

ICMJE DISCLOSURE FORM

Date: 1/21/2023

Your Name: Masako Toyosaki

Manuscript Title: Long-term Use of Ibrutinib in Japanese Patients with Steroid Dependent/Refractory Chronic Graft-versus-Host Disease: Final Analysis of Single-arm, Multicenter Study

Manuscript Number (if known): NA

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.

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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; color: #ccc; margin-top: 5px;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></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)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Janssen Pharmaceutical	Novo Nordisk Pharma.
		Sanofi	Daiichi Sankyo Co.
		Takeda Pharmaceutical Co.	Chugai Pharmaceutical Co.
		Nippon Shinyaku Co.	Asahi Kasei Pharma Corp.
		Beckman Coulter Inc.	Sumitomo Dainippon Pharma Co.
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	

		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	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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: 1/12/2023

Your Name: Ei Fujikawa

Manuscript Title: Long-term Use of Ibrutinib in Japanese Patients with Steroid Dependent/Refractory Chronic Graft-versus-Host Disease: Final Analysis of Single-arm, Multicenter Study

Manuscript Number (if known): NA

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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 type="checkbox"/> None	
		Employee of Janssen Pharmaceutical 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: 1/12/2023

Your Name: Tomoyoshi Hatayama

Manuscript Title: Long-term Use of Ibrutinib in Japanese Patients with Steroid Dependent/Refractory Chronic Graft-versus-Host Disease: Final Analysis of Single-arm, Multicenter Study

Manuscript Number (if known): NA

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		Employee of Janssen pharmaceutical 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: 1/6/2023

Your Name: Masashi Sawa

Manuscript Title: Long-term Use of Ibrutinib in Japanese Patients with Steroid Dependent/Refractory Chronic Graft-versus-Host Disease: Final Analysis of Single-arm, Multicenter Study

Manuscript Number (if known): NA

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		Kyowa Kirin Co. Ltd., Chugai, Pfizer, Astellas, Nippon-Shinyaku, Ono, MSD, Bristol-Myers-Squibb, Asahi-kasei, Novartis, Eisai, Otsuka, Sumitomo-Dainippon, Sanofi, Takeda, Celgene, Mochida, Shire, Mundipharma, abbvie, CSL Behring, Symbio, Janssen, AstraZeneca, DAIICHI SANKYO, GlaxoSmithKline	
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	
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ICMJE DISCLOSURE FORM

Date: 12/23/2022

Your Name: Masaya Okada

Manuscript Title: Long-term Use of Ibrutinib in Japanese Patients with Steroid Dependent/Refractory Chronic Graft-versus-Host Disease: Final Analysis of Single-arm, Multicenter Study

Manuscript Number (if known): NA

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ICMJE DISCLOSURE FORM

Date: 12/24/2022

Your Name: Noriko Doki

Manuscript Title: Long-term Use of Ibrutinib in Japanese Patients with Steroid Dependent/Refractory Chronic Graft-versus-Host Disease: Final Analysis of Single-arm, Multicenter Study

Manuscript Number (if known): NA

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Time frame: past 36 months								
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Janssen Pharma	Payments were made to me								
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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: 1/6/2023

Your Name: Nozomi Yoshinari

Manuscript Title: Long-term Use of Ibrutinib in Japanese Patients with Steroid Dependent/Refractory Chronic Graft-versus-Host Disease: Final Analysis of Single-arm, Multicenter Study

Manuscript Number (if known): NA

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.

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.

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11	Stock or stock options	<input type="checkbox"/> None	
		Johnson & Johnson	I hold stock ownership with Johnson & Johnson.
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 type="checkbox"/> None	
		Janssen Pharmaceutical K.K.	I'm an employee of Janssen Pharmaceutical 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: 12/25/2022

Your Name: Souichi Shiratori

Manuscript Title: Long-term Use of Ibrutinib in Japanese Patients with Steroid Dependent/Refractory Chronic Graft-versus-Host Disease: Final Analysis of Single-arm, Multicenter Study

Manuscript Number (if known): NA

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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		<input type="text"/>	<input type="text"/>
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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: 12/24/2022

Your Name: Takayuki Ishikawa

Manuscript Title: Long-term Use of Ibrutinib in Japanese Patients with Steroid Dependent/Refractory Chronic Graft-versus-Host Disease: Final Analysis of Single-arm, Multicenter Study

Manuscript Number (if known): NA

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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: 1/10/2022

Your Name: Tomoo Osumi

Manuscript Title: Long-term Use of Ibrutinib in Japanese Patients with Steroid Dependent/Refractory Chronic Graft-versus-Host Disease: Final Analysis of Single-arm, Multicenter Study

Manuscript Number (if known): NA

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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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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 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: 12/26/2022

Your Name: Toshiro Kawakita

Manuscript Title: Long-term Use of Ibrutinib in Japanese Patients with Steroid Dependent/Refractory Chronic Graft-versus-Host Disease: Final Analysis of Single-arm, Multicenter Study

Manuscript Number (if known): NA

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.

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.

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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: 1/6/2023

Your Name: Yasunori Ueda

Manuscript Title: Long-term Use of Ibrutinib in Japanese Patients with Steroid Dependent/Refractory Chronic Graft-versus-Host Disease: Final Analysis of Single-arm, Multicenter Study

Manuscript Number (if known): NA

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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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Sanofi	
		Otuka Pharmaceutical	
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