ICMJE DISCLOSURE FORM

Date: Oct 4th, 2021
Your Name: Yuji Uehara
Manuscript Title: Association between the baseline tumor size and outcomes of patients with non-small cell lung cancer treated with first-line immune checkpoint inhibitor monotherapy or in combination with chemotherapy
Manuscript number (if known): NA

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.) | _X_ None                                                                                  |
|   | **No time limit for this item.**                                                                 |                                                                                          |

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

|   | 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) |
|---|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
|2  | Grants or contracts from any entity (if not indicated in item #1 above).                       | _X_ None                                                                                  |
|3  | Royalties or licenses                                                                            | _X_ None                                                                                  |
|4  | Consulting fees                                                                                  | _X_ None                                                                                  |

**Time frame: past 36 months**
|   |                                                                 | __X__ None |
|---|----------------------------------------------------------------|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |               |
| 6 | Payment for expert testimony                                   | __X__ None   |
| 7 | Support for attending meetings and/or travel                    | __X__ None   |
| 8 | Patents planned, issued or pending                              | __X__ None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X__ None   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None   |
| 11| Stock or stock options                                         | __X__ None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__ None   |
| 13| Other financial or non-financial interests                      | __X__ None   |

Please summarize the above conflict of interest in the following box:

Yuji Uehara has no conflict of interest to declare.

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

__ X _  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: 4 Oct 2021
Your Name: Taiki Hakozaki
Manuscript Title: Association between the baseline tumor size and outcomes of patients with non-small cell lung cancer treated with first-line immune checkpoint inhibitor monotherapy or in combination with chemotherapy
Manuscript number (if known): NA

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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 |
| 4 | Consulting fees | None |
|   | Title                                                                 | Entity/Activity                                                                 |
|---|----------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Chugai Pharmaceutical Payment for speakers bureaus                                |
| 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                                                                             |
| 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 summarize the above conflict of interest in the following box:

Taiki Hakozaki has received Payment for speakers bureaus from Chugai Pharmaceutical outside the submitted work.

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

__ X __ 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: 10/6/2021
Your Name: Rui Kitadai
Manuscript Title: Association between the baseline tumor size and outcomes of patients with non-small cell lung cancer treated with first-line immune checkpoint inhibitor monotherapy or in combination with chemotherapy
Manuscript number (if known): NA

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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 |
|   | **No time limit for this item.** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 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   |
| 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 summarize the above conflict of interest in the following box:**

Rui Kitadai has no conflict of interest to declare.

**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:  October 4th, 2021
Your Name:  Kosuke Narita
Manuscript Title:  Association between the baseline tumor size and outcomes of patients with non-small cell lung cancer treated with first-line immune checkpoint inhibitor monotherapy or in combination with chemotherapy
Manuscript number (if known):  NA

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.

| Item | 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 |
| 4    | Consulting fees | None | None |
Please summarize the above conflict of interest in the following box:

Kosuke Narita has no conflict of interest to declare.

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

_X_ 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: October 4, 2021  
Your Name: Kageaki Watanabe  
Manuscript Title: Association between the baseline tumor size and outcomes of patients with non-small cell lung cancer treated with first-line immune checkpoint inhibitor monotherapy or in combination with chemotherapy  
Manuscript number (if known): NA

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   |                                                                                               | Time frame: Since the initial planning of the work                                |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None                                                                             |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | None                                                                             |
| 3 | Royalties or licenses                                                                        | None                                                                             |
| 4 | Consulting fees                                                                             | None                                                                             |
|   |                                                                                               | Time frame: past 36 months                                                       |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | AstraZeneca  | honoraria for speakers |
|---|--------------------------------------------------------------------------------------------------------|-------------|-----------------------|
|   | Chugai Pharmaceutical                                                                                 |             | honoraria for speakers |
|   | MSD                                                                                                   |             | honoraria for speakers |
|   | Taiho Pharmaceutical                                                                                  |             | honoraria for speakers |
|   | Pfizer                                                                                                |             | honoraria for speakers |
|   | Eli Lilly Japan                                                                                        |             | honoraria for speakers |
|   | Boehringer Ingelheim                                                                                  |             | honoraria for speakers |
|   | Ono Pharmaceutical                                                                                    |             | honoraria for speakers |
| 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        |                       |
|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 summarize the above conflict of interest in the following box:

Kageaki Watanabe has received honoraria for speakers from AstraZeneca, Chugai Pharmaceutical, MSD, Taiho Pharmaceutical, Pfizer, Eli Lilly Japan, Boehringer Ingelheim, and Ono Pharmaceutical outside the submitted work.

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

_ X_ 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: 05/10/2021
Your Name: Kana Hashimoto
Manuscript Title: Association between the baseline tumor size and outcomes of patients with non-small cell lung cancer treated with first-line immune checkpoint inhibitor monotherapy or in combination with chemotherapy
Manuscript number (if known): NA

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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 |
|   | No time limit for this item.                                                                     |                                                                                   |

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

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

**Time frame: past 36 months**

|   | Royalties or licenses | None |
|   | Consulting fees       | None |
|   | Financial or Non-Financial Interest                                                                 | 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 |
| 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 summarize the above conflict of interest in the following box:

Kana Hashimoto has no conflict of interest to declare.

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

__X__ 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: 4/Oct/2021
Your Name: Shoko Kawai
Manuscript Title: Association between the baseline tumor size and outcomes of patients with non-small cell lung cancer treated with first-line immune checkpoint inhibitor monotherapy or in combination with chemotherapy
Manuscript number (if known): NA

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.

| 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 |
|      | **No time limit for this item.** |                                                                                   |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | ☑️ None |
| 3    | Royalties or licenses | ☑️ None |
| 4    | Consulting fees | ☑️ None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
5. Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events

| Company                      | Description                      |
|------------------------------|----------------------------------|
| AstraZeneca plc              | Honoraria for lectures.          |
| Chugai PHARMACEUTICAL CO.,Ltd. | Honoraria for lectures.          |

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

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 summarize the above conflict of interest in the following box:

Shoko Kawai received honoraria for lectures from AstraZeneca and Chugai Pharmaceutical outside the submitted work.

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: 22/Dec/2021
Your Name: Makiko Yomota
Manuscript Title: Association between the baseline tumor size and outcomes of patients with non-small cell lung cancer treated with first-line immune checkpoint inhibitor monotherapy or in combination with chemotherapy
Manuscript number (if known): NA

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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 |
|   | **No time limit for this item.** | |
|   | **Time frame: Since the initial planning of the work** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
|   | Description                                                                 | Companies/Names                                                                 |
|---|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Chugai PHARMACEUTICAL honoraria for speakers  
ONGO PHARMACEUTICAL honoraria for speakers  
AstraZeneca honoraria for speakers  
TAIHO Pharmaceutical honoraria for speakers  
Takeda Pharmaceutical honoraria for speakers  
Boehringer Ingelheim, honoraria for speakers  
Pfizer honoraria for speakers |
| 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                                                                             |
| 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 summarize the above conflict of interest in the following box:

Makiko Yomota has received honoraria for speakers from Chugai Pharmaceutical, Ono Pharmaceutical, AstraZeneca, TAIHO Pharmaceutical, Takeda Pharmaceutical, Boehringer Ingelheim, and Pfizer, outside the submitted work.

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

_X_ 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: _4/Oct/2021_
Your Name: Yukio Hosomi
Manuscript Title: Association between the baseline tumor size and outcomes of patients with non-small cell lung cancer treated with first-line immune checkpoint inhibitor monotherapy or in combination with chemotherapy
Manuscript number (if known): NA

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.) | _X_None |
|   | No time limit for this item.                                                                   |                                                                                  |

Time frame: Since the initial planning of the work

|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X_None |
| 3 | Royalties or licenses                                                                         | _X_None |
| 4 | Consulting fees                                                                               | _X_None |

Time frame: past 36 months
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | AstraZeneca | honoraria for speakers |
|---|---------------------------------------------------------------------------------------------------------|------------|-----------------------|
|   |                                                                                                         | Ono Pharmaceutical | honoraria for speakers |
|   |                                                                                                         | Chugai Pharmaceutical | honoraria for speakers |
| 6 | Payment for expert testimony                                                                            | __X__ None    |                       |
| 7 | Support for attending meetings and/or travel                                                            | __X__ None    |                       |
| 8 | Patents planned, issued or pending                                                                      | __X__ None    |                       |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                       | __X__ None    |                       |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid      | __X__ None    |                       |
|11 | Stock or stock options                                                                                  | __X__ None    |                       |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                        | __X__ None    |                       |
|13 | Other financial or non-financial interests                                                              | __X__ None    |                       |

Please summarize the above conflict of interest in the following box:

Yukio Hosomi has received for speakers from AstraZeneca, Ono Pharmaceutical, and Chugai Pharmaceutical outside the submitted work.

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

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