ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Soh

2. Surname (Last Name)  
Imamura

3. Date  
18-June-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name
Jiro Terada

5. Manuscript Title
Long-term efficacy of pulmonary rehabilitation with home-based or low frequent maintenance programs in patients with chronic obstructive pulmonary disease: a meta-analysis

6. Manuscript Identifying Number (if you know it)
APM-19-581

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Imamura has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Takeshi
2. Surname (Last Name)  Inagaki
3. Date  18-June-2020
4. Are you the corresponding author?  No
   Corresponding Author’s Name  Jiro Terada

5. Manuscript Title
   FLong-term efficacy of pulmonary rehabilitation with home-based or low frequent maintenance programs in patients with chronic obstructive pulmonary disease: a meta-analysis

6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jiro

2. Surname (Last Name)  
   Terada

3. Date  
   19-June-2020

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

5. Manuscript Title  
   Long-term efficacy of pulmonary rehabilitation with home-based or low frequent maintenance programs in patients with chronic obstructive pulmonary disease: a meta-analysis

6. Manuscript Identifying Number (if you know it)  
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Section 1. Identifying Information

1. Given Name (First Name)  
   Kengo

2. Surname (Last Name)  
   Nagashima

3. Date  
   19-June-2020

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   Long-term efficacy of pulmonary rehabilitation with home-based or low frequent maintenance programs in patients with chronic obstructive pulmonary disease: a meta-analysis

6. Manuscript Identifying Number (if you know it)  
   APM-19-581

Corresponding Author’s Name  
   Jiro Terada

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Dr. Nagashima has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Hideki
2. Surname (Last Name)  Katsura
3. Date  19-June-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
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Dr. Katsura has nothing to disclose.

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Grant: A grant from an entity, generally [but not always] paid to your organization
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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)  
   Koichiro  
2. Surname (Last Name)  
   Tatsumi  
3. Date  
   19-June-2020  
4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No  
   Corresponding Author’s Name  
   Jiro Terada  
5. Manuscript Title  
   Long-term efficacy of pulmonary rehabilitation with home-based or low frequent maintenance programs in patients with chronic obstructive pulmonary disease: a meta-analysis  
6. Manuscript Identifying Number (if you know it)  
   APM-19-581

## 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.  
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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?

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Tatsumi has nothing to disclose.

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