

Disclosure of Conflict of Interest      **Columns with \* are required.**

1. If your study for this presentation is supported by research fund, please indicated the fund is public fund (e.g. government) , contraction with, donation from company and/or a profit-making organization related to medicine, or others, and specify the funder's name (if your study is sponsored by the study group receiving fund, please specify the name of the funder) .
2. Are you an employee of a company and/or a profit-making organization related to medicine, or have you been an employee of a company and/or a profit-making organization related to your presentation these past five years? If yes, please specify the name of the company and/or organization and your status (Except affiliated organization reported in the abstract) .
3. Have you been an advisor of a company and/or a profit-making organization related to medicine, and received more than 1 million yen per year for the job these past three years (January 1, 2015 to December 31, 2017) ? \* If yes, please specify the name of the company and/or organization, status (Except affiliated organization reported in the abstract) .
4. Do you and/or your family members who share livelihood with you have 5% or more of stock of a company and/or a profit-making organization related to medicine, or receive its profit (e.g. stock dividend) over 1 million yen per year these past three years (January 1, 2015 to December 31, 2017) ? If yes, please specify the name of the company and/or organization for each person (Except affiliated organization reported in the abstract) . Not necessary to specify the name of stockholder, amount of stock or amount of profit.
5. Have you and/or your family members who share livelihood with you earned more than 500,000 yen per year as a lecture fee from a company and/or a profit-making organization related to medicine these past three years (January 1, 2015 to December 31, 2017) ? If yes, please specify the name of the company and/or profit-making organization (Except affiliated organization reported in the abstract) .
6. Have you and/or your family members who share livelihood with you earned more than 500,000 yen per year as a manuscript fee from a company and/or a profit-making organization related to medicine these past three years (January 1, 2015 to December 31, 2017) ? If yes, please specify the name of the company and/or profit-making organization ( Except affiliated organization reported in the abstract) .
7. Have you and/or your family members who share livelihood with you received more than 1 million yen per year as research expenses from a company and/or a profit-making organization related to medicine these past three years (January 1, 2015 to December 31, 2017) ? If yes, please specify the name of the company and/or an

organization (Except affiliated organization reported in the abstract. It does not matter whether the research expenses are for this presentation or not. Expenses for basic research are also subject to disclose.)

8. Have you and/or your family members who share livelihood with you received more than 1 million yen per year as a certain contributions from a company and/or a profit-making organization related to medicine these past three years (January 1, 2015 to December 31, 2017) ? If yes, please specify the name of the company and/or an organization (Except your reported affiliated organization) .
9. Have you and/or your family members who share livelihood with you earned more than 1 million yen per year as a fee of comment, judgment and testimony upon trials, etc. from a company and/or a profit-making organization related to medicine these past three years (January 1, 2015 to December 31, 2017) ? \* If yes, please specify the name of the company and/or an organization (Except your reported affiliated organization) .
10. Are you and/or your family members who share livelihood with you a representative of an organization for clinical study which receive research expenses (donation, contraction, others, and expenses for basic research are also subject to disclose) from a company and/or a profit-making organization related to medicine? If yes, please specify the name of the company and/or organization.
11. Have you and/or your family members who share livelihood with you received gifts equivalent to more than 50,000 yen per year from a company and/or a profit-making organization related to medicine these past three years (January 1, 2015 to December 31, 2017) ? \* If yes, please specify the name of the company and/or an organization (Except your reported affiliated organization) .