

ICMJE DISCLOSURE FORM

Date: 2/25/2022

Your Name: Dr Cheong Wai Kwong

Manuscript Title: Experience with bilastine in the management of urticaria: Original Real-world cases of Bilastine In Treatment (ORBIT) in Asia

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 394"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="386 480 1516 583"> <tr> <td>Johnson & Johnson</td> <td>Speaker & received honoraria</td> </tr> <tr> <td>Novartis</td> <td>Speaker & received honoraria</td> </tr> <tr> <td>A. Menarini</td> <td>Speaker & received honoraria</td> </tr> </table>		Johnson & Johnson	Speaker & received honoraria	Novartis	Speaker & received honoraria	A. Menarini	Speaker & received honoraria		
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Novartis	Speaker & received honoraria										
A. Menarini	Speaker & received honoraria										
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1041 1516 1144"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1260 1516 1362"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" data-bbox="386 1476 1516 1579"> <tr> <td>A. Menarini</td> <td>Advisory Board Member</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		A. Menarini	Advisory Board Member						
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ICMJE DISCLOSURE FORM

Date: 10/21/2021

Your Name: Alson Wai Ming Chan

Manuscript Title: Experience with bilastine in the management of urticaria: Original Real-world cases of Bilastine In Treatment (ORBIT) in Asia

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 2/25/2022

Your Name: CH'NG CHIN CHWEN

Manuscript Title: Click or tap here to enter text.

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 10/26/2021

Your Name: Wen-Hung Chung

Manuscript Title: A 54 year-old woman with poorly-controlled chronic urticaria and intolerance to sedating antihistamines

Manuscript Number (if known): Case 3

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Your Name: Ma. Teresita G. Gabriel

Manuscript Title: Experience with Bilastine in the Management of Urticaria: Original Real-world cases of Bilastine in Treatment (ORBIT) in Asia

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Date: 10/25/2021

Your Name: KIRAN

Manuscript Title: EXPERIENCE OF BILASTINE IN URTICARIA

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work		
1	<input type="checkbox"/> None Menarini	
Time frame: past 36 months		
2	<input checked="" type="checkbox"/> None	
3	<input checked="" type="checkbox"/> None	

8/26/2021

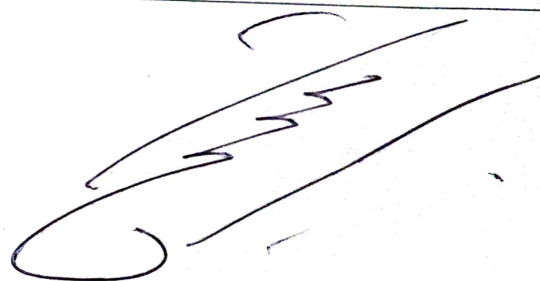
ICMJE Disclosure Form

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		MENARINI	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.



Dr Kiran Godse

Prof. Dr. Kiran Godse
 MD, DVD, FRCP (Glasgow)
 MMC Reg. No. 55896

ICMJE DISCLOSURE FORM

Date: 10/25/2021

Your Name: Wat Mitthamsiri

Manuscript Title: Experience with bilastine in the management of urticaria: Original Real-world cases of Bilastine In Treatment (ORBIT) in Asia

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1"> <tr> <td>Menarini</td> <td>Support for writing the present manuscript</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	Menarini	Support for writing the present manuscript				Click the tab key to add additional rows.
Menarini	Support for writing the present manuscript							
	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>Menarini</td> <td>Honoraria for lectures and panel discussion</td> </tr> <tr> <td>GlaxoSmithKline</td> <td>Honoraria for lectures</td> </tr> <tr> <td>Organon</td> <td>Honoraria for lectures</td> </tr> <tr> <td>AstraZeneca</td> <td>Honoraria for lectures</td> </tr> </table>		Menarini	Honoraria for lectures and panel discussion	GlaxoSmithKline	Honoraria for lectures	Organon	Honoraria for lectures	AstraZeneca	Honoraria for lectures
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GlaxoSmithKline	Honoraria for lectures										
Organon	Honoraria for lectures										
AstraZeneca	Honoraria for lectures										
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>Organon</td> <td>Registration for attending virtual academic meeting</td> </tr> <tr> <td>GlaxoSmithKline</td> <td>Registration for attending virtual academic meeting</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Organon	Registration for attending virtual academic meeting	GlaxoSmithKline	Registration for attending virtual academic meeting				
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GlaxoSmithKline	Registration for attending virtual academic meeting										
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 476 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 690 1516 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

ICMJE DISCLOSURE FORM

Date: 2/25/2022

Your Name: Hao Trong Nguyen

Manuscript Title: Experience with bilastine in the management of urticaria: Original Real-world cases of Bilastine In Treatment (ORBIT) in Asia

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>Novartis</td> <td>Served as an advisory board member and speaker, receiving honoraria</td> </tr> <tr> <td>Janssen</td> <td>Served as an advisory board member and speaker, receiving honoraria</td> </tr> <tr> <td>A. Menarini</td> <td>Served as an advisory board member and speaker, receiving honoraria</td> </tr> </table>		Novartis	Served as an advisory board member and speaker, receiving honoraria	Janssen	Served as an advisory board member and speaker, receiving honoraria	A. Menarini	Served as an advisory board member and speaker, receiving honoraria		
Novartis	Served as an advisory board member and speaker, receiving honoraria										
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 474 1516 575"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 10/25/2021

Your Name: Marysia T. Recto

Manuscript Title: **Experience with bilastine in the management of urticaria: Original Real-world cases of Bilastine In Treatment (ORBIT) in Asia**

Manuscript Number (if known): Click or tap here to enter text.

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Advisory board Bilastine (A. Menarini Philippines)</td> <td>Consultation fee personal</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Advisory board Bilastine (A. Menarini Philippines)	Consultation fee personal						
Advisory board Bilastine (A. Menarini Philippines)	Consultation fee personal										
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>Speaker for A. Menarini</td> <td>Consultation fee personal</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Speaker for A. Menarini	Consultation fee personal						
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>A. menarini</td> <td>Registration for conventions</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		A. menarini	Registration for conventions						
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Immediate Past President Philippine Society of Allergy, Asthma and Immunology</td> <td>unpaid</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Immediate Past President Philippine Society of Allergy, Asthma and Immunology	unpaid						
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ICMJE DISCLOSURE FORM

Date: 10/26/2021

Your Name: Dinesh Nagrale

Manuscript Title: Experience with bilastine in the management of urticaria: Original Real-world cases of Bilastine In Treatment (ORBIT) in Asia

Manuscript Number (if known): Click or tap here to enter text.

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