ICMJE DISCLOSURE FORM

**Date:** 11/22/2021  

**Your Name:** Kosuke Ichikawa

**Manuscript Title:** Prognostic significance of procalcitonin in small cell lung cancer

**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.

| #  | 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) |
|----|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None |

**Time frame: Since the initial planning of the work**

| #  | Grants or contracts from any entity (if not indicated in item #1 above). | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|-------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 2  | ☑  None                                                                 | None |

**Time frame: past 36 months**

| #  | Royalties or licenses | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|-----------------------|--------------------------------------------------------------------------------|
| 3  | ☑  None               | None |
|  #  | Relationship Description                                                                 | Disclosures                                                                 |
|-----|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
|  4  | Consulting fees                                                                       | ☐ None                                                                       |
|  5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None | AstraZeneca | Chugai Pharma |
|     |                                                                                       | Bristol-Myers                                                               | Boehringer Ingelheim |
|     |                                                                                       | Ono Pharmaceutical                                                          | Taiho Pharmaceutical |
|     |                                                                                       | Novartis International AG                                                  | Daiichi Sankyo Company |
|  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                                                                       |
|   | Stock or stock options | 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, | ☒ None                                                                                                                                 |                                                                                                                                               |
|   | materials, drugs,    |                                                                                                                                                                                                 |                                                                                                                                               |
| 13| medical writing,     | ☒ None                                                                                                                                 |                                                                                                                                               |
|   | gifts or other       |                                                                                                                                                                                                 |                                                                                                                                               |
|   | services             |                                                                                                                                                                                                 |                                                                                                                                               |

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**ICMJE DISCLOSURE FORM**

**Date:** 11/22/2021  
**Your Name:** Satoshi Watanabe  
**Manuscript Title:** Prognostic significance of procalcitonin in small cell lung cancer  
**Manuscript Number (if known):** Click or tap here to enter text.

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|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| **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.) | ☒ None                                                                                     |
| | |                                                                                      |
| | |                                                                                      |
| | |                                                                                      |
| | |                                                                                      |
| **Time frame: past 36 months** |                                                                                      |                                                                                   |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None                                                                                     |
| | | AstraZeneca                                                               | Boehringer Ingelheim                                                                 |
| | |                                                                                      |
| | |                                                                                      |
| **3** | Royalties or licenses | ☒ None                                                                                     |
| | |                                                                                      |
| | |                                                                                      |
| | |                                                                                      |

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8/26/2021  
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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                                                                             | ☑️ None                                                                           |
|   |                                                                                              |                                                                                 |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☑️ None                                                                           |
|   |                                                                                              | Chugai Pharma                                                                    | MSD K.K.                                                                          |
|   |                                                                                              | Boehringer Ingelheim                                                            | AstraZeneca                                                                       |
|   |                                                                                              | Eli Lilly                                                                         | Taiho Pharmaceutical CO., LTD                                                    |
|   |                                                                                              | Bristol-Myers Squibb Company                                                     | Pfizer Japan Inc.                                                                |
|   |                                                                                              | Daiichi Sankyo CO., LTD                                                          | Novartis                                                                          |
| 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                                                                           |
|   |                                                                                              |                                                                                 |
|   | Stock or stock options | 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 | ☒ Yes | None |
|   |                        |                                                                                   |                                                                                  |
|   |                        |                                                                                   |                                                                                  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ Yes | None |
|   |                        |                                                                                   |                                                                                  |
|   |                        |                                                                                   |                                                                                  |
| 13 | Other financial or non-financial interests | ☒ Yes | None |
|   |                        |                                                                                   |                                                                                  |
|   |                        |                                                                                   |                                                                                  |

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**Date:** 11/22/2021  
**Your Name:** Satoru Miura  
**Manuscript Title:** Prognostic significance of procalcitonin in small cell lung cancer  
**Manuscript Number (if known):** Click or tap here to enter text.

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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) |
|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|   | **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.** | ☒ None  
Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  
**None** | ☒ None  
| 3 | Royalties or licenses  
**None** | ☒ None  
|   | **Time frame: 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) |
|---|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                     | ☒ None                                                                         |
|   |                                                                                                                         |                                                                                |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None                                                                         |
|   |                   Chugai Pharmaceutical                                                     | Taiho Pharmaceutical                                                          |
|   |                   Pfizer                                                                      | Eli Lilly                                                                     |
|   |                   Boehringer-Ingelheim Japan                                                  | Ono Pharmaceutical                                                             |
|   |                   AstraZeneca                                                         | Novartis                                                                     |
| 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                                                                         |
|   | Stock or stock options | 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                                                                                   |                                                                                   |

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**Date:** 11/22/2021  
**Your Name:** Aya Ohtsubo  
**Manuscript Title:** Prognostic significance of procalcitonin in small cell lung cancer  
**Manuscript Number (if known):** Click or tap here to enter text.

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| # | Description                                                                 | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|---|------------------------------------------------------------------------------|----------------------------------------------------|----------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None | None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).     | None | None |
| 3 | Royalties or licenses                                                        | None | 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) |
|---|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                 | ☒ None                                                                           |
|   |                                                                                                 |                                                                                 |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ 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                                                                           |
|   |                                                                                                 |                                                                                 |
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|   |                                                                                                 |                                                                                 |
|   | Stock or stock options | 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                                                                                                                                                                                                 |                                                                                                                                                        |

|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None                                                                                                                                                                                                 |                                                                                                                                                        |

|   | Other financial or non-financial interests | ☒ None                                                                                                                                                                                                 |                                                                                                                                                        |

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Date: 11/22/2021

Your Name: Satoshi Shoji

Manuscript Title: Prognostic significance of procalcitonin in small cell lung cancer

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

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|---|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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. | ✗ None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ✗ None |
| 3 | Royalties or licenses | ✗ None |

Time frame: Since the initial planning of the work

Time frame: 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) |
|---|---|---|
| 4 | Consulting fees | ☒ None |  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None |  |
|   | AstraZeneca | Chugai Pharma |  |
|   | Taiho Pharmaceutical | MSD |  |
| 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                                                                          |
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Date: 11/22/2021

Your Name: Koichiro Nozaki

Manuscript Title: Prognostic significance of procalcitonin in small cell lung cancer

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

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| **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. | ☒ None |
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| |  |
| **Time frame: past 36 months** |  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| |  |
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| |  |
| 3 | Royalties or licenses | ☒ None |
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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                                                                                 | ☑ None                                                                           |
|   |                                                                                                 |                                                                                 |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☑ None                                                                           |
|   |                                                                                                 | AstraZeneca                                                                     |
|   |                                                                                                 | Boehringer Ingelheim                                                           |
|   |                                                                                                 | Taiho Pharmaceutical                                                            |
|   |                                                                                                 | MSD                                                                              |
| 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                                                                           |
|   |                                                                                                 |                                                                                 |
|   | Stock or stock options | 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 | ☒ None                 |                                                                                                 |                                                                                  |

|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None                                                                                       |                                                                                  |

|   | Other financial or non-financial interests | ☒ None                                                                                       |                                                                                  |

Please place an “X” next to the following statement to indicate your agreement:

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Date: 11/22/2021

Your Name: Tomohiro Tanaka

Manuscript Title: Prognostic significance of procalcitonin in small cell lung cancer

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

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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) |
|---|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **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.) | ![None] Click the tab key to add additional rows. |
|   | No time limit for this item.                                                                   |                                                                                   |
| **Time frame: past 36 months** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | ![None]                                                                            |
| 3 | Royalties or licenses                                                                          | ![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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                             | ☒ None                                                                           |
|   |                                                                                               |                                                                                  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ 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                                                                           |
|   |                                                                                               |                                                                                  |
|   | Stock or stock options | 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 | ☑️ None                | ☑️ None                                                                         | ☑️ None                                                                          |

|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☑️ None | ☑️ None |

|   | Other financial or non-financial interests | ☑️ None | ☑️ 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: 11/22/2021

Your Name: Yu Saidai

Manuscript Title: Prognostic significance of procalcitonin in small cell lung cancer

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

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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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **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.                                                       |
|   | ☒ None                                                                                         |                                                                                  |
|   |                                                                                                 |                                                                                  |
| **Time frame: past 36 months** |                                                                                     |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | ☒ None                                                                          |
|   |                                                                                                 |                                                                                  |
| 3 | Royalties or licenses                                                                          | ☒ 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) |
|---|------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 4 | Consulting fees                                                                         | ☒ None                                                            |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None |
|   | Stock or stock options | 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.
**ICMJE DISCLOSURE FORM**

**Date:** 11/22/2021  
**Your Name:** Rie Kondo

**Manuscript Title:** Prognostic significance of procalcitonin in small cell lung cancer

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.) | None                                                                                       |
|   | No time limit for this item.                                                               |                                                                                       |
| **Time frame: past 36 months** |                                                                                           |                                                                                       |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                   | None                                                                                       |
| 3 | Royalties or licenses                                                                      | 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) |
|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                             | ☒ None                                                                           |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ 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                                                                           |
|   | Stock or stock options | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------|-----------------------------------------------------------------------------------|
| 11| Stock or stock options | ☒ None                                                                 |

|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services  | ☒ None                                                                 |

|   | Other financial or non-financial interests | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--------------------------------------------|-----------------------------------------------------------------------------------|
| 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.
ICMJE DISCLOSURE FORM

Date: 11/22/2021

Your Name: Satoshi Hokari

Manuscript Title: Prognostic significance of procalcitonin in small cell lung cancer

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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| Item | 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 |
|------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None | Since the initial planning of the work |
|      |                                                                                               |                                                                                     |            |
|      |                                                                                               |                                                                                     |            |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above).                        | ☒ None | past 36 months |
|      |                                                                                               |                                                                                     |            |
|      |                                                                                               |                                                                                     |            |
| 3    | Royalties or licenses                                                                          | ☒ None | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                 | ☒ None                                                                            |
|   |                                                                                                 |                                                                                  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None                                                                 |
|   |                                                                                                 | GlaxoSmithKline inc.                                                            |
|   |                                                                                                 |                                                                                  |
| 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                                                                            |
|   |                                                                                                 |                                                                                  |
| No. | Relationship Description                                                                 | Entities/Comments                                                                 |
|-----|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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                                                                           |

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ICMJE Disclosure Form

Date: 11/22/2021

Your Name: Nobumasa Aoki

Manuscript Title: Prognostic significance of procalcitonin in small cell lung cancer

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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|---|---|
| 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. | ☒ None |

Time frame: Since the initial planning of the work

- None

| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None |

Time frame: past 36 months

- MSD

| 3 | Royalties or licenses | ☒ None |

- Click the tab key to add additional rows.
|   | 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                                                                           |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐  None                                                                           |
|   | MSD                                                                                              | Meiji Seika Pharma                                                                |
| 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                                                                           |
|   | Stock or stock options | 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|                        | ☒ None                                                                                      |                                                                                       |
|   |                        |                                                                                             |                                                                                       |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None                                                                                      |                                                                                       |
|   |                        |                                                                                             |                                                                                       |
| 13| Other financial or non-financial interests | ☒ None                                                                                      |                                                                                       |
|   |                        |                                                                                             |                                                                                       |

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ICMJE DISCLOSURE FORM

Date: 11/22/2021

Your Name: Yasuyoshi Ohshima

Manuscript Title: Prognostic significance of procalcitonin in small cell lung cancer

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| --- | --- |
| **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.) |
| ☒ | None |
| | No time limit for this item. |
| | Click the tab key to add additional rows. |

| **Time frame: past 36 months** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). |
| ☒ | None |

| 3 | Royalties or licenses |
| ☒ | 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) |
|---|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                | ☒ None                                                                                  |
|   |                                                                                                 |                                                                                          |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None                                                                                  |
|   |                                                                                                 | Boehringer-Ingelheim Japan                                                                |
|   |                                                                                                 | Meiji seika pharma                                                                       |
| 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                                                                             |

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ICMJE DISCLOSURE FORM

Date: 11/22/2021

Your Name: Toshiyuki Koya

Manuscript Title: Prognostic significance of procalcitonin in small cell lung cancer

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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| Item | 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) |
|------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | □ None                                                                               |
|      | **Time frame:** Since the initial planning of the work                                           |                                                                                     |
|      | **No time limit for this item.**                                                                 |                                                                                     |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above).                        | □ None                                                                               |
|      | **Time frame:** past 36 months                                                                    |                                                                                     |
| 3    | Royalties or licenses                                                                             | □ 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                | ☒ None                                                                           |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None                                                                          |
|   |                                                                                                 | *AstraZeneca*                                                                    |
|   |                                                                                                 | *Boehringer Ingelheim*                                                           |
|   |                                                                                                 | *Sanofi Genzyme*                                                                 |
|   |                                                                                                 | *Novartis*                                                                       |
|   |                                                                                                 | *Daiichi Sankyo*                                                                 |
|   |                                                                                                 | *Kyorin Pharmaceutical*                                                          |
|   |                                                                                                 | *GlaxoSmithKline*                                                                |
| 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                                                                           |
|   | Stock or stock options | 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                                                                                  |                                                                                   |

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### ICMJE DISCLOSURE FORM

**Date:** 11/22/2021  
**Your Name:** Toshiaki Kikuchi  
**Manuscript Title:** Prognostic significance of procalcitonin in small cell lung cancer  
**Manuscript Number (if known):** Click or tap here to enter text.

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|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **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.** | ☒ None                                                                                   |
|   |                                                                                           |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                   | ☐ None                                                                                   |
|   | Chugai Pharma                                                                             | MSD K.K.                                                                                 |
|   | Boehringer Ingelheim                                                                     | Taiho Pharmaceutical CO., LTD                                                              |
|   | Eli Lilly                                                                                | Daiichi Sankyo CO., LTD                                                                 |
|   |                                                                                         | Ono Pharmaceutical Co., Ltd.                                                            |
|   | AstraZeneca                                                                              | Shionogi & Co., Ltd.                                                                     |
|   | TEIJIN PHARMA Ltd.                                                                        | KYORIN Pharmaceutical Co., Ltd.                                                         |
| **Time frame: past 36 months** |                                                                                           |                                                                                  |
| 3 | Royalties or licenses                                                                     | ☒ 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) |
|---|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                          | ☑  None                                                                              |
|   |                                                                                           |                                                                                      |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☑  None                                                                              |
|   |                                                                                           | Chugai Pharma                                                                        |
|   |                                                                                           | MSD K.K.                                                                             |
|   |                                                                                           | Boehringer Ingelheim                                                                 |
|   |                                                                                           | Astellas Pharma Inc.                                                                 |
|   |                                                                                           | Eli Lilly                                                                            |
|   |                                                                                           | Taiho Pharmaceutical CO., LTD                                                        |
|   |                                                                                           | Bristol-Myers Squibb Company                                                          |
|   |                                                                                           | Pfizer Japan Inc.                                                                    |
|   |                                                                                           | Daichi Sankyo CO., LTD                                                               |
|   |                                                                                           | Taisho Toyama                                                                         |
|   |                                                                                           | Pharmaceutical Co., Ltd.                                                             |
|   |                                                                                           | Janssen Pharmaceutical K.K.                                                          |
|   |                                                                                           | Japan BCG Laboratory                                                                 |
|   |                                                                                           | Ono Pharmaceutical Co., Ltd.                                                         |
|   |                                                                                           | Novartis Pharma K.K.                                                                 |
|   |                                                                                           | Mylan N.V.                                                                           |
|   |                                                                                           | AstraZeneca                                                                          |
|   |                                                                                           | Roche Diagnostics K.K.                                                               |
|   |                                                                                           | Shionogi & Co., Ltd.                                                                 |
| 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 thorough                                                                 |
|    |                                                                                                            |                                                                                  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                          | ☒ None thorough                                                                 |
|    |                                                                                                            |                                                                                  |
| 13 | Other financial or non-financial interests                                                                | ☒ None thorough                                                                 |
|    |                                                                                                            |                                                                                  |

Please place an “X” next to the following statement to indicate your agreement:

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