

ICMJE DISCLOSURE FORM

Date: Oct 8th, 2023

Your Name: Clara So

Manuscript Title: Identifying factors causing failure of nodal staging by endobronchial ultrasound-guided transbronchial needle aspiration in non-small cell lung cancer

Manuscript number (if known): TLCR-23-264

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.	__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 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 8th, 2023
 Your Name: Yuji Matsumoto
 Manuscript Title: Identifying factors causing failure of nodal staging by endobronchial ultrasound-guided transbronchial needle aspiration in non-small cell lung cancer
 Manuscript number (if known): TLCR-23-264

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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).	Japan Society for the Promotion of Science Hitachi, Ltd.	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5		Olympus	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca	
		NOVARTIS	
		COOK	
		AMCO	
		Thermo Fisher Scientific	
		Erbe Elektromedizin GmbH	
		Fujifilm	
		Chugai	
		Eli Lilly	
		Merck	
		Takeda	
ETHICON			
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:

The author receives grants for Medical Research from Japan Society for the Promotion of Science Hitachi, Ltd; and honoraria for lectures from Olympus, AstraZeneca, NOVARTIS, COOK, AMCO, Fisher Scientific, Thermo Erbe Elektromedizin GmbH, Fujifilm, Chugai, Eli Lilly, Merck, Takeda, and ETHICON.

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 8th, 2023

Your Name: Tatsuya Imabayashi

Manuscript Title: Identifying factors causing failure of nodal staging by endobronchial ultrasound-guided transbronchial needle aspiration in non-small cell lung cancer

Manuscript number (if known): TLCR-23-264

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Hitachi High-Tech Corporation	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5		COOK	Personal fees for lectures

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Chugai pharma	Personal fees for lectures
		Eli Lilly	Personal fees for lectures
		Thermo Fisher Scientific K.K.	Personal fees for manuscript writing
		Olympus	Personal fees for lectures
		Novartis pharma	Personal fees for lectures
		Fujifilm	Personal fees for lectures
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:

The author receives grants from Hitachi High-Tech Corporation; and honoraria for lectures from COOK, Chugai pharma, Eli Lilly, Olympus, Novartis pharma, and Fujifilm; and honoraria for manuscript writing from Thermo Fisher Scientific K.K.

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 8th, 2023

Your Name: Keigo Uchimura

Manuscript Title: Identifying factors causing failure of nodal staging by endobronchial ultrasound-guided transbronchial needle aspiration in non-small cell lung cancer

Manuscript number (if known): TLCR-23-264

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Japan Society for the Promotion of Science (JSPS) KAKENHI Grant Number JP22K15698	Grant for Medical Research
		Japan Society for the Promotion of Science (JSPS) KAKENHI Grant Number JP19K16966	Grant for Medical Research

3	Royalties or licenses	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Novartis	honoraria for lectures
		Thermo Fisher Scientific	honoraria for lectures
		AstraZeneca	honoraria for lectures
		Chugai	honoraria for lectures
6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

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

The author receives grants for Medical Research from Japan Society for the Promotion of Science (JSPS) KAKENHI Grant Number JP22K15698 and KAKENHI Grant Number JP19K16966; honoraria for lectures from Novartis, Thermo Fisher Scientific, AstraZeneca, and Chugai.

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 8th, 2023

Your Name: Yuichiro Ohe

Manuscript Title: Identifying factors causing failure of nodal staging by endobronchial ultrasound-guided transbronchial needle aspiration in non-small cell lung cancer

Manuscript number (if known): TLCR-23-264

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	AstraZeneca	
		Eli Lilly	
		BMS	
		Dainippon- Sumitomo	
		Taiho	
		Takeda	
		Daiichi-Sankyo	
		Chugai	
	ONO		

		Kyorin	
		Pfizer	
		Novartis	
		Kissei	
		Janssen	
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	AstraZeneca	
		Chugai	
		Eli Lilly	
		Bayer	
		MSD	
		Nippon Kayaku	
		Kyowa Hakko Kirin	
		Eisai	
		ONO	
		BMS	
		Boehringer Ingelheim	
		Pfizer	
		Taiho	
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:

The author receives grants for Medical Research from AstraZeneca, Eli Lilly, BMS, Dainippon-Sumitomo, Taiho, Takeda, Daiichi-Sankyo, Chugai, ONO, Kyorin, Pfizer, Novartis, Kissei, and Janssen; honoraria for lectures from AstraZeneca, Chugai, Eli Lilly, Bayer, MSD, Nippon Kayaku, Eisai, ONO, BMS, Boehringer Ingelheim, Pfizer, Taiho, and Kyowa Hakko Kirin.

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 8th, 2023

Your Name: Hideaki Furuse

Manuscript Title: Identifying factors causing failure of nodal staging by endobronchial ultrasound-guided transbronchial needle aspiration in non-small cell lung cancer

Manuscript number (if known): TLCR-23-264

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

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: Oct 8th, 2023

Your Name: Takaaki Tsuchida

Manuscript Title: Identifying factors causing failure of nodal staging by endobronchial ultrasound-guided transbronchial needle aspiration in non-small cell lung cancer

Manuscript number (if known): TLCR-23-264

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Japan Agency for Medical Research and Development	Grant for Medical Research
		Foundation for Promotion Cancer Research	Grant for Medical Research
		JSPS KAKENHI Grant	Grant for Medical Research
3	Royalties or licenses	<u> X </u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Nippon Medical School Foundation	Degree Examination Review Committee
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	Hamamatsu University School of Medicine	Safety Monitoring Board
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	

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The author receives grants for Medical Research from Japan Agency for Medical Research and Development, Foundation for Promotion Cancer Research, and JSPS KAKENHI Grant; honoraria for Degree Examination Review Committee from Nippon Medical School Foundation; participation on Safety Monitoring Board in Hamamatsu University School of Medicine.

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