

# ICMJE DISCLOSURE FORM

Date: Nov. 15<sup>th</sup>, 2021  
 Your Name: Fumihito Ishibashi  
 Manuscript Title: Bilobectomy for synchronous multiple lung cancer after COVID-19 pneumonia: a case report  
 Manuscript number (if known): ACR-21-65

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>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
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"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <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: Nov, 15, 2021

Your Name: Hironobu Wada

Manuscript Title: Bilobectomy for synchronous multiple lung cancer after COVID-19 pneumonia: a case report

Manuscript number (if known): ACR-21-65

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<b>Time frame: past 36 months</b>			
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4	Consulting fees	<u>X</u> None	

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

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None.

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  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: Nov. 20<sup>th</sup>, 2021  
 Your Name: Toshiko Kamata  
 Manuscript Title: Bilobectomy for synchronous multiple lung cancer after COVID-19 pneumonia: a case report  
 Manuscript number (if known): ACR-21-65

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# ICMJE DISCLOSURE FORM

Date: Nov. 15<sup>th</sup>, 2021  
 Your Name: Jiro Terada  
 Manuscript Title: Bilobectomy for synchronous multiple lung cancer after COVID-19 pneumonia: a case report  
 Manuscript number (if known): ACR-21-65

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3	Royalties or licenses	<u>__X__</u> None	
4	Consulting fees	<u>__X__</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__ None	
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	
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# ICMJE DISCLOSURE FORM

Date: 15/ Nov/ 2021

Your Name: KENJI TSUSHMA

Manuscript Title: Bilobectomy for synchronous multiple lung cancer after COVID-19 pneumonia: a case report

Manuscript number (if known): ACR-21-65

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# ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ Nov. 19<sup>th</sup>, 2021 \_\_\_\_\_

Your Name: \_\_\_\_\_ Yuichiro Hayashi \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Bilobectomy for synchronous multiple lung cancer after COVID-19 pneumonia: a case report \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_ ACR-21-65 \_\_\_\_\_

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None.

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# ICMJE DISCLOSURE FORM

Date: November 15, 2021  
 Your Name: Takayuki Shiomi  
 Manuscript Title: Bilobectomy for synchronous multiple lung cancer after COVID-19 pneumonia: a case report  
 Manuscript number (if known): ACR-21-65

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# ICMJE DISCLOSURE FORM

Date: Nov. 15<sup>th</sup>, 2021

Your Name: Kenta Takahashi

Manuscript Title: Bilobectomy for synchronous multiple lung cancer after COVID-19 pneumonia: a case report

Manuscript number (if known): ACR-21-65

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# ICMJE DISCLOSURE FORM

Date: Nov. 19<sup>th</sup>, 2021  
 Your Name: Tadaki Suzuki  
 Manuscript Title: Bilobectomy for synchronous multiple lung cancer after COVID-19 pneumonia: a case report  
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u> Japan Agency for Medical Research and Development Japan Society for the Promotion of Science	grant-in-aid grant-in-aid
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**Please summarize the above conflict of interest in the following box:**

Dr. Tadaki Suzuki reports grants from Japan Agency for Medical Research and Development, during the conduct of the study; grants from Japan Agency for Medical Research and Development, grants from Japan Society for the Promotion of Science, outside the submitted work; .

Please place an "X" next to the following statement to indicate your agreement:

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# ICMJE DISCLOSURE FORM

Date: Nov. 15<sup>th</sup>, 2021

Your Name: Shigetoshi Yoshida

Manuscript Title: Bilobectomy for synchronous multiple lung cancer after COVID-19 pneumonia: a case report

Manuscript number (if known): ACR-21-65

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<b>Time frame: past 36 months</b>			
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	<u>__X__</u> None	

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