

ICMJE DISCLOSURE FORM

Date: Nov. 2nd, 2021

Your Name: Tomoya Nishii

**Manuscript Title: Two cases of solitary fibrous tumor/hemangiopericytoma with
different clinical features according to the World Health Organization
classification: case report and review of the literature**

Manuscript number (if known): _____

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

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: Oct. 29, 2021

Your Name: Yoshitaka Nagashima

Manuscript Title: Two cases of solitary fibrous tumor/hemangiopericytoma with different clinical features according to the World Health Organization classification: case report and review of the literature

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 2nd, 2021

Your Name: Yusuke Nishimura

Manuscript Title: **Two cases of solitary fibrous tumor/hemangiopericytoma with different clinical features according to the World Health Organization**

classification: case report and review of the literature _____

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 2nd, 2021

Your Name: Hiroshi Ito

**Manuscript Title: Two cases of solitary fibrous tumor/hemangiopericytoma with
different clinical features according to the World Health Organization
classification: case report and review of the literature**

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Oct. 26th, 2021

Your Name: Takahiro Oyama

Manuscript Title: Two cases of solitary fibrous tumor/hemangiopericytoma with different clinical features according to the World Health Organization classification: case report and review of the literature

Manuscript number (if known): _____

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	Safety Monitoring Board or Advisory Board		
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ICMJE DISCLOSURE FORM

Date: Oct .26th, 2021

Your Name: Mamoru Matsuo

**Manuscript Title: Two cases of solitary fibrous tumor/hemangiopericytoma with
different clinical features according to the World Health Organization
classification: case report and review of the literature**

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Oct 29th, 2021

Your Name: Ayako Sakakibara

**Manuscript Title: Two cases of solitary fibrous tumor/hemangiopericytoma with
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Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 2nd, 2021

Your Name: Satoko Shimada

Manuscript Title: Two cases of solitary fibrous tumor/hemangiopericytoma with different clinical features according to the World Health Organization classification: case report and review of the literature

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Oct 25, 2021

Your Name: Ryuta Saito

Manuscript Title: Two cases of solitary fibrous tumor/hemangiopericytoma with different clinical features according to the World Health Organization classification: case report and review of the literature

Manuscript number (if known): _____

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