

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.

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.

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4. Intellectual Property.

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

5. 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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hiroshi	2. Surname (Last Name) Kadotani	3. Date 27-August-2021
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Factors causing a relapse of major depressive disorders following successful electroconvulsive therapy: a retrospective cohort study		
6. Manuscript Identifying Number (if you know it) 66444		

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

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**.

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
Otsuka Pharmaceutical Co., Ltd.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker's honoraria
Takeda Pharmaceutical Co., Ltd.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker's honoraria
Janssen Pharmaceutical K.K.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker's honoraria

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 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. Kurimoto reports personal fees from Otsuka Pharmaceutical Co., Ltd., personal fees from Takeda Pharmaceutical Co., Ltd., personal fees from Janssen Pharmaceutical K.K., outside the submitted work; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Takahiko	2. Surname (Last Name) Inagaki	3. Date 27-August-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hiroshi Kadotani
5. Manuscript Title Factors causing a relapse of major depressive disorders following successful electroconvulsive therapy: a retrospective cohort study		
6. Manuscript Identifying Number (if you know it) 66444		

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

Section 3. Relevant financial activities outside the submitted work.

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Otsuka Pharmaceutical Co., Ltd.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture fee
Yoshitomiya Corporation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture fee
Lundbeck Japan K.K.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture fee
Janssen Pharmaceutical K.K.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture fee
Kitaohji Syobo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Writing fee
Maruzen Publishing Co., Ltd.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Writing fee
SEIKAISHA Ltd.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Writing fee

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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

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Representative caretaker: Child and Adolescent Mental Health Roundtable of Kinki, Japan; Chair: Japanese Translation Committee of IACAPAP TEXTBOOK; Representative secretary: Network of Child and Adolescent Mental Health Services in Shiga; Associate Editor: Editorial Board of Child and Adolescent Psychiatry and Mental Health.

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Dr. Inagaki reports personal fees from Otsuka Pharmaceutical Co., Ltd., personal fees from Yoshitomiyakuhin Corporation, personal fees from Lundbeck Japan K.K., personal fees from Janssen Pharmaceutical K.K., personal fees from Kitaohji Syobo, personal fees from Maruzen Publishing Co., Ltd., personal fees from SEIKAISHA Ltd., outside the submitted work; and Representative caretaker: Child and Adolescent Mental Health Roundtable of Kinki, Japan; Chair: Japanese Translation Committee of IACAPAP TEXTBOOK; Representative secretary: Network of Child and Adolescent Mental Health Services in Shiga; Associate Editor: Editorial Board of Child and Adolescent Psychiatry and Mental Health..

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Section 1. Identifying Information

1. Given Name (First Name)

Takashi

2. Surname (Last Name)

Aoki

3. Date

27-August-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Hiroshi Kadotani

5. Manuscript Title

Factors causing a relapse of major depressive disorders following successful electroconvulsive therapy: a retrospective cohort study

6. Manuscript Identifying Number (if you know it)

66444

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Dr. Aoki has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Hiroshi

2. Surname (Last Name)

Kadotani

3. Date

27-August-2021

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Factors causing a relapse of major depressive disorders following successful electroconvulsive therapy: a retrospective cohort study

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Fukuda Lifetech Co., Ltd.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Associated with a laboratory that was supported by donations to Shiga University of Medical Science
Fukuda Life Tech Keiji Co., Ltd.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Associated with a laboratory that was supported by donations to Shiga University of Medical Science
Tanaka Sleep Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Associated with a laboratory that was supported by donations to Shiga University of Medical Science
Akita Sleep Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Associated with a laboratory that was supported by donations to Shiga University of Medical Science

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Eisai Co., Ltd.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Merck Sharp and Dohme Corp/MSD K.K.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the Investigator-Initiated Studies Program
Takeda Pharmaceutical Co., Ltd.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fee
Eisai Co., Ltd.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoraria for lectures
Shiga prefecture	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoraria for lectures
Nobelpharma Co., Ltd.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoraria for lectures
Consumers' co-operative Shiga	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoraria for manuscript writing
Nipponrinsyosya Co., Ltd.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoraria for manuscript writing
Life Science	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoraria for manuscript writing
Asakura Publishing Co., Ltd.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoraria for manuscript writing

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Fujiki

2. Surname (Last Name)
Kurimoto

3. Date
27-August-2021

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Hiroshi Kadotani

5. Manuscript Title
Factors causing a relapse of major depressive disorders following successful electroconvulsive therapy: a retrospective cohort study

6. Manuscript Identifying Number (if you know it)
66444

Section 2. The Work Under Consideration for Publication

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

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Section 6.

Disclosure Statement

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Dr. Kurimoto has nothing to disclose.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kenichi	2. Surname (Last Name) Kuriyama	3. Date 27-August-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hiroshi Kadotani
5. Manuscript Title Factors causing a relapse of major depressive disorders following successful electroconvulsive therapy: a retrospective cohort study		
6. Manuscript Identifying Number (if you know it) 66444		

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

Section 3. Relevant financial activities outside the submitted work.

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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
Otsuka Pharmaceutical Co., Ltd.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meiji Seika Pharma Co., Ltd.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MSD K.K.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eisai Co., Ltd.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Takeda Pharmaceutical Co., Ltd.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer Japan Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shionogi Pharma Co., Ltd.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mitsubishi-Tanabe Pharma Corporation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Tsumura & CO.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kao Corporation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meiji Seika Pharma Co., Ltd.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker's honoraria
Eli Lilly Japan K.K.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker's honoraria
Eisai Co., Ltd.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker's honoraria
MSD K.K.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker's honoraria
Yoshitomiyakuin Corporation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker's honoraria
Tsumura & CO.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker's honoraria
Takeda Pharmaceutical Co., Ltd.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker's honoraria

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

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Section 6. Disclosure Statement

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Dr. Kuriyama reports grants from Otsuka Pharmaceutical Co., Ltd., grants from Meiji Seika Pharma Co., Ltd., grants from MSD K.K., grants from Eisai Co., Ltd., grants from Takeda Pharmaceutical Co., Ltd., grants from Pfizer Japan Inc., grants from Shionogi Pharma Co., Ltd., grants from Mitsubishi-Tanabe Pharma Corporation, grants from Tsumura & CO., grants from Kao Corporation, personal fees from Meiji Seika Pharma Co., Ltd., personal fees from Eli Lilly Japan K.K., personal fees from Eisai Co., Ltd., personal fees from MSD K.K., personal fees from Yoshitomiyakuhin Corporation, personal fees from Tsumura & CO., personal fees from Takeda Pharmaceutical Co., Ltd., outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Naoto	2. Surname (Last Name) YAMADA	3. Date 27-August-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hiroshi Kadotani
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Dr. YAMADA has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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