Date: 2021-04-26 Your Name: Xiaofeng Lin Manuscript Title: Retrospective comparison of high-resolution computed tomography of eosinophilic granulomatosis with polyangiitis with severe asthma Manuscript number (if known):

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</u> <u>manuscript only</u>.

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|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone  |   |
| ß | Royalties or licenses  | XNone  |   |
| 4 | Consulting fees  | XNone  |   |

| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>educational events<br>Payment for expert<br>testimony | XNone<br>XNone |  |
|----|---|----------------|--|
| 7  | Support for attending meetings and/or travel  | XNone          |  |
| 8  | Patents planned, issued or pending  | XNone          |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board   | XNone          |  |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid  | XNone          |  |
| 11 | Stock or stock options  | X_None         |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   | X_None         |  |
| 13 | Other financial or non-<br>financial interests  | XNone          |  |

I declare that I have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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

Date: 2021-04-26 Your Name: Yuejiao Lin Manuscript Title: Retrospective comparison of high-resolution computed tomography of eosinophilic granulomatosis with polyangiitis with severe asthma Manuscript number (if known):

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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| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone  |   |
| 3 | Royalties or licenses  | XNone  |   |
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| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>educational events<br>Payment for expert<br>testimony | XNone<br>XNone |  |
|----|---|----------------|--|
| 7  | Support for attending meetings and/or travel  | XNone          |  |
| 8  | Patents planned, issued or pending  | XNone          |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board   | XNone          |  |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid  | XNone          |  |
| 11 | Stock or stock options  | XNone          |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   | X_None         |  |
| 13 | Other financial or non-<br>financial interests  | XNone          |  |

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

Date: 2021-04-26 Your Name: Zhengdao Lai Manuscript Title: Retrospective comparison of high-resolution computed tomography of eosinophilic granulomatosis with polyangiitis with severe asthma Manuscript number (if known):

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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| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | X_None   |   |
| 3 | Royalties or licenses  | XNone  |   |
| 4 | Consulting fees  | XNone  |   |

| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>educational events<br>Payment for expert<br>testimony | XNone<br>XNone |  |
|----|---|----------------|--|
| 7  | Support for attending meetings and/or travel  | XNone          |  |
| 8  | Patents planned, issued or pending  | XNone          |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board   | XNone          |  |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid  | XNone          |  |
| 11 | Stock or stock options  | XNone          |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   | X_None         |  |
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### Please place an "X" next to the following statement to indicate your agreement:

Date: 2021-04-26 Your Name: Shushan Wei Manuscript Title: Retrospective comparison of high-resolution computed tomography of eosinophilic granulomatosis with polyangiitis with severe asthma Manuscript number (if known):

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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| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone  |   |
| 3 | Royalties or licenses  | XNone  |   |
| 4 | Consulting fees  | XNone  |   |

| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>educational events<br>Payment for expert<br>testimony | XNone<br>XNone |  |
|----|---|----------------|--|
| 7  | Support for attending meetings and/or travel  | XNone          |  |
| 8  | Patents planned, issued or pending  | XNone          |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board   | XNone          |  |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid  | XNone          |  |
| 11 | Stock or stock options  | XNone          |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   | X_None         |  |
| 13 | Other financial or non-<br>financial interests  | XNone          |  |

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

Date: 2021-04-26 Your Name: Minzhi Qiu Manuscript Title: Retrospective comparison of high-resolution computed tomography of eosinophilic granulomatosis with polyangiitis with severe asthma Manuscript number (if known):

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</u> <u>manuscript only</u>.

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

| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>educational events<br>Payment for expert<br>testimony | XNone<br>XNone |  |
|----|---|----------------|--|
| 7  | Support for attending meetings and/or travel  | XNone          |  |
| 8  | Patents planned, issued or pending  | XNone          |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board   | XNone          |  |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid  | XNone          |  |
| 11 | Stock or stock options  | XNone          |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   | X_None         |  |
| 13 | Other financial or non-<br>financial interests  | XNone          |  |

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

Date: 2021-04-26 Your Name: Jianyu Li Manuscript Title: Retrospective comparison of high-resolution computed tomography of eosinophilic granulomatosis with polyangiitis with severe asthma Manuscript number (if known):

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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| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board   | XNone          |  |
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### Please place an "X" next to the following statement to indicate your agreement:

Date: 2021-04-26 Your Name: Qin Liu Manuscript Title: Retrospective comparison of high-resolution computed tomography of eosinophilic granulomatosis with polyangiitis with severe asthma Manuscript number (if known):

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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| 7  | Support for attending meetings and/or travel  | XNone          |  |
| 8  | Patents planned, issued or pending  | XNone          |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board   | XNone          |  |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid  | XNone          |  |
| 11 | Stock or stock options  | XNone          |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   | X_None         |  |
| 13 | Other financial or non-<br>financial interests  | XNone          |  |

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

Date: 2021-04-26 Your Name: Kian Fan Chung Manuscript Title: Retrospective comparison of high-resolution computed tomography of eosinophilic granulomatosis with polyangiitis with severe asthma Manuscript number (if known):

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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|----|---|----------------|--|
| 7  | Support for attending meetings and/or travel  | XNone          |  |
| 8  | Patents planned, issued or pending  | XNone          |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board   | XNone          |  |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid  | XNone          |  |
| 11 | Stock or stock options  | XNone          |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   | X_None         |  |
| 13 | Other financial or non-<br>financial interests  | XNone          |  |

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

Date: 2021-04-26 Your Name: Qingsi Zeng Manuscript Title: Retrospective comparison of high-resolution computed tomography of eosinophilic granulomatosis with polyangiitis with severe asthma Manuscript number (if known):

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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| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board   | XNone          |  |
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| 11 | Stock or stock options  | XNone          |  |
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| 13 | Other financial or non-<br>financial interests  | XNone          |  |

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

Date: 2021-04-26 Your Name: Qingling Zhang Manuscript Title: Retrospective comparison of high-resolution computed tomography of eosinophilic granulomatosis with polyangiitis with severe asthma Manuscript number (if known):

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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|----|---|----------------|--|
| 7  | Support for attending meetings and/or travel  | XNone          |  |
| 8  | Patents planned, issued or pending  | XNone          |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board   | XNone          |  |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid  | XNone          |  |
| 11 | Stock or stock options  | XNone          |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   | X_None         |  |
| 13 | Other financial or non-<br>financial interests  | XNone          |  |

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