ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. Given Name (First Name)  
Noriko

2. Surname (Last Name)  
Motoi

3. Date  
19-March-2020

4. Are you the corresponding author?  
☑️ No

Corresponding Author’s Name  
Yasushi Yatabe

5. Manuscript Title  
Lung cancer biomarker tests: the history and perspective in Japan

6. Manuscript Identifying Number (if you know it)  
TLCR-2019-PPS-09

### 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?  
☑️ No

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

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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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

**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):  
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**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. Motoi reports personal fees from AstraZeneca, personal fees from Chugai Pharma, personal fees from Miraca Life Sciences, personal fees from MSD, personal fees from Agilent, personal fees from Novartis, personal fees from Taiho, grants and personal fees from Roche Diagnostics, grants from NEC, outside the submitted work.

**Evaluation and Feedback**

Please visit [http://www.icmje.org/cgi-bin/feedback](http://www.icmje.org/cgi-bin/feedback) to provide feedback on your experience with completing this form.
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1. Given Name (First Name)  
   Yasushi

2. Surname (Last Name)  
   Yatabe

3. Date  
   18-March-2020

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
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