Date: 29/Jan/2021

Your Name: Tomohiro Nakayama

Manuscript Title: Gastroparesis as a significant gastrointestinal adverse event during intensive chemotherapy for solid

cancer: a case report.

Manuscript number (if known): TCR-21-2776

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.

		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	g of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	_X_ None	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past 36 mon	ths
2	Grants or contracts from any entity (if not indicated	_X_ None	
	in item #1 above).		
	·		
3	Royalties or licenses	_X_ None	
4	Consulting fees	_X_ None	

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

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

Date: 29/Jan/2022

Your Name: Koji Haratani

Manuscript Title: Gastroparesis as a significant gastrointestinal adverse event during intensive chemotherapy for solid

cancer: a case report.

Manuscript number (if known): TCR-21-2776

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		Time frame: Since the initial pla	anning 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).	AstraZeneca K.K. MSD K.K.	
3	Royalties or licenses	_X_ None	

4	Consulting fees	_X_ None	
5	Payment or honoraria for	AstraZeneca K.K.	
	lectures, presentations,	AS ONE Corporation	
	speakers bureaus,	Bristol-Myers Squibb Co. Ltd.	
	manuscript writing or	MSD K.K.	
	educational events	Ono Pharmaceutical Co. Ltd.	
6	Payment for expert	_X_ None	
	testimony		
_			
7	Support for attending meetings and/or travel	_X_ None	
8	Patents planned, issued or	_X_ None	
	pending		
0	Double institute on a Date	V Nege	
9	Participation on a Data Safety Monitoring Board or	_X_ None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_X_ None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_X_ None	
	financial interests		

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

Date: 29/Jan/2021

Your Name: Takashi Kurosaki

Manuscript Title: Gastroparesis as a significant gastrointestinal adverse event during intensive chemotherapy for solid

cancer: a case report.

Manuscript number (if known): TCR-21-2776

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

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

Date: 29/Jan/2021

Your Name: Kaoru Tanaka

Manuscript Title: Gastroparesis as a significant gastrointestinal adverse event during intensive chemotherapy for solid

cancer: a case report.

Manuscript number (if known): TCR-21-2776

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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 plann	ing 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 mo	nths
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 Payment for expert testimony	Eisai Co. Ltd AstraZeneca K.K. Merck Biopharma Co. Ltd. Bristol-Myers Squibb Co. Ltd. Ono Pharmaceutical Co. Ltd. MSD K.K. Kyowa Kirin Co. Ltd.	
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	

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

Date: 29/Jan/2021

Your Name: Kazuhiko Nakagawa

Manuscript Title: Gastroparesis as a significant gastrointestinal adverse event during intensive chemotherapy for solid

cancer: a case report.

Manuscript number (if known): TCR-21-2776

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		Name all entities with whom you have this relationship or indicate none (add	Specifications/Comments (e.g., if payments were made to you or
		rows as needed)	to your institution)
		Time frame: Since the initial planning of the	e work
1	All support for the present	_X_ 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	AbbVie Inc.	
	any entity (if not indicated	Astellas Pharma Inc.	
	in item #1 above).	AstraZeneca K.K.	
		A2 Healthcare Corp.	
		Bayer Yakuhin Ltd.	
		Bristol Myers Squibb Co. Ltd.	
		Chugai Pharmaceutical Co. Ltd.	
		CMIC Shift Zero K.K.	
		Covance Japan Inc.	
		Daiichi Sankyo Co. Ltd.	
		Eisai Co. Ltd.	

		I Fli Lilly Janan K K	
l		Eli Lilly Japan K.K. EPS Corporation.	
		EPS International Co. Ltd.	
		EPS International Co. Ltd.	
		ICON Japan K.K.	
		IQVIA Services JAPAN K.K.	
		Japan Clinical Research Operations	
		Kissei Pharmaceutical Co. Ltd.	
		Kyowa Kirin Co. Ltd.	
		MSD K.K.	
		Medical Research Support	
		Merck Serono Co. Ltd.	
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		Novartis Pharma K.K.	
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		Otsuka Pharmaceutical Co. Ltd.	
		PAREXEL International Corp.	
		Pfizer Japan Inc.	
		Pfizer R&D Japan G.K.	
		PPD-SNBL K.K.	
		PRA HEALTHSCIENCES	
		Sanofi K.K.	
		SymBio Pharmaceuticals Limited.	
		Syneos Health	
		Sysmex Corporation	
		Taiho Pharmaceutical Co. Ltd.	
		Takeda Pharmaceutical Co. Ltd.	
3	Royalties or licenses	_X_ None	
	,		
4	Consulting fees	Eli Lilly Japan K.K.	
	_	Kyorin Pharmaceutical Co. Ltd.	
		Ono Pharmaceutical Co. Ltd.	
		Pfizer Japan Inc.	
		Takeda Pharmaceutical Co. Ltd.	
5	Payment or honoraria for	AbbVie Inc.	
	lectures, presentations,	Amgen Inc.	
	speakers bureaus,	Astellas Pharma Inc.	
	manuscript writing or	AstraZeneca K.K.	
	educational events	Bayer Yakuhin Ltd.	
		Bristol Myers Squibb Co. Ltd.	
		Care Net Inc.	
		Chugai Pharmaceutical Co. Ltd.	
		Eli Lilly Japan K.K.	
		Daiichi Sankyo Co. Ltd.	
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	Kyorin Pharmaceutical Co. Ltd. Ono Pharmaceutical Co. Ltd. Pfizer Japan Inc. Takeda Pharmaceutical Co. Ltd. AbbVie Inc. Amgen Inc. Astellas Pharma Inc. AstraZeneca K.K. Bayer Yakuhin Ltd. Bristol Myers Squibb Co. Ltd. Care Net Inc. Chugai Pharmaceutical Co. Ltd.	

		Kuanin Dhamasaautiaal Ca. Ltd	
		Kyorin Pharmaceutical Co. Ltd.	
		Kyowa Kirin Co. Ltd.	
		Nichi-Iko Pharmaceutical Co. Ltd.	
		Medical Mobile Communications Co. Ltd	
		Merck Biopharma Co. Ltd.	
		Merck Serono Co. Ltd.	
		MSD K.K.	
		Nippon Boehringer Ingelheim Co. Ltd.	
		Nippon Kayaku Co. Ltd.	
		Novartis Pharma K.K.	
		Pfizer Japan Inc.	
		Ono Pharmaceutical Co. Ltd.	
		Roche Diagnostics K.K.	
		Taiho Pharmaceutical Co. Ltd.	
		Takeda Pharmaceutical Co. Ltd.	
		Thermo Fisher Scientific K.K.	
		3H Clinical Trial Inc.	
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
	meetings and, or traver		
8	Patents planned, issued or	Daiichi-Sankyo Co. Ltd.	WO2015048804A2, WO2018123999A1,
8	Patents planned, issued or pending		WO2015048804A2, WO2018123999A1, and WO2018159582A1
8		Ono Pharmaceutical Co. Ltd.	and WO2018159582A1
8	pending	Ono Pharmaceutical Co. Ltd. Sysmex Co. Ltd.	
8	pending Participation on a Data	Ono Pharmaceutical Co. Ltd.	and WO2018159582A1
	pending Participation on a Data Safety Monitoring Board or	Ono Pharmaceutical Co. Ltd. Sysmex Co. Ltd.	and WO2018159582A1
	Participation on a Data Safety Monitoring Board or Advisory Board	Ono Pharmaceutical Co. Ltd. Sysmex Co. Ltd.	and WO2018159582A1
	pending Participation on a Data Safety Monitoring Board or	Ono Pharmaceutical Co. Ltd. Sysmex Co. Ltd.	and WO2018159582A1
9	Participation on a Data Safety Monitoring Board or Advisory Board	Ono Pharmaceutical Co. Ltd. Sysmex Co. Ltd. _X_ None	and WO2018159582A1
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role	Ono Pharmaceutical Co. Ltd. Sysmex Co. Ltd. _X_ None	and WO2018159582A1
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Ono Pharmaceutical Co. Ltd. Sysmex Co. Ltd. _X_ None	and WO2018159582A1
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy	Ono Pharmaceutical Co. Ltd. Sysmex Co. Ltd. _X_ None	and WO2018159582A1
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Ono Pharmaceutical Co. Ltd. Sysmex Co. Ltd. _X_ None _X_ None	and WO2018159582A1
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Ono Pharmaceutical Co. Ltd. Sysmex Co. Ltd. _X_ None _X_ None	and WO2018159582A1
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Ono Pharmaceutical Co. Ltd. Sysmex Co. Ltd. _X_ None _X_ None	and WO2018159582A1
9 10 11	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	Ono Pharmaceutical Co. Ltd. Sysmex Co. Ltd. _X_ None _X_ None _X_ None	and WO2018159582A1
9 10 11	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,	Ono Pharmaceutical Co. Ltd. Sysmex Co. Ltd. _X_ None _X_ None _X_ None	and WO2018159582A1
9 10 11	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	Ono Pharmaceutical Co. Ltd. Sysmex Co. Ltd. _X_ None _X_ None _X_ None	and WO2018159582A1
9 10 11	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other	Ono Pharmaceutical Co. Ltd. Sysmex Co. Ltd. _X_ None _X_ None _X_ None	and WO2018159582A1
9 10 11 12	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	Ono Pharmaceutical Co. Ltd. Sysmex Co. Ltd. _X_ None _X_ None _X_ None _X_ None	and WO2018159582A1
9 10 11 12	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	Ono Pharmaceutical Co. Ltd. Sysmex Co. Ltd. _X_ None _X_ None _X_ None _X_ None	and WO2018159582A1

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