

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.

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Time frame: Since the initial planning of the work			
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.	__X__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

P.C. Wijsman has no conflicts of interest to declare.

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.

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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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		Stichting Astma Bestrijding	
		The Netherlands Organization for Health Research and Development	
		Netherlands Lung Foundation	
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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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