

ICMJE DISCLOSURE FORM

Date: August 19, 2022

Your Name: Toru Arai

Manuscript Title: Interleukin-11 in idiopathic pulmonary fibrosis: predictive value of prognosis and acute exacerbation

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

		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>None</u> JSPS KAKENHI Grant Number JP17K09636 National Hospital Organization Grant {H28-NHO (Kokyu)-2} 	 Payments were made to me. Payments were made to me.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None 	
3	Royalties or licenses	<u>X</u> None 	

4	Consulting fees	<input checked="" type="checkbox"/> _X_ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> _None	
		Boehringer Ingelheim	Payments were made to me.
		Shionogi Co. Ltd	Payments were made to me.
6	Payment for expert testimony	<input checked="" type="checkbox"/> _X_ None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> _X_ None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> _X_ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> _X_ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> _X_ None	
11	Stock or stock options	<input checked="" type="checkbox"/> _X_ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> _X_ None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> _X_ None	

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

TA has received lecture fee from Boehringer Ingelheim and Shionogi for activities not connected with submitted works.

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: Aug: Aug 19, 2022

Your Name: Masaki Hirose

Manuscript Title: Interleukin-11 in idiopathic pulmonary fibrosis: predictive value of prognosis and acute exacerbation

Manuscript number (if known): _____

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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:

Dr. Hirose has nothing to disclose.

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: Aug 20 2020

Your Name: Tomoko Kagawa

Manuscript Title: Interleukin-11 in idiopathic pulmonary fibrosis: predictive value of prognosis and acute exacerbation

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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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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.	X None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5		X None	

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

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

Tomoko Kagawa has nothing 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.

ICMJE DISCLOSURE FORM

Date: Aug 21, 2022

Your Name: Kazuyoshi Hatsuda

Manuscript Title: Interleukin-11 in idiopathic pulmonary fibrosis: predictive value of prognosis and acute exacerbation

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

		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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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	<u>X</u> None	
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel	<u>X</u> None e	
8	Patents planned, issued or pending	<u>X</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>X</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>X</u> None	
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non-financial interests	<u>X</u> None	

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

Mr. Hatsuda has nothing 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.

ICMJE DISCLOSURE FORM

Date: 22, Aug. 2022
 Your Name: Yoshikazu Inoue
 Manuscript Title: Interleukin-11 in idiopathic pulmonary fibrosis: predictive value of prognosis and acute exacerbation
 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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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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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>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>Steering/advisory committee member</u>	Boehringer Ingelheim, Roche, SAVARA, and Taiho (not related to this study)

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>Lecture fee</u>	Boehringer Ingelheim, Shionogi, Kyorin, Thermo Fisher, and GSK (not related to this study)
6	Payment for expert testimony	<u>None</u>	
7	Support for attending meetings and/or travel	<u>None</u>	
8	Patents planned, issued or pending	<u>None</u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>None</u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>None</u>	
11	Stock or stock options	<u>None</u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>None</u>	
13	Other financial or non-financial interests	<u>None</u>	

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

Yoshikazu Inoue is a consultant or steering/advisory committee member of Boehringer Ingelheim, Roche, SAVARA, and Taiho (not related to this study). Yoshikazu Inoue has received lecture fees from Boehringer Ingelheim, Shionogi, Kyorin, Thermo Fisher, and GSK (not related to this study).

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.