

#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

## Identifying information.

## 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

## 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

## 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

## 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information										
Given Name (First Name) Kiichiro	2. Surname (Last Na Tsuchiya	,								
4. Are you the corresponding author?	✓ Yes No									
5. Manuscript Title 2018-2019_ECCO_Annual_Disclosure										
6. Manuscript Identifying Number (if you kno	ow it)				_					
Section 2. The Work Under Co	nsideration for P	ublication								
Did you or your institution <b>at any time</b> received any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interest of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interest of the submitted work (including statistical analysis, etc.)?	but not limited to gradest? Yes	nts, data monitoring	board, stu	udy design, manuscript preparation,						
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments						
lapanese Ministry of Education, Culture, Sports, Science and Technology	<b>✓</b>									
lapanese Ministry of Health, Labor and Welfare	<b>✓</b>									
lapan Agency for Medical Research and Development	<b>✓</b>									
Princess Takamatsu Cancer Research Fund	<b>✓</b>									
Section 3. Polovent financial of	-41-141	ahh'ssd								
Relevant financial a	ictivities outside	tne submitted	work.							
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should repart there any relevant conflicts of interesting the specific places fill out the appropriate information."	ped in the instruction ort relationships that:  Yes  Yes	ns. Use one line fo	r each en	ntity; add as many lines as you need b						

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Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments			
Japanese Ministry of Education, Culture, Sports, Science and Technology	<b>√</b>							
Japanese Ministry of Health, Labor and Welfare	$\checkmark$							
Japan Agency for Medical Research and Development	<b>√</b>							
Mitsubishi Tanabe Pharma	<b>✓</b>							
Kaken Pharmaceutical Co., Ltd	<b>✓</b>							
Section 4. Intellectual Propert	v Pate	ents & Cor	ovrights					
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? Yes 🗸 No			
Section 5. Relationships not c	overed	above						
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?								
Yes, the following relationships/cond	litions/cir	cumstance	s are present (exp	olain belo	w):			
✓ No other relationships/conditions/cir	cumstan	ces that pre	esent a potential o	conflict of	interest			
At the time of manuscript acceptance, jo On occasion, journals may ask authors to						nts.		
Section 6. Disclosure Stateme	nt							
Based on the above disclosures, this form below.	n will auto	omatically o	generate a disclos	ure state	ment, which will appear in the box			
Dr. Tsuchiya reports grants from Japanes	se Ministr	y of Educat	tion, Culture, Spo	rts, Scienc	te and Technology, grants from			

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Japanese Ministry of Health, Labor and Welfare, grants from Japan Agency for Medical Research and Development, grants from Princess Takamatsu Cancer Research Fund, during the conduct of the study; grants from Japanese Ministry of Education, Culture, Sports, Science and Technology, grants from Japanese Ministry of Health, Labor and Welfare, grants from Japan Agency for Medical Research and Development, grants from Mitsubishi Tanabe Pharma, grants from Kaken

Pharmaceutical Co., Ltd, outside the submitted work; .



### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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