ICMJE DISCLOSURE FORM

Date: 09-10-2022

Your Name: Pieta C Wijsman

Manuscript Title: Knowledge gaps in the field of bronchial thermoplasty

Manuscript number (if known): ATM-22-4894

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

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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.	XNone	
	Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or	_XNone	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the foll	owing box:
D	C Wijeman has no conflicts	of interest to declare	
'	P.C. Wijsman has no conflicts of interest to declare.		

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

__X_ 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: 09-10-2022

Your Name: Jouke T Annema

Manuscript Title: Knowledge gaps in the field of bronchial thermoplasty

Manuscript number (if known): ATM-22-4894

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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.	XNone	
		Time frame: past 36 mon	ths
2	Grants or contracts from	Boston scientific corporation	
	any entity (if not indicated	Stichting Astma Bestrijding	
	in item #1 above).	The Netherlands Organization for	
		Health Research and Development	
		Netherlands Lung Foundation	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

		,	
6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

Please summarize the above conflict of interest in the following box:

J.T. Annema received grants from Netherlands Lung Foundation (Grant number: 5.2.13.064JO), Stichting Astma Bestrijding (SAB): grant nr. 1018/041 and The Netherlands Organization for Health Research and Development (ZonMw grant number: 90713477) and Boston Scientific Corporation. All had no role in the conceptualization or writing of this editorial.

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ICMJE DISCLOSURE FORM

Date: 09-10-2022

Your Name: Peter I Bonta

Manuscript Title: Knowledge gaps in the field of bronchial thermoplasty

Manuscript number (if known): ATM-22-4894

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		Time frame: past 36 month	os .
2	Grants or contracts from any entity (if not indicated in item #1 above).	Boston scientific corporation Stichting Astma Bestrijding The Netherlands Organization for	
		Health Research and Development Netherlands Lung Foundation	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

lectures, presspeakers bur manuscript weducational educational educational educations	reaus, vriting or events	XNone	
manuscript w educational e 6 Payment for	vriting or events	XNone	
educational 6 Payment for	events	XNone	
6 Payment for		XNone	
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7 Support for a meetings and	_	XNone	
-	ned, issued or	_XNone	
pending			
	_		
9 Participation		_XNone	
•	oring Board or		
Advisory Boa		V N	
	r fiduciary role	XNone	
in other boar committee o			
group, paid o	•		
11 Stock or stoc		X None	
	'		
12 Receipt of eq		XNone	
materials, dr			
writing, gifts services	or other		
13 Other financi		XNone	
financial inte	rests		

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