in t port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d 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 initia	al 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.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
4	consuming rees		

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Command for additional lines	Nana	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	None	
13		None	
	financial interests		

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

I, Uiri Kaneda, have no COI relationship that should be disclosed.

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.

Dat	e: October 30, 2022		
Yo <u>u</u>	r Name: <u>Akihiko Ozaki</u>		
Mai	nuscript Title: <u>Optic neur</u>	ritis after mRNA vaccinatio	on against COVID-19: a secondary analysis of post-approval
<u>nati</u>	ional safety data by the Japa	nese government	
Mai	nuscript number (if known):	AES-22-45_	
rela part to t rela	ted to the content of your name ites whose interests may be ransparency and does not not items. It is to ship/activity/interest, it	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. t is preferable that you do	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. ps/activities/interests as they relate to the current
<u>mar</u>	nuscript only.		
med In it	dication, even if that medica	port for the work reported	all relationships with manufacturers of antihypertensive he manuscript. I 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	, and the second
		needed)	
		Time frame: Since the initia	l planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
2	Country	Time frame: past	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Daiwa Angro-Japan	
		Foundation	
	in item #1 abovej.		
3	Royalties or licenses	None	
	,		

MNES Inc.

Consulting fees

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

Akihiko Ozaki receives consulting fees from MNES Inc., outside the submitted work. He receives grant for his work on financial relationships between healthcare industry and healthcare professionals from Daiwa Japan Angro-Japan Foundation. He serves as a committee member for Japan Society for Medical Education.

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

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

Date: October 30, 2022	
Your Name:Tetsuya Tan	imoto
Manuscript Title: Option	neuritis after mRNA vaccination against COVID-19: a secondary analysis of post-approva
national safety data by the	Japanese government
Manuscript number (if kno	own):AES-22-45
In the interest of transpare	ency, we ask you to disclose all relationships/activities/interests listed below that are

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.

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 needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All acceptants and for the constant		planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	Daiwa Angro-Japan	
	any entity (if not indicated	Foundation	
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	MNES Inc. and	
		Bionics co. ltd.	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
Ŭ	testimony		
7	Support for attending	None	
,		None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	Nana	
11	Stock of Stock options	None	
4.0			
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	Please summarize the above conflict of interest in the following box:		

Tetsuya Tanimoto receives consulting fees from MNES Inc., and Bionics co. ltd., outside the submitted work. He
receives grant for his work on financial relationships between healthcare industry and healthcare professionals from
Daiwa Japan Angro-Japan Foundation.

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

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