

ICMJE DISCLOSURE FORM

Date: August 28, 2021

Your Name: Toru Arai

Manuscript Title: Platelet-derived growth factor can predict survival and acute exacerbation in patients with idiopathic pulmonary fibrosis

Manuscript number (if known): _____

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.	<u>None</u>	
		JSPS KAKENHI Grant Number JP17K09636	Payments were made to me.
		National Hospital Organization Grant {H28-NHO (Kokyu)-2}	Payments were made to me.
		Editage, English Editing	Payments for the editing were done by me.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>_X_ None</u>	
3	Royalties or licenses	<u>_X_ None</u>	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Boehringer Ingelheim	Payments were made to me.
		Shionogi Co. Ltd	Payments were made to me.
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

TA has received lecture fees from Boehringer Ingelheim and Shionogi for activities not connected with 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: Dec 28, 2021 _____

Your Name: Masaki Hirose _____

Manuscript Title: Platelet-derived growth factor can predict survival and acute exacerbation in patients with idiopathic pulmonary fibrosis _____

Manuscript number (if known): _____

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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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	JSPS KAKENHI grant (number JP17K09636)	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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

I report a grant from Japanese Society for the Promotion of Science (JSPS), but have no competing interest.

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: 29th August, 2021

Your Name: Tomoko Kagawa

Manuscript Title: Platelet-derived growth factor can predict survival and acute exacerbation in patients with idiopathic pulmonary fibrosis

Manuscript number (if known): _____

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.

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

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

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

I have no conflict of interests.

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: 2021/8/31

Your Name: Kazuyoshi Hatsuda

Manuscript Title: Platelet-derived growth factor can predict survival and acute exacerbation in patients with idiopathic pulmonary fibrosis

Manuscript number (if known): _____

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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Time frame: past 36 months			
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	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> __None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> __None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> __None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> __None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> __None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> __None	
11	Stock or stock options	<input checked="" type="checkbox"/> __None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> __None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> __None	

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

<p>I have no conflict of interests.</p>

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: August 28, 2021

Your Name: Yoshikazu Inoue

Manuscript Title: Platelet-derived growth factor can predict survival and acute exacerbation in patients with idiopathic pulmonary fibrosis

Manuscript number (if known): _____

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

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
		Lecture fee	Boehringer Ingelheim (not related to this study)
		Lecture fee	Kyorin (not related to this study)
		Lecture fee	GSK (not related to this study)
		Lecture fee	Shionogi (not related to this study)
6	Payment for expert testimony	<u> X </u> None	
7	Support for attending meetings and/or travel	<u> X </u> None	
8	Patents planned, issued or pending	<u> X </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
		Steering committee	Boehringer Ingelheim (Other clinical trial not related to this study)
		Advisory board	Taiho (Other clinical trial not related to this study)
		Steering committee	Roche(Other clinical trial not related to this study)
		Steering committee	GALAPAGOS(Other clinical trial not related to this study)
	Medical advisor	Savara(Other clinical trial not related to this study)	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	
11	Stock or stock options	<u> X </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
		Medical writing	Boehringer Ingelheim (Other manuscripts related to other clinical trial not related to this study)
13	Other financial or non-financial interests	<u> X </u> None	

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

YI is members of steering committees or advisor of Boehringer Ingelheim, Taiho, Roche, GALAPAGOS and SAVARA (not related to this study). YI has received lecture fees from Boehringer Ingelheim, Kyorin GSK and Shionogi (not related to this study). YI has received supports of medical writing from Boehringer Ingelheim about other manuscripts related to other clinical trial not related to this study).

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.