

## ICMJE DISCLOSURE FORM

Date: 12/29/2021

Your Name: Masataka Taoka

Manuscript Title: Herpes zoster in lung cancer patients treated with PD-1/PD-L1 inhibitors

Manuscript number (if known): TCR-21-2764

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	X ___ None	
<b>Time frame: past 36 months</b>			
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X ___ None	
11	Stock or stock options	X	
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:**

I have no conflicts of interest to declare.

**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: 12/29/2021

Your Name: Nobuaki Ochi

Manuscript Title: Herpes zoster in lung cancer patients treated with PD-1/PD-L1 inhibitors

Manuscript number (if known): TCR-21-2764

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	X ___ None	
<b>Time frame: past 36 months</b>			
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			

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Honoraria for lectures	Chugai Pharmaceutical, Taiho Pharmaceutical, Pfizer Inc. Japan, Boehringer-Ingelheim Japan, and Bristol-Myers Squibb Company Japan
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:**

I report that I received honoraria for lectures from Chugai Pharmaceutical, Taiho Pharmaceutical, Pfizer Inc. Japan, Boehringer-Ingelheim Japan, and Bristol-Myers Squibb Company Japan.

**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: 12/29/2021

Your Name: Hiromichi Yamane

Manuscript Title: Herpes zoster in lung cancer patients treated with PD-1/PD-L1 inhibitors

Manuscript number (if known): TCR-21-2764

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	X ___ None	
<b>Time frame: past 36 months</b>			
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:**

I have no conflicts of interest to declare.

**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: 12/29/2021

Your Name: Takenobu Yamamoto

Manuscript Title: Herpes zoster in lung cancer patients treated with PD-1/PD-L1 inhibitors

Manuscript number (if known): TCR-21-2764

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	X ___ None	
<b>Time frame: past 36 months</b>			
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			

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Honoraria for lectures	Eli Lilly Japan K.K., Taiho Pharmaceutical Co. Ltd., Sun Pharma Japan Ltd., Kyorin Pharmaceutical Co. Ltd., Nippon Zoki Pharmaceutical Co. Ltd., Kyowa Kirin Co. Ltd., Maruho Co. Ltd., Torii Pharmaceutical Co. Ltd., AbbVie GK, Sanofi K.K., Eisai Co. Ltd.
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:**

I report that I received honoraria for lectures from Eli Lilly Japan K.K., Taiho Pharmaceutical Co. Ltd., Sun Pharma Japan Ltd., Kyorin Pharmaceutical Co. Ltd., Nippon Zoki Pharmaceutical Co. Ltd., Kyowa Kirin Co. Ltd., Maruho Co. Ltd., Torii Pharmaceutical Co. Ltd., AbbVie GK, Sanofi K.K., Eisai Co. Ltd.

**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: 12/29/2021

Your Name: Tatsuyuki Kawahara

Manuscript Title: Herpes zoster in lung cancer patients treated with PD-1/PD-L1 inhibitors

Manuscript number (if known): TCR-21-2764

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	X ___ None	
<b>Time frame: past 36 months</b>			
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:**

I have no conflicts of interest to declare.

**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: 12/29/2021

Your Name: Emiko Uji

Manuscript Title: Herpes zoster in lung cancer patients treated with PD-1/PD-L1 inhibitors

Manuscript number (if known): TCR-21-2764

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	X ___ None	
<b>Time frame: past 36 months</b>			
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:**

I have no conflicts of interest to declare.

**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: 12/29/2021

Your Name: Youko Kosaka

Manuscript Title: Herpes zoster in lung cancer patients treated with PD-1/PD-L1 inhibitors

Manuscript number (if known): TCR-21-2764

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	X ___ None	
<b>Time frame: past 36 months</b>			
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:**

I have no conflicts of interest to declare.

**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: 12/29/2021

Your Name: Kouhei Takeda

Manuscript Title: Herpes zoster in lung cancer patients treated with PD-1/PD-L1 inhibitors

Manuscript number (if known): TCR-21-2764

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	X ___ None	
<b>Time frame: past 36 months</b>			
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:**

I have no conflicts of interest to declare.

**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: 12/29/2021

Your Name: Yasunari Nagasaki

Manuscript Title: Herpes zoster in lung cancer patients treated with PD-1/PD-L1 inhibitors

Manuscript number (if known): TCR-21-2764

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	X ___ None	
<b>Time frame: past 36 months</b>			
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:**

I have no conflicts of interest to declare.

**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: 12/29/2021

Your Name: Hidekazu Nakanishi

Manuscript Title: Herpes zoster in lung cancer patients treated with PD-1/PD-L1 inhibitors

Manuscript number (if known): TCR-21-2764

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	X ___ None	
<b>Time frame: past 36 months</b>			
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:**

I have no conflicts of interest to declare.

**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: 12/31/2021

Your Name: Yumi Aoyama

Manuscript Title: Herpes zoster in lung cancer patients treated with PD-1/PD-L1 inhibitors

Manuscript number (if known): TCR-21-2764

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	X <input type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Grants	AbbVie GK, Japan Blood Products Organization, Kaken Pharmaceutical Co.,Ltd., Kyowa Kirin Co., Ltd., Maruho Co.,Ltd., Mitsubishi Tanabe Pharma Corporation, Nihon Pharmaceutical Co., Ltd., Sun Pharma Japan Limited, Taiho Pharmaceutical Co., Ltd., Torii Pharmaceutical Co., Ltd.
3	Royalties or licenses	X <input type="checkbox"/> None	

4	Consulting fees	X ___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Honoraria for lectures	Asahi Kasei Pharma Corporation, Bayer Yakuhin, Ltd., Bristol-Myers Squibb Company Japan, Chugai Pharmaceutical Co., Ltd., Common Achievement Tests Organization, Daiichi Sankyo Company, Ltd., Eisai Co., Ltd., Eli Lilly Japan.K.K, Janssen Pharmaceutical K.K., Japanese Dermatological Association, Kyorin Pharmaceutical Co.,Ltd., Novartis Pharma K.K., Ono Pharmaceutical Co., Ltd., Sanofi K.K., Sumitomo Dainippon Pharma Co., Ltd., Tsumura & Co.
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:**

I report that I received grants from AbbVie GK, Japan Blood Products Organization, Kaken Pharmaceutical Co.,Ltd., Kyowa Kirin Co., Ltd., Maruho Co.,Ltd., Mitsubishi Tanabe Pharma Corporation, Nihon Pharmaceutical Co., Ltd., Sun Pharma Japan Limited, Taiho Pharmaceutical Co., Ltd., Torii Pharmaceutical Co., Ltd. and honoraria for lectures from Asahi Kasei Pharma Corporation, Bayer Yakuhin, Ltd., Bristol-Myers Squibb Company Japan, Chugai Pharmaceutical Co., Ltd., Common Achievement Tests Organization, Daiichi Sankyo Company, Ltd., Eisai Co., Ltd., Eli Lilly Japan.K.K, Janssen Pharmaceutical K.K., Japanese Dermatological Association, Kyorin Pharmaceutical Co.,Ltd., Novartis Pharma K.K., Ono Pharmaceutical Co., Ltd., Sanofi K.K., Sumitomo Dainippon Pharma Co., Ltd., Tsumura & Co.

**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: 12/29/2021

Your Name: Nagio Takigawa

Manuscript Title: Herpes zoster in lung cancer patients treated with PD-1/PD-L1 inhibitors

Manuscript number (if known): TCR-21-2764

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	X <input type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Grants	Eli Lilly Japan, AstraZeneca, Daiichi-Sankyo Pharmaceutical, Chugai Pharmaceutical, Taiho Pharmaceutical, Pfizer Inc. Japan, Boehringer-Ingelheim Japan, Ono Pharmaceutical; Kyowa Hakko Kirin, Nippon Kayaku Co. Ltd., Takeda Pharmaceutical Co. Ltd.
3	Royalties or licenses	X <input type="checkbox"/> None	



4	Consulting fees	X ___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	honoraria for lectures	Eli Lilly Japan, AstraZeneca, Daiichi-Sankyo Pharmaceutical, Chugai Pharmaceutical, Taiho Pharmaceutical, Pfizer Inc. Japan, Boehringer-Ingelheim Japan, Ono Pharmaceutical, MSD, Bristol-Myers Squibb Company.
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:**

I report that I received grants from from Eli Lilly Japan, AstraZeneca, Daiichi-Sankyo Pharmaceutical, Chugai Pharmaceutical, Taiho Pharmaceutical, Pfizer Inc. Japan, Boehringer-Ingelheim Japan, Ono Pharmaceutical; Kyowa Hakko Kirin, Nippon Kayaku Co. Ltd., Takeda Pharmaceutical Co. Ltd. and honoraria for lectures from Eli Lilly Japan, AstraZeneca, Daiichi-Sankyo Pharmaceutical, Chugai Pharmaceutical, Taiho Pharmaceutical, Pfizer Inc. Japan, Boehringer-Ingelheim Japan, Ono Pharmaceutical, MSD, Bristol-Myers Squibb Company.

**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.