Date: April 27, 2023 Your Name: John Matthew Archer Manuscript Title: Multimodality Imaging of Mediastinal Masses and Mimics Manuscript number (if known): MED-22-53

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.

|   | Ti  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>me frame: Since the initia | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)<br>planning of the work |
|---|---|--|---|
| 1 | All support for the<br>present manuscript (e.g.,<br>funding, provision of<br>study materials, medical<br>writing, article processing<br>charges, etc.)<br>No time limit for this<br>item. | XNone  |   |
|   |   | 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   | X_None   |   |

| 4  | Consulting fees                              | XNone   |  |
|----|--|---------|--|
|    |  |         |  |
| 5  | Payment or honoraria for                     | X None  |  |
|    | lectures, presentations,                     |         |  |
|    | speakers bureaus,                            |         |  |
|    | manuscript writing or educational events     |         |  |
| 6  | Payment for expert                           | XNone   |  |
|    | testimony                                    |         |  |
|    |  |         |  |
| 7  | Support for attending meetings and/or travel | X_None  |  |
|    |  |         |  |
|    |  |         |  |
| 8  | Patents planned, issued                      | X_None  |  |
|    | or pending                                   |         |  |
|    |  |         |  |
| 9  | Participation on a Data                      | X_None  |  |
|    | Safety Monitoring Board                      |         |  |
| 10 | or Advisory Board<br>Leadership or fiduciary | XNone   |  |
|    | role in other board,                         |         |  |
|    | society, committee or                        |         |  |
|    | advocacy group, paid or                      |         |  |
| 11 | unpaid                                       | V. Nore |  |
|    | Stock or stock options                       | XNone   |  |
|    |  |         |  |
| 12 | Receipt of equipment,                        | X None  |  |
|    | materials, drugs, medical                    |         |  |
|    | writing, gifts or other services             |         |  |
|    |  |         |  |
| 13 | Other financial or non-                      | X_None  |  |
|    | financial interests                          |         |  |
|    |  |         |  |

None.

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

Date: April 27, 2023 Your Name: Jitesh Ahuja Manuscript Title: Multimodality Imaging of Mediastinal Masses and Mimics Manuscript number (if known): MED-22-53

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.

|   | Ti  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>me frame: Since the initia | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)<br>planning of the work |
|---|---|--|---|
| 1 | All support for the<br>present manuscript (e.g.,<br>funding, provision of<br>study materials, medical<br>writing, article processing<br>charges, etc.)<br>No time limit for this<br>item. | XNone  |   |
|   |   | 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   | X_None   |   |

| 4  | Consulting fees                              | XNone   |  |
|----|--|---------|--|
|    |  |         |  |
| 5  | Payment or honoraria for                     | X None  |  |
|    | lectures, presentations,                     |         |  |
|    | speakers bureaus,                            |         |  |
|    | manuscript writing or educational events     |         |  |
| 6  | Payment for expert                           | XNone   |  |
|    | testimony                                    |         |  |
|    |  |         |  |
| 7  | Support for attending meetings and/or travel | X_None  |  |
|    |  |         |  |
|    |  |         |  |
| 8  | Patents planned, issued                      | X_None  |  |
|    | or pending                                   |         |  |
|    |  |         |  |
| 9  | Participation on a Data                      | X_None  |  |
|    | Safety Monitoring Board                      |         |  |
| 10 | or Advisory Board<br>Leadership or fiduciary | XNone   |  |
|    | role in other board,                         |         |  |
|    | society, committee or                        |         |  |
|    | advocacy group, paid or                      |         |  |
| 11 | unpaid                                       | V. Nore |  |
|    | Stock or stock options                       | XNone   |  |
|    |  |         |  |
| 12 | Receipt of equipment,                        | X None  |  |
|    | materials, drugs, medical                    |         |  |
|    | writing, gifts or other services             |         |  |
|    |  |         |  |
| 13 | Other financial or non-                      | X_None  |  |
|    | financial interests                          |         |  |
|    |  |         |  |

None.

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

Date: April 27, 2023 Your Name: Chad Strange Manuscript Title: Multimodality Imaging of Mediastinal Masses and Mimics Manuscript number (if known): MED-22-53

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.

|   | Ti  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>me frame: Since the initia | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)<br>planning of the work |
|---|---|--|---|
| 1 | All support for the<br>present manuscript (e.g.,<br>funding, provision of<br>study materials, medical<br>writing, article processing<br>charges, etc.)<br>No time limit for this<br>item. | XNone  |   |
|   |   | 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   | X_None   |   |

| 4  | Consulting fees                              | XNone   |  |
|----|--|---------|--|
|    |  |         |  |
| 5  | Payment or honoraria for                     | X None  |  |
|    | lectures, presentations,                     |         |  |
|    | speakers bureaus,                            |         |  |
|    | manuscript writing or educational events     |         |  |
| 6  | Payment for expert                           | XNone   |  |
|    | testimony                                    |         |  |
|    |  |         |  |
| 7  | Support for attending meetings and/or travel | X_None  |  |
|    |  |         |  |
|    |  |         |  |
| 8  | Patents planned, issued                      | X_None  |  |
|    | or pending                                   |         |  |
|    |  |         |  |
| 9  | Participation on a Data                      | X_None  |  |
|    | Safety Monitoring Board                      |         |  |
| 10 | or Advisory Board<br>Leadership or fiduciary | XNone   |  |
|    | role in other board,                         |         |  |
|    | society, committee or                        |         |  |
|    | advocacy group, paid or                      |         |  |
| 11 | unpaid                                       | V. Nore |  |
|    | Stock or stock options                       | XNone   |  |
|    |  |         |  |
| 12 | Receipt of equipment,                        | X None  |  |
|    | materials, drugs, medical                    |         |  |
|    | writing, gifts or other services             |         |  |
|    |  |         |  |
| 13 | Other financial or non-                      | X_None  |  |
|    | financial interests                          |         |  |
|    |  |         |  |

None.

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

Date: April 27, 2023 Your Name: Girish Shroff Manuscript Title: Multimodality Imaging of Mediastinal Masses and Mimics Manuscript number (if known): MED-22-53

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.

|   | Ti  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>me frame: Since the initia | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)<br>planning of the work |
|---|---|--|---|
| 1 | All support for the<br>present manuscript (e.g.,<br>funding, provision of<br>study materials, medical<br>writing, article processing<br>charges, etc.)<br>No time limit for this<br>item. | XNone  |   |
|   |   | 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   | X_None   |   |

| 4  | Consulting fees                              | XNone   |  |
|----|--|---------|--|
|    |  |         |  |
| 5  | Payment or honoraria for                     | X None  |  |
|    | lectures, presentations,                     |         |  |
|    | speakers bureaus,                            |         |  |
|    | manuscript writing or educational events     |         |  |
| 6  | Payment for expert                           | XNone   |  |
|    | testimony                                    |         |  |
|    |  |         |  |
| 7  | Support for attending meetings and/or travel | X_None  |  |
|    |  |         |  |
|    |  |         |  |
| 8  | Patents planned, issued                      | X_None  |  |
|    | or pending                                   |         |  |
|    |  |         |  |
| 9  | Participation on a Data                      | X_None  |  |
|    | Safety Monitoring Board                      |         |  |
| 10 | or Advisory Board<br>Leadership or fiduciary | XNone   |  |
|    | role in other board,                         |         |  |
|    | society, committee or                        |         |  |
|    | advocacy group, paid or                      |         |  |
| 11 | unpaid                                       | V. Nore |  |
|    | Stock or stock options                       | XNone   |  |
|    |  |         |  |
| 12 | Receipt of equipment,                        | X None  |  |
|    | materials, drugs, medical                    |         |  |
|    | writing, gifts or other services             |         |  |
|    |  |         |  |
| 13 | Other financial or non-                      | X_None  |  |
|    | financial interests                          |         |  |
|    |  |         |  |

None.

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

Date: April 27, 2023 Your Name: Gregory Gladish Manuscript Title: Multimodality Imaging of Mediastinal Masses and Mimics Manuscript number (if known): MED-22-53

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.

|   | Ti  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>me frame: Since the initia | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)<br>planning of the work |
|---|---|--|---|
| 1 | All support for the<br>present manuscript (e.g.,<br>funding, provision of<br>study materials, medical<br>writing, article processing<br>charges, etc.)<br>No time limit for this<br>item. | X_None   |   |
|   |   | 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   | X_None   |   |

| 4  | Consulting fees                              | XNone   |  |
|----|--|---------|--|
|    |  |         |  |
| 5  | Payment or honoraria for                     | X None  |  |
|    | lectures, presentations,                     |         |  |
|    | speakers bureaus,                            |         |  |
|    | manuscript writing or educational events     |         |  |
| 6  | Payment for expert                           | XNone   |  |
|    | testimony                                    |         |  |
|    |  |         |  |
| 7  | Support for attending meetings and/or travel | X_None  |  |
|    |  |         |  |
|    |  |         |  |
| 8  | Patents planned, issued                      | X_None  |  |
|    | or pending                                   |         |  |
|    |  |         |  |
| 9  | Participation on a Data                      | X_None  |  |
|    | Safety Monitoring Board                      |         |  |
| 10 | or Advisory Board<br>Leadership or fiduciary | XNone   |  |
|    | role in other board,                         |         |  |
|    | society, committee or                        |         |  |
|    | advocacy group, paid or                      |         |  |
| 11 | unpaid                                       | V. Nore |  |
|    | Stock or stock options                       | XNone   |  |
|    |  |         |  |
| 12 | Receipt of equipment,                        | X None  |  |
|    | materials, drugs, medical                    |         |  |
|    | writing, gifts or other services             |         |  |
|    |  |         |  |
| 13 | Other financial or non-                      | X_None  |  |
|    | financial interests                          |         |  |
|    |  |         |  |

None.

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

Date: April 27, 2023 Your Name: Bradley Sabloff Manuscript Title: Multimodality Imaging of Mediastinal Masses and Mimics Manuscript number (if known): MED-22-53

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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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.

|   | Ti  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>me frame: Since the initia | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)<br>planning of the work |
|---|---|--|---|
| 1 | All support for the<br>present manuscript (e.g.,<br>funding, provision of<br>study materials, medical<br>writing, article processing<br>charges, etc.)<br>No time limit for this<br>item. | X_None   |   |
|   |   | 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   | X_None   |   |

| 4  | Consulting fees                              | XNone   |  |
|----|--|---------|--|
|    |  |         |  |
| 5  | Payment or honoraria for                     | X None  |  |
|    | lectures, presentations,                     |         |  |
|    | speakers bureaus,                            |         |  |
|    | manuscript writing or educational events     |         |  |
| 6  | Payment for expert                           | XNone   |  |
|    | testimony                                    |         |  |
|    |  |         |  |
| 7  | Support for attending meetings and/or travel | X_None  |  |
|    |  |         |  |
|    |  |         |  |
| 8  | Patents planned, issued                      | X_None  |  |
|    | or pending                                   |         |  |
|    |  |         |  |
| 9  | Participation on a Data                      | X_None  |  |
|    | Safety Monitoring Board                      |         |  |
| 10 | or Advisory Board<br>Leadership or fiduciary | XNone   |  |
|    | role in other board,                         |         |  |
|    | society, committee or                        |         |  |
|    | advocacy group, paid or                      |         |  |
| 11 | unpaid                                       | V. Nore |  |
|    | Stock or stock options                       | XNone   |  |
|    |  |         |  |
| 12 | Receipt of equipment,                        | X None  |  |
|    | materials, drugs, medical                    |         |  |
|    | writing, gifts or other services             |         |  |
|    |  |         |  |
| 13 | Other financial or non-                      | X_None  |  |
|    | financial interests                          |         |  |
|    |  |         |  |

None.

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

Date: April 27, 2023 Your Name: Mylene Truong Manuscript Title: Multimodality Imaging of Mediastinal Masses and Mimics Manuscript number (if known): MED-22-53

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>.

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|   | Ti  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>me frame: Since the initia | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)<br>planning of the work |  |  |
|---|---|--|---|--|--|
| 1 | All support for the<br>present manuscript (e.g.,<br>funding, provision of<br>study materials, medical<br>writing, article processing<br>charges, etc.)<br>No time limit for this<br>item. | XNone  |   |  |  |
|   | 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   | X_None   |   |  |  |

| 4  | Consulting fees  | XNone   |  |
|----|--|---------|--|
|    |  |         |  |
| 5  | Payment or honoraria for   | X None  |  |
|    | lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>educational events |         |  |
|    |  |         |  |
|    |  |         |  |
| 6  | Payment for expert   | XNone   |  |
|    | testimony  |         |  |
|    |  |         |  |
| 7  | Support for attending meetings and/or travel   | X_None  |  |
|    |  |         |  |
|    |  |         |  |
| 8  | Patents planned, issued  | X_None  |  |
|    | or pending   |         |  |
|    |  |         |  |
| 9  | Participation on a Data  | X_None  |  |
|    | Safety Monitoring Board  |         |  |
| 10 | or Advisory Board<br>Leadership or fiduciary   | XNone   |  |
|    | role in other board,   |         |  |
|    | society, committee or  |         |  |
|    | advocacy group, paid or  |         |  |
| 11 | unpaid   | V. Nore |  |
|    | 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-  | X_None  |  |
|    | financial interests  |         |  |
|    |  |         |  |

None.

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