ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers pf 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.

1. Identifying information.

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4. Intellectual Property.

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

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Section 1. Identifying Information

1. Given Name (First Name): Kazuya
2. Surname (Last Name): Nishino
3. Date: 03-March-2021

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Koji Tamai

5. Manuscript Title: Heated Tobacco Products Impair Cell Viability, Osteoblastic Differentiation, and Bone Fracture Healing

6. Manuscript Identifying Number (if you know it): JBJS-S-20-02972

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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 ☑ No

ADD

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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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 ☑ No

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Section 6. Disclosure Statement

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Generate Disclosure Statement

Dr. Nishino has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name): Koji
2. Surname (Last Name): Tamai
3. Date: 03-March-2021

4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title
Heated Tobacco Products Impair Cell Viability, Osteoblastic Differentiation, and Bone Fracture Healing

6. Manuscript Identifying Number (if you know it)
JBJS-S-20-02972

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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 ☐ No

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 Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Scientific Research (Grant Number: 19K09604)	☑	☐	☐	☐		X

ADD

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 **present during the 36 months prior to publication**.

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Dr. Tamai reports grants from Scientific Research (Grant Number: 19K09604), during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name): Kumi
2. Surname (Last Name): Orita
3. Date: 03-March-2021

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Koji Tamai

5. Manuscript Title: Heated Tobacco Products Impair Cell Viability, Osteoblastic Differentiation, and Bone Fracture Healing

6. Manuscript Identifying Number (if you know it): JBJS-S-20-02972

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Ms. Orita has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name): Yusuke
2. Surname (Last Name): Hashimoto
3. Date: 03-March-2021

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Koji Tamai

5. Manuscript Title: Heated Tobacco Products Impair Cell Viability, Osteoblastic Differentiation, and Bone Fracture Healing

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Dr. Hashimoto has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name): Hiroaki
2. Surname (Last Name): Nakamura
3. Date:

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Koji Tamai

5. Manuscript Title: Heated Tobacco Products Impair Cell Viability, Osteoblastic Differentiation, and Bone Fracture Healing

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Are there any relevant conflicts of interest? ☑ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Japan Society for the Promotion of Science	✓					×
Japan Agency for Medical Research and Development	✓					×
DAIICHI SANKYO COMPANEY, LIMITED		✓				×
Taisho Toyama Pharmaceutical Co., Ltd.		✓				×
SHIONOGI & CO., LTD.		✓				×
Eli Lilly Japan K.K_ Comments		✓				×
Osaka City University		✓			employment	×

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Shiraniwa Hospital	☐	☑	☐	☐	employment	×

ADD

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