Date:	4/18/2025
Your Name:	Atsushi Wada
Manuscript Title:	Adult-onset Epstein-Barr Virus-associated T-cell Lymphoproliferative Disease with Central Nervous System Involvement
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.

			entities with whom you have this nip 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.	⊠ Nor	Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	Not		
3	Royalties or licenses	No.	ne	

		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	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	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.			

Date:			4/18/2025		
Your Name:			Hiro Tatetsu		
Manuscript Title:			Adult-onset Epstein-Barr Virus-associated T-cell Lymphoproliferative Disease with Central Nervous System Involvement		
Mar	nuscript Number (if l	known):	Click or tap here to enter text.		
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	em #1 below, report ne for disclosure is th		The state of the s	rithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] N	one		
3	Royalties or licenses	□ No Mesol	one blast		

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca Chugai Pharmaceutical Nihon Shinyaku SymBio Pharmaceuticals Limited Meiji Seika Pharma AbbVie Inc	Bristol Myers Squibb Eisai Novartis Takeda Pharmaceutical Gilead Sciences
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	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.			

	ICIVIJE DISCLOSURE FOI	VIAI
Date:	4/18/2025	
Your Name:	Jun-ichirou Yasunaga	
Manuscript Title:	Adult-onset Epstein-Barr Virus-as Disease with Central Nervous Syst	sociated T-cell Lymphoproliferative em Involvement
Manuscript Number (if kr	own): 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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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 antities with whom you have this	Specifications/Comments to g if navments were

		lame all entities with whom you have this elationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments described in the payments) with whom you have this made to you or to your institution)	ents were
		Time frame: Since the initial planning of the work	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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7	Support for attending meetings and/or travel	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	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.			

Date:	4/18/2025	
Your Name: Ken-ichi Iyama		
Manuscript Title:	Adult-onset Epstein-Barr Virus-associated T-cell Lymphoproliferative Disease with Central Nervous System Involvement	
Manuscript Number (if known): Click or tap here to enter text.		
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		Time frame: past 36 month	S
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3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	None		
Plea	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.			

Date:	4/18/2025
Your Name:	Kenichiro Eto
Manuscript Title:	Adult-onset Epstein-Barr Virus-associated T-cell Lymphoproliferative Disease with Central Nervous System Involvement
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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	None		
Plea	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.			

Date:	4/18/2025
Your Name:	Kenji Tokunaga
Manuscript Title:	Adult-onset Epstein-Barr Virus-associated T-cell Lymphoproliferative Disease with Central Nervous System Involvement
Manuscript Number (if known): Click or tap here to enter text.	
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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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	ICIVIJE DISCEOSORE FOI	XIVI		
Date:	4/18/2025			
Your Name:	our Name: Kennosuke Karube			
Manuscript Title:	Adult-onset Epstein-Barr Virus-associated T-cell Lymphoproliferative Disease with Central Nervous System Involvement			
Manuscript Number (if kn	own): Click or tap here to enter text.	_		
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epidemiology of hypertens that medication is not mer	sion, you should declare all relationships with manufantioned in the manuscript.	acturers of antihypertensive medication, even if		
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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:		4/18/2025			
Your Name:		Kisato Nosaka	Kisato Nosaka		
Manuscript Title:			Adult-onset Epstein-Barr Virus-associated T-cell Lymphoproliferative Disease with Central Nervous System Involvement		
Ma	nuscript Number (if kr	vn): Click or tap here to enter text.			
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		"Related" means any relation with for-profit or not be manuscript. Disclosure represents a commitme doubt about whether to list a relationship/activity ctivities/interests should be defined broadly. For expenses the street of	re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of about whether to list a relationship/activity/interest, it is preferable that you do so. ies/interests should be defined broadly. For example, if your manuscript pertains to the but should declare all relationships with manufacturers of antihypertensive medication, even if		
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		me all entities with whom you have this ationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
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1	All support for the present manuscript (e.g., funding, provision of study materials,	None	Click the tab key to add additional rows.		
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	this item.	Time frame: past 36 month	ns		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month None Eyowa Kirin	Chugai		

		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	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Meiji Seika Chugai Kyowa Kirin Daiichi Sankyo	Janssen Bristol Myers Squibb AbbVie Ohara
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:	4/18/2025
Your Name:	Mikiko Izaki
Manuscript Title:	Adult-onset Epstein-Barr Virus-associated T-cell Lymphoproliferative Disease with Central Nervous System Involvement
Manuscript Number (if known):	Click or tap here to enter text.

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3	Royalties or licenses	No.	ne	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:	4/18/2025	
Your Name:	Nao Nishimura	
Manuscript Title:	Adult-onset Epstein-Barr Virus-associated T-cell Lymphoproliferative Disease with Central Nervous System Involvement	
Manuscript Number (if known):	Click or tap here to enter text.	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	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.			

Date:	4/18/2025
Your Name:	Shinya Endo
Manuscript Title:	Adult-onset Epstein-Barr Virus-associated T-cell Lymphoproliferative Disease with Central Nervous System Involvement
Manuscript Number (if known):	Click or tap here to enter text.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	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.			

Date:	4/19/2025	
Your Name:	Taichi Hirano	
Manuscript Title:	Adult-onset Epstein-Barr Virus-associated T-cell Lymphoproliferative	
	Disease with Central Nervous System Involvement	
Manuscript Number (if known):	Click or tap here to enter text.	

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Date:	4/12/2025
Your Name:	Takafumi Shichijo
Manuscript Title: Adult-onset Epstein-Barr Virus-associated T-cell Lymphoprolife Disease with Central Nervous System Involvement	
Manuscript Number (if known):	Click or tap here to enter text.
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Date:	4/18/2025	
Your Name:	Takahisa Nakamura	
Manuscript Title:	Adult-onset Epstein-Barr Virus-as Disease with Central Nervous Syst	sociated T-cell Lymphoproliferative em Involvement
Manuscript Number (if kno	wn): Click or tap here to enter text.	_
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Date:	4/18/2025	
Your Name:	Yoshiki Mikami	
Manuscript Title:	Adult-onset Epstein-Barr Virus-associated T-cell Lymphoproliferative Disease with Central Nervous System Involvement	
Manuscript Number (if known):	Click or tap here to enter text.	
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13	Other financial or non-financial interests	None	
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Date:	4/18/2025
Your Name:	Yumi Honda
Manuscript Title:	Adult-onset Epstein-Barr Virus-associated T-cell Lymphoproliferative Disease with Central Nervous System Involvement
Manuscript Number (if known):	Click or tap here to enter text.

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Date:	4/18/2025		
Your Name:	Yusuke Higuchi		
Manuscript Title:	Adult-onset Epstein-Barr Virus-associated T-cell Lymphoproliferative Disease with Central Nervous System Involvement		
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