

ICMJE DISCLOSURE FORM

Date: 11/1/2021

Your Name: Tomomi Toubai

Manuscript Title: **Successful treatment of acute pancreatitis caused by liver acute GVHD following second allogeneic hematopoietic cell transplantation**

Manuscript Number (if known): Click or tap here to enter text.

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 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.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 11/1/2021

Your Name: Satoshi Ito

Manuscript Title: **Successful treatment of acute pancreatitis caused by liver acute GVHD following second allogeneic hematopoietic cell transplantation**

Manuscript Number (if known): Click or tap here to enter text.

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Date: 11/1/2021

Your Name: Ryo Sato

Manuscript Title: **Successful treatment of acute pancreatitis caused by liver acute GVHD following second allogeneic hematopoietic cell transplantation**

Manuscript Number (if known): Click or tap here to enter text.

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Date: 11/1/2021

Your Name: Rintaro Ohe

Manuscript Title: **Successful treatment of acute pancreatitis caused by liver acute GVHD following second allogeneic hematopoietic cell transplantation**

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Date: 11/1/2021

Your Name: Masashi Hosokawa

Manuscript Title: **Successful treatment of acute pancreatitis caused by liver acute GVHD following second allogeneic hematopoietic cell transplantation**

Manuscript Number (if known): Click or tap here to enter text.

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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.

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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: 11/1/2021

Your Name: Masakazu yamamoto

Manuscript Title: **Successful treatment of acute pancreatitis caused by liver acute GVHD following second allogeneic hematopoietic cell transplantation**

Manuscript Number (if known): Click or tap here to enter text.

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Date: 11/1/2021

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Date: 11/1/2021

Your Name: Kenichi Ishizawa

Manuscript Title: **Successful treatment of acute pancreatitis caused by liver acute GVHD following second allogeneic hematopoietic cell transplantation**

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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: 11/1/2021

Your Name: Keiko Aizawa

Manuscript Title: **Successful treatment of acute pancreatitis caused by liver acute GVHD following second allogeneic hematopoietic cell transplantation**

Manuscript Number (if known): Click or tap here to enter text.

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.

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ICMJE DISCLOSURE FORM

Date: 11/1/2021

Your Name: Yuka Hosokawa

Manuscript Title: **Successful treatment of acute pancreatitis caused by liver acute GVHD following second allogeneic hematopoietic cell transplantation**

Manuscript Number (if known): Click or tap here to enter text.

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.

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ICMJE DISCLOSURE FORM

Date: 11/1/2021

Your Name: Daniel Peltier

Manuscript Title: **Successful treatment of acute pancreatitis caused by liver acute GVHD following second allogeneic hematopoietic cell transplantation**

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 11/1/2021

Your Name: Akane Yamada

Manuscript Title: **Successful treatment of acute pancreatitis caused by liver acute GVHD following second allogeneic hematopoietic cell transplantation**

Manuscript Number (if known): Click or tap here to enter text.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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.