

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Minako

2. Surname (Last Name)
Iida

3. Date
23-August-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Late mortality and causes of death among long-term survivors after autologous hematopoietic stem cell transplantation

6. Manuscript Identifying Number (if you know it)
BCT-2019-011

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Kyowa Kirin Co., Ltd.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Donation to the endowed chair
JCR Pharmaceuticals Co., Ltd.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(same as above)
Clinigen K.K.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(same as above)
Astellas Pharma Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(same as above)
Genzyme Japan K.K.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(same as above)
CHUGAI PHARMACEUTICAL CO., LTD.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(same as above)
Janssen Pharmaceutical K.K.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(same as above)
Sanofi K.K.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(same as above)

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Otsuka Pharmaceutical Co., Ltd.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(same as above)

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Iida reports other from Kyowa Kirin Co., Ltd., other from JCR Pharmaceuticals Co., Ltd., other from Clinigen K.K., other from Astellas Pharma Inc., other from Genzyme Japan K.K., other from CHUGAI PHARMACEUTICAL CO., LTD., other from Janssen Pharmaceutical K.K., other from Sanofi K.K., other from Otsuka Pharmaceutical Co., Ltd., outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Hideki	2. Surname (Last Name) Nakasone	3. Date 23-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Minako Iida
5. Manuscript Title Late mortality and causes of death among long-term survivors after autologous hematopoietic stem cell transplantation		
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1. Given Name (First Name) Takuya	2. Surname (Last Name) Yamashita	3. Date 23-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Minako Iida
5. Manuscript Title Late mortality and causes of death among long-term survivors after autologous hematopoietic stem cell transplantation		
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1. Given Name (First Name) Masami	2. Surname (Last Name) Inoue	3. Date 23-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Minako Iida
5. Manuscript Title Late mortality and causes of death among long-term survivors after autologous hematopoietic stem cell transplantation		
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Yasushi

2. Surname (Last Name)

Ishida

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23-August-2019

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 Yes No

Corresponding Author's Name

Minako Iida

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hitoji	2. Surname (Last Name) Uchiyama	3. Date 23-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Minako lida
5. Manuscript Title Late mortality and causes of death among long-term survivors after autologous hematopoietic stem cell transplantation		
6. Manuscript Identifying Number (if you know it) BCT-2019-011		

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Section 1. Identifying Information

1. Given Name (First Name) Yuta	2. Surname (Last Name) Katayama	3. Date 23-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Minako lida
5. Manuscript Title Late mortality and causes of death among long-term survivors after autologous hematopoietic stem cell transplantation		
6. Manuscript Identifying Number (if you know it) BCT-2019-011		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Toshihiro

2. Surname (Last Name)

Miyamoto

3. Date

23-August-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Minako Iida

5. Manuscript Title

Late mortality and causes of death among long-term survivors after autologous hematopoietic stem cell transplantation

6. Manuscript Identifying Number (if you know it)

BCT-2019-011

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Satoshi	2. Surname (Last Name) Yoshioka	3. Date 23-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Minako Iida
5. Manuscript Title Late mortality and causes of death among long-term survivors after autologous hematopoietic stem cell transplantation		
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1. Given Name (First Name) Masashi	2. Surname (Last Name) Sawa	3. Date 23-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Minako Iida
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1. Given Name (First Name) Takahiro	2. Surname (Last Name) Fukuda	3. Date 23-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Minako lida
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Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Yoshihiro

2. Surname (Last Name)
Inamoto

3. Date
23-August-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Minako lida

5. Manuscript Title

Late mortality and causes of death among long-term survivors after autologous hematopoietic stem cell transplantation

6. Manuscript Identifying Number (if you know it)

BCT-2019-011

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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- No other relationships/conditions/circumstances that present a potential conflict of interest

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