

## Health Physics



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**Manuscript Title** Efficacy of combination therapy with natriuretic and aquaretic drugs in liver cirrhosis patients with ascites: A randomized study  
 including all accompanying digital supplementary content, if any (the "Work")

**Author** Haruki Uojima

**Are you the corresponding Author?**

☒ Yes  
☐ No

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3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
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4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
ADD							
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
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6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
ADD							
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
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\* This means money that your institution received for your efforts on this study. \*\* Use this section to provide any needed explanation.

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7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
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**Are you the corresponding Author?**

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**Corresponding Author's Name**

Haruki Uojima

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**Are you the corresponding Author?**

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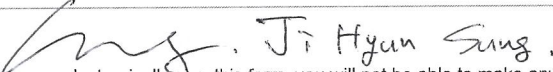
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☒ No

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## Health Physics



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**Manuscript Title** Efficacy of combination therapy with natriuretic and aquaretic drugs in liver cirrhosis patients with ascites: A randomized study

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**Are you the corresponding Author?**

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**Note:** Items 1, 2, and 3 listed below come from the ICMJE Uniform Disclosure Form for Potential Conflicts of Interest at <http://www.icmje.org/update.html> (dated July 2010), except for the columns in numbers 1 and 2 that ask whether the relationship is current, ongoing, or past.



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							ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
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							ADD
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
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\* This means money that your institution received for your efforts on this study. \*\* Use this section to provide any needed explanation.

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities. 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 submission.

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3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
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							ADD
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☒ No

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Haruki Uojima

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## Health Physics



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**Manuscript Title** Efficacy of combination therapy with natriuretic and aquaretic drugs in liver cirrhosis patients with ascites: A randomized study

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**Author** Kazuya Koizumi

**Are you the corresponding Author?**

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7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
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\* This means money that your institution received for your efforts on this study. \*\* Use this section to provide any needed explanation.

## 2. 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. 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 submission.

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1. Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
5. Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
6. Payment for lectures including service on speakers bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD

\* This means money that your institution received for your efforts. \*\* For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



Type	No	Money Paid to you	Money to Your Institution*	Name of Entity	Is the relationship current (C), ongoing (O), or past (P)?	Comments**	
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
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## Health Physics



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**Author** Makoto Kako

**Are you the corresponding Author?**

☐ Yes  
☒ No

**Corresponding Author's Name**

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							ADD
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7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
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