

#### **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.

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# 4. Intellectual Property.

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

# Relationships not covered above.

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earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

patent

Shimada 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Yuki	2. Surname (Last Name) Shimada		3. Date 03-February-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nam Hiroaki Saito	ne
5. Manuscript Title Pharmaceutical Company Payments to	the Professors of Orthope	dic Surgery Departments in .	Japan
6. Manuscript Identifying Number (if you ki	now it)		
		_	
Section 2. The Work Under C	onsideration for Public	cation	
Did you or your institution <b>at any time</b> receany aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interesting the submitted work in the statistical analysis, etc.)?	g but not limited to grants, da		
Section 3. Relevant financial			
Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of interest.	ibed in the instructions. Us port relationships that wer	se one line for each entity; ad	dd as many lines as you need by
Section 4. Intellectual Prope	rty Patents & Copyric	yhts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No

Shimada 2



Section 5. Polationships not severed above
Relationships not covered 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/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Shimada has nothing to disclose.

## **Evaluation and Feedback**

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Shimada 3



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

Tanimoto 1



Sortion 1				
Section 1. Identifying Inform	nation			
Given Name (First Name)  Tetsuya	2. Surname (Last Name) Tanimoto		3. Date 14-November-2019	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Hiroaki Saito		
5. Manuscript Title Pharmaceutical Company Payments to	the Professors of Orthope	dic Surgery Departme	ents in Japan	
6. Manuscript Identifying Number (if you kr	now it)			
		_		
Section 2. The Work Under Co	onsideration for Public	cation		
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)?			ent, commercial, private foundation, etc.) for udy design, manuscript preparation,	
Are there any relevant conflicts of intere				
If yes, please fill out the appropriate info Excess rows can be removed by pressin	-	e more than one enti	ty press the "ADD" button to add a row.	
Name of Institution/Company	Grant? Personal No	n-Financial Other?	Comments	
Ain pharmaces			donation to the Medical Governance Research Institute	
Section 3. Relevant financial	activities outside the	submitted work.		
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. Us port relationships that wer	se one line for each er	ntity; add as many lines as you need by	
Are there any relevant conflicts of intere				
If yes, please fill out the appropriate info	ormation below.			
Name of Entity	Giant	n-Financial Other?	Comments	
Medical Network Systems, MNES INc.,				

Tanimoto 2



Soutien A					
Section 4. Intellectual Property Patents & Copyrights					
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V					
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Dr. Tanimoto reports and personal fees from Medical Network Systems, MNES INc., outside the submitted work					

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Suzuki 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Yosuke	rst Name)	2. Surname (Last Na Suzuki	me)	3. Date 14-November-2019		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Hiroaki Saito	Corresponding Author's Name Hiroaki Saito		
5. Manuscript Title Pharmaceutical Company Payments to the Professors of Orthopedic Surgery Departments in Japan						
6. Manuscript Ider	ntifying Number (if you kr	now it)				
Section 2.	The Work Under Co	onsideration for F	ublication			
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere out the appropriate info	s but not limited to gracest? Yes ormation below. If yo	nts, data monitoring bo	vernment, commercial, privoard, study design, manuscr ne entity press the "ADD"	ript preparation,	
	be removed by pressing	g the "X" button.  Grant? Personal	Non-Financial	ther? Comments		
Name of Institut	ion/Company	Fees	Support?	ther Comments		
Ain pharmaces				donation to the Me Research Institute	dical Governance	
Section 3.	Relevant financial	activities outside	the submitted wo	ork.		
of compensation clicking the "Add	) with entities as descri	ibed in the instruction oort relationships the	ns. Use one line for e	financial relationships (reach entity; add as many ing the 36 months prior	lines as you need by	
Section 4.	lutalla de la Dece	de Deterrite O-C-				
	Intellectual Proper					
Do you have any	patents, whether plan	ned, pending or issu	ed, broadly relevant	to the work? Yes	<b>✓</b> No	

Suzuki 2



Section 5.				
Section 5.	Relationships not covered above			
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?			
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):			
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Dr. Suzuki report	s other from Ain pharmaces, during the conduct of the study; .			

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Ozaki 1



Section 1			
Section 1. Identifying Inform	mation		
Given Name (First Name)     Akihiko	2. Surname (Last Name) Ozaki		3. Date 14-November-2019
4. Are you the corresponding author?	Yes ✓ No	Corresponding Aut Hiroaki Saito	hor's Name
5. Manuscript Title Pharmaceutical Company Payments to	o the Professors of Orthop	edic Surgery Departr	ments in Japan
6. Manuscript Identifying Number (if you k	tnow it)		
Section 2. The Work Under (	Consideration for Publ	ication	
Did you or your institution at any time recany aspect of the submitted work (includin statistical analysis, etc.)?  Are there any relevant conflicts of interesting the state of the state	g but not limited to grants, o		ment, commercial, private foundation, etc.) for study design, manuscript preparation,
•	formation below. If you ha	ave more than one er	ntity press the "ADD" button to add a row.
Name of Institution/Company	Grant	on-Financial Other	? Comments
Ain pharmaces			donation to the Medical Governance Research Institute
Section 3. Relevant financia	l activities outside the	submitted work.	
	ribed in the instructions. I eport relationships that wo rest?	Jse one line for each	ncial relationships (regardless of amount entity; add as many lines as you need by he 36 months prior to publication.
Name of Entity	Giant	on-Financial Other	? Comments
Medical Network Systems, MNES INc	rees•	Support!	

Ozaki 2



Section 4. Intellectual Property Patents & Copyrights					
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume					
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Dr. Ozaki reports other from Ain pharmaces, during the conduct of the study; personal fees from Medical Network Systems, MNES INc, outside the submitted work; .					

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Yamamoto 1



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1. Given Name (Fii Kana	rst Name)	2. Surname Yamamoto	- ·	2)	3. Date 14-November-2019			
4. Are you the cor	responding author?	Yes	✓ No	-	Corresponding Author's Name Hiroaki Saito			
5. Manuscript Title Pharmaceutical (		the Professo	rs of Ortho	opedic Surgery Departments in Japan				
6. Manuscript Ider	ntifying Number (if you kn	ow it)						
Section 2.	The Work Under Co	onsideratio	on for Pul	blication				
any aspect of the s statistical analysis,	ubmitted work (including	but not limit	ed to grants 	, data monitoring		, commercial, private foundation, et y design, manuscript preparation,	c.) for	
•					one entity	press the "ADD" button to add a	row.	
Excess rows can l	be removed by pressing	g the "X" but	ton.					
Name of Institut	ion/Company	Grant? P	ersonal   Fees	Non-Financial Support	Other?	Comments		
Ain pharmaces						onation to the Medical Governance search Institute		
Section 3.	Relevant financial	activities c	utside th	e submitted	work.			
of compensation	) with entities as descri	bed in the ir	structions	. Use one line fo	or each entit	relationships (regardless of amo cy; add as many lines as you need 6 months prior to publication.	d by	
Are there any rel	evant conflicts of intere	est? 🗸 Ye	s No	0				
If yes, please fill o	out the appropriate info	ormation bel	ow.					
Name of Entity		Grant	ersonal I	Non-Financial Support?	Other?	Comments		
NAGATANIEN Co., Ltc	d.		<b>√</b>					
ROHTO Pharmaceution	cal Co., Ltd.		<b>✓</b>					

Yamamoto 2



Soutien A
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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.

# 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 Inform	ation				
1. Given Name (Fi Hiroaki	rst Name)	2. Surname (Last Na Saito	me)		3. Date 14-November-2019	
4. Are you the cor	rresponding author?	✓ Yes No				
5. Manuscript Title Pharmaceutical	e Company Payments to	the Professors of Ort	hopedic Surgery	Departments	in Japan	
6. Manuscript Ide	ntifying Number (if you kr	now it)				
Section 2.						
Did you or your in: any aspect of the s statistical analysis,	submitted work (including	ive payment or service but not limited to gra	s from a third party		commercial, private foundation, etc.) for design, manuscript preparation,	
	If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.					
Name of Institut	tion/Company	Grant? Personal Fees?	Non-Financial Support?	Other 6 Co	omments	
he Waseda Chronicl	e		✓	data	a collection	
Section 3.	Relevant financial	activities outside	the submitted	work.		
of compensation	n) with entities as descri	ibed in the instructio port relationships tha	ns. Use one line f	or each entity	relationships (regardless of amount r; add as many lines as you need by s months prior to publication.	
•	levant conflicts of intere		No			
ार yes, please fill (	out the appropriate info	ormation below.				
Name of Entity		Grant? Personal Fees?	Non-Financial Support?	Other? Co	omments	
TAIHO Pharmaceutic	al Co. Ltd			outs	side of the submitted work	

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Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume
Section 5. Relationships not covered 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/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Saito reports non-financial support from the Waseda Chronicle, during the conduct of the study; personal fees from TAIHO Pharmaceutical Co. Ltd, outside the submitted work; .

### **Evaluation and Feedback**

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$ 

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#### **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.

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

patent

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Section 1.	Identifying Inforn	nation		
1. Given Name (First Name) Toyoaki		2. Surname (Last Name) Sawano	3. Date 14-November-2019	
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name Hiroaki Saito	
5. Manuscript Title Pharmaceutical Company Payments to the Professors of Orthopedic Surgery Departments in Japan				
6. Manuscript Identifying Number (if you know it)				
Section 2. The Work Under Consideration for Publication				
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest? Yes Vo				
Section 3.	Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo				
Section 4.	Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

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Section 5. Relationships not sovered above			
Relationships not covered 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/conditions/circumstances are present (explain below):			
No other relationships/conditions/circumstances that present a potential conflict of interest			
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.			
Section 6. Disclosure Statement			
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.			
Dr. Sawano has nothing to disclose.			

### **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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