

## ICMJE DISCLOSURE FORM

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

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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)
<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"/> 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: 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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  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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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  
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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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## 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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3	Royalties or licenses	__X__ None	
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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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		Japan Agency for Medical Research and Development	grant-in-aid
<b>Time frame: past 36 months</b>			
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		Japan Agency for Medical Research and Development	grant-in-aid
		Japan Society for the Promotion of Science	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; .

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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

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