

ICMJE DISCLOSURE FORM

Date: 6/20/2023

Your Name: Akio Kohno

Manuscript Title: Three cases of pleuroparenchymal fibroelastosis after hematopoietic stem cell transplantation

Manuscript Number (if known): BCT-2023-018

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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ICMJE DISCLOSURE FORM

Date: 6/20/2023

Your Name: Miyo Goto

Manuscript Title: Three cases of pleuroparenchymal fibroelastosis after hematopoietic stem cell transplantation

Manuscript Number (if known): BCT-2023-018

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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: 6/25/2023

Your Name: Nobuaki Fukushima

Manuscript Title: Three cases of pleuroparenchymal fibroelastosis after 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: 6/7/2023

Your Name: Shiori Morikawa

Manuscript Title: Three cases of pleuroparenchymal fibroelastosis after allogeneic hematopoietic cell transplantation

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

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		CLINIGEN K.K.	Endowed chair, mother
		AIR WATER INC.	Endowed chair, mother
		JCR Pharmaceuticals Co., Ltd.	Endowed chair, mother

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: 5/22/2023

Your Name: Shuto Negishi

Manuscript Title: Three cases of pleuroparenchymal fibroelastosis after 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: 6/25/2023

Your Name: Tomoya Arakawa

Manuscript Title: Three cases of pleuroparenchymal fibroelastosis after 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: 6/25/2023

Your Name: Tomoki Fujii

Manuscript Title: Three cases of pleuroparenchymal fibroelastosis after 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: 6/25/2023

Your Name: Yuma Kawamura

Manuscript Title: Three cases of pleuroparenchymal fibroelastosis after allogeneic hematopoietic cell transplantation

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

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ICMJE DISCLOSURE FORM

Date: 5/24/2023

Your Name: Kazutaka OZEKI

Manuscript Title: Three cases of pleuroparenchymal fibroelastosis after 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.

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Novartis</td><td style="width: 50%;">lecture</td></tr> <tr><td>Abbie</td><td>lecture</td></tr> <tr><td>Yannsen</td><td>lecture</td></tr> <tr><td>Sanofi</td><td>lecture</td></tr> <tr><td>Pfizer</td><td>lecture</td></tr> <tr><td>Takeda</td><td>lecture</td></tr> <tr><td>Meiji Seika Pharma</td><td>lecture</td></tr> <tr><td>Esai</td><td>lecture</td></tr> <tr><td>AMGEN</td><td>lecture</td></tr> <tr><td>Astellas Pharma</td><td>lecture</td></tr> <tr><td>Chugai</td><td>lecture</td></tr> <tr><td>Nippon Shinyaku</td><td>lecture</td></tr> <tr><td>CSL Behring</td><td>lecture</td></tr> <tr><td>Nippon Kayaku</td><td>lecture</td></tr> </table>	Novartis	lecture	Abbie	lecture	Yannsen	lecture	Sanofi	lecture	Pfizer	lecture	Takeda	lecture	Meiji Seika Pharma	lecture	Esai	lecture	AMGEN	lecture	Astellas Pharma	lecture	Chugai	lecture	Nippon Shinyaku	lecture	CSL Behring	lecture	Nippon Kayaku	lecture	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>																													
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>																													
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: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>																													
10	Leadership or fiduciary role in other board, society,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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	

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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.