Date:_Jan 10, 2023
Your Name:_Viktor Sekowski
Manuscript Title: No One Left Behind: Precision Medicine and Cystic Fibrosis - How the
Changing Approach to CF Treatment Might Lead to Tailored Therapies for All
Manuscript number (if known):_ PRPM-22-12-R1

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	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	

5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
	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		
40	Advisory Board		
10	Leadership or fiduciary role in other board, society,	xNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
	•		
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_xNone	
	financial interests		

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.

Date:12 January 2023
Your Name:_Dr Winnie M Leung
Manuscript Title:No one left behind: Precision Medicine and Cystic Fibrosis – how the changing approach to CF
treatment might lead to tailored therapies for all
Manuscript number (if known): PRPM-22-12-R1

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		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 initia	l 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	Dr. Leung is a local site investigator for pharmaceutical- sponsored clinical trials involving CFTR modulators from Vertex Pharmaceuticals
3	Royalties or licenses	_XNone	

4	Consulting fees	_XNone	
_			
5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
0	testimony	None	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	<b>3 3 3 3 3 3 3 3 3 3</b>		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
Please summarize the above conflict of interest in the following box:			
	Dr. Leung is a local site investigator for pharmaceutical-sponsored clinical trials involving CFTR modulators for Vertex Pharmaceuticals.		

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.

Date:Dec 22, 2022
Your Name:Giovanni Ferrara
Manuscript Title: No One Left Behind: Precision Medicine and Cystic Fibrosis - How the Changing
Approach to CF Treatment Might Lead to Tailored Therapies for All
Manuscript number (if known): PRPM-22-12-R1

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

5	Payment or honoraria for	Boehringer Ingelheim	Fees for lectures
	lectures, presentations,	Roche	Fees for lectures
	speakers bureaus, manuscript writing or educational events	Astra Zeneca	Moderator for a commercial event
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	Boehringer Ingelheim	Advisory board
	Safety Monitoring Board or	Roche	Advisory board
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock Options	NOTIC	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
13	Services Other financial or non	None	
13	Other financial or non- financial interests	None	

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

Dr. Ferrara received fees for advisory board participation from Boehringher Ingelheim and Roche.

Dr. Ferrara received fees for lectures/moderator for round tables/commercial events from Boehringer Ingelheim,
Roche and Astra Zeneca.

All these activities were not related and outside the scope/topics of the present manuscript.

Please place an "X" next to the following statement to indicate your agree
----------------------------------------------------------------------------

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date:_Dec 22, 2022
Your Name:_Grace Lam
Manuscript Title: No One Left Behind: Precision Medicine and Cystic Fibrosis - How the
Changing Approach to CF Treatment Might Lead to Tailored Therapies for All
Manuscript number (if known):_ PRPM-22-12-R1

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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).	None	Roche Diagnostics (research grant) Alberta Lung Canadian Institute of Health Research (CIHR)				
3	Royalties or licenses	XNone					
4	Consulting fees	XNone					

5	Payment or honoraria for	None	Boehringer Ingelheim (honoraria for educational event)				
	lectures, presentations,		Alberta Lung (honoraria for educational event)				
	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						
	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,	xNone					
	materials, drugs, medical						
	writing, gifts or other services						
13	Other financial or non-	_xNone					
	financial interests						

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

Dr. Lam has received honoraria for non-profit educational events funded by Boehringer Ingelheim and Alberta Lung She has also received research funding from Roche Diagnostics, Alberta Lung and CIHR.				

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.