

## ICMJE DISCLOSURE FORM

Date: Jan. 30<sup>th</sup> 2023

Your Name: Masayuki Sekine

Manuscript Title: Challenges for clinical application of “TRACEBACK” study: Testing of Historical Tubo-Ovarian Cancer Patients for Hereditary Risk Genes

Manuscript number (if known): ATM-23-352

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

MS received lecture fee from AstraZeneca.

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: Jan. 30<sup>th</sup> 2023

Your Name: Masanori Isobe

Manuscript Title: Challenges for clinical application of “TRACEBACK” study: Testing of Historical Tubo-Ovarian Cancer Patients for Hereditary Risk Genes

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## ICMJE DISCLOSURE FORM

Date: Jan. 30<sup>th</sup> 2023

Your Name: Koji Nishino

Manuscript Title: Challenges for clinical application of “TRACEBACK” study: Testing of Historical Tubo-Ovarian Cancer Patients for Hereditary Risk Genes

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## ICMJE DISCLOSURE FORM

Date: Jan. 30<sup>th</sup> 2023

Your Name: Sosuke Adachi

Manuscript Title: Challenges for clinical application of “TRACEBACK” study: Testing of Historical Tubo-Ovarian Cancer Patients for Hereditary Risk Genes

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13	Other financial or non-financial interests	____ None	

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## ICMJE DISCLOSURE FORM

Date: Jan. 30<sup>th</sup> 2023

Your Name: Kazuaki Suda

Manuscript Title: Challenges for clinical application of “TRACEBACK” study: Testing of Historical Tubo-Ovarian Cancer Patients for Hereditary Risk Genes

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3	Royalties or licenses	None	
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	
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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None.

**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: Jan. 30<sup>th</sup> 2023

Your Name: Kosuke Yoshihara

Manuscript Title: Challenges for clinical application of “TRACEBACK” study: Testing of Historical Tubo-Ovarian Cancer Patients for Hereditary Risk Genes

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	AstraZeneca	research grant
3	Royalties or licenses	None	
4	Consulting fees	None	

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13	Other financial or non-financial interests	<u>None</u>	

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

KY received research grant and lecture fees from AstraZeneca.

**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.