

ICMJE DISCLOSURE FORM

Date: 6/14/2023

Your Name: Taku Noumi

Manuscript Title: Two autopsied cases of rare drug-induced pneumonia associated with nivolumab plus S-1 and oxaliplatin: A case report

Manuscript Number (if known): JGO-23-511

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 author's relationships/activities/interests should be defined broadly. 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.

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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: 6/14/2023

Your Name: Shoka Kimura

Manuscript Title: Two autopsied cases of rare drug-induced pneumonia associated with nivolumab plus S-1 and oxaliplatin: A case report

Manuscript Number (if known): JGO-23-511

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ICMJE DISCLOSURE FORM

Date: 6/14/2023

Your Name: Takuro Fushimi

Manuscript Title: Two autopsied cases of rare drug-induced pneumonia associated with nivolumab plus S-1 and oxaliplatin: A case report

Manuscript Number (if known): JGO-23-511

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Date: 6/14/2023

Your Name: Shuichi Sakamoto

Manuscript Title: Two autopsied cases of rare drug-induced pneumonia associated with nivolumab plus S-1 and oxaliplatin: A case report

Manuscript Number (if known): JGO-23-511

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Your Name: Kayo Nakamura

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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	

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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: 6/14/2023

Your Name: Soichiro Fushimi

Manuscript Title: Two autopsied cases of rare drug-induced pneumonia associated with nivolumab plus S-1 and oxaliplatin: A case report

Manuscript Number (if known): JGO-23-511

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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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: 6/14/2023

Your Name: Toshiaki_Ohara

Manuscript Title: Two autopsied cases of rare drug-induced pneumonia associated with nivolumab plus S-1 and oxaliplatin: A case report

Manuscript Number (if known): JGO-23-511

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 260 1518 396"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1262 1518 1360"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 6/14/2023

Your Name: Shuko Mashimo

Manuscript Title: Two autopsied cases of rare drug-induced pneumonia associated with nivolumab plus S-1 and oxaliplatin: A case report

Manuscript Number (if known): JGO-23-511

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ICMJE DISCLOSURE FORM

Date: 6/14/2023

Your Name: Hiroyuki Tao

Manuscript Title: Two autopsied cases of rare drug-induced pneumonia associated with nivolumab plus S-1 and oxaliplatin: A case report

Manuscript Number (if known): JGO-23-511

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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 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: 6/14/2023

Your Name: Takanori Watanabe

Manuscript Title: Two autopsied cases of rare drug-induced pneumonia associated with nivolumab plus S-1 and oxaliplatin: A case report

Manuscript Number (if known): JGO-23-511

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 author's relationships/activities/interests should be defined broadly. 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.

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ICMJE DISCLOSURE FORM

Date: 6/14/2023

Your Name: Daizo Kishino

Manuscript Title: Two autopsied cases of rare drug-induced pneumonia associated with nivolumab plus S-1 and oxaliplatin: A case report

Manuscript Number (if known): JGO-23-511

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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