Da	te: 2021-09-27			
	ur Name:Yihui Du			
		of NCCN and EUPS protoc	ols for nodule management in low-dose CT lung cancer	
Ma	nuscript number (if known)	: JTD-21-1312		
In t	the interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that are	
rel	ated to the content of your	manuscript. "Related" mea	ns any relation with for-profit or not-for-profit third	
pa	rties whose interests may be	e affected by the content o	f the manuscript. Disclosure represents a commitment	
to	transparency and does not i	necessarily indicate a bias.	If you are in doubt about whether to list a	
rel	ationship/activity/interest,	it is preferable that you do	so.	
ma The	nuscript only. e author's relationships/act	ivities/interests should be	defined broadly. For example, if your manuscript pertain	
		• •	all relationships with manufacturers of antihypertensive	<u> </u>
me	dication, even if that medic	ation is not mentioned in t	he manuscript.	
	tem #1 below, report all sup time frame for disclosure is		d in this manuscript without time limit. For all other iter	ns,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed) Time frame: Since the initial	planning of the work	
1	All support for the present	None	pranting of the work	
1	All support for the present manuscript (e.g., funding,	None		
	provision of study materials,			
	medical writing, article			

Time frame: past 36 months

None

None

None

processing charges, etc.)

No time limit for this item.

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

any entity (if not indicated

2

3

4

5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
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	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			

Dr. Du has no conflicts of interest to declare.		

Date:__2021-09-20____

Yo	ur Name:Yanju Li			
Ma	anuscript Title:_ Comparisor	of NCCN and EUPS proto	cols for nodule management in low-dose CT lung cancer	
Ma	anuscript number (if known)):_ JTD-21-1312		
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content on necessarily indicate a bias it is preferable that you do	I relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment. If you are in doubt about whether to list a o so. ips/activities/interests as they relate to the current	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript. End in this manuscript without time limit. For all other iter	⁄e
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	l planning of the work	
1	All support for the present	None		
	manuscript (e.g., funding,			
	provision of study materials, medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pasi	t 36 months	
2	Grants or contracts from	None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	None		
4	Consulting fees	None		

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None		
ь	testimony	None		
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or pending	None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non- financial interests	None		
Ple	Please summarize the above conflict of interest in the following box:			

Dr. Li has no conflicts of interest to declare.	

Date:__ 28.09.2021_____

Consulting fees

None

4

	ur Name: Monique D. Dorri anuscript Title: Comparison		cols for nodule management in low-dose CT lung cancer
scr	eening in a general Chinese	population	
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all sup e time frame for disclosure is		ed in this manuscript without time limit. For all other items
		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	al 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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pas	t 36 months
3	Royalties or licenses	None	

5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
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	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Dla	Please summarize the above conflict of interest in the following box:			
rie	ase summanize the above to	Jinnet of fifterest in the lo	IIOMIIIE DOV	

Dr. Dorrius has no conflicts of interest to declare.		

Da	te:_2021.09.26		
	ur Name:_ Grigory Sidorenk		
Ma	anuscript Title:_ Comparisor	of NCCN and EUPS proto	cols for nodule management in low-dose CT lung cancer
SCI	reening in a general Chinese	population	
M	anuscript number (if known)	:_ JTD-21-1312	
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not a tionship/activity/interest, e following questions apply anuscript only. e author's relationships/activite epidemiology of hypertedication, even if that medications	manuscript. "Related" mee affected by the content of the author's relationsh divities/interests should be ension, you should declare the content of the cont	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initia	ol planning of the work
1	All support for the present	None	ar planning of the work
_	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
1	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
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	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:

Dr. Sidorenkov has no conflicts of interest to declare.		

Date:__2021-Sep-27______

	ur Name:_ Marleen Vonder						
Ma	Manuscript Title:_ Comparison of NCCN and EUPS protocols for nodule management in low-dose CT lung cancer						
	screening in a general Chinese population						
Ma	Manuscript number (if known):_ JTD-21-1312						
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so. ps/activities/interests as they relate to the current				
ma	nuscript only.						
to me	the epidemiology of hyperte edication, even if that medic	ension, you should declare ation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items,				
		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	planning of the work				
L	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	_ X None					
1	Consulting fees	_ X None					

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	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
	ease summarize the above conflicts of in	onflict of interest in the following box:

Dr. Vonder has no conflicts of interest to declare.			

Date:__ Sep 30, 2021______

Yo	Your Name:_ Rozemarijn Vliegenthart						
Ma	Manuscript Title:_ Comparison of NCCN and EUPS protocols for nodule management in low-dose CT lung cancer						
scr	screening in a general Chinese population						
Ma	Manuscript number (if known):_ JTD-21-1312						
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. ps/activities/interests as they relate to the current				
to me	the epidemiology of hyperte edication, even if that medic	ension, you should declare ation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items				
		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	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					
		—					
)	Grants or contracts from	Time frame: past	36 months				
<u>.</u>	any entity (if not indicated in item #1 above).	XNone					
3	Royalties or licenses	XNone					
1	Consulting fees	_ X None					
	5 -						

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	_ XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	_ X None			
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			
Ple	Please summarize the above conflict of interest in the following box:				

Or. Vliegenthart has no conflicts of interest to declare.

Da	te:_ 28-09-2021						
	ur Name:_ Marjolein A. Heu						
M	Manuscript Title:_ Comparison of NCCN and EUPS protocols for nodule management in low-dose CT lung cancer screening in a general Chinese population						
SCI							
Ma	Manuscript number (if known):_ JTD-21-1312						
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.				
<u>ma</u>	anuscript only.						
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	e defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,				
		Name all entities with	Specifications/Comments				
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)				
		Time frame: Since the initia	al planning of the work				
L	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: pas	t 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	None					
3	Royalties or licenses	None					
1	Consulting fees	None					
	<u> </u>						

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
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	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:

Dr. Heuvelmans has no conflicts of interest to declare.	

Date:2021-09-22 Your Name:Xiaonan Cui					
Manuscript Title:_ Comparison of NCCN and EUPS protocols for nodule management in low-dose CT lung cancer screening in a general Chinese population					
				Manuscript number (if known):_ JTD-21-1312	
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> .					
manuscript only.					
The author's relationship to the epidemiology of h		e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensiv the manuscript.			
The author's relationship to the epidemiology of h medication, even if that In item #1 below, report	nypertension, you should declar medication is not mentioned in	e all relationships with manufacturers of antihypertensiv			
The author's relationship to the epidemiology of h medication, even if that In item #1 below, report	nypertension, you should declar medication is not mentioned in all support for the work report	e all relationships with manufacturers of antihypertensiv the manuscript.			
The author's relationship to the epidemiology of h medication, even if that In item #1 below, report	nypertension, you should declar medication is not mentioned in all support for the work report osure is the past 36 months.	e all relationships with manufacturers of antihypertensiv the manuscript. ed in this manuscript without time limit. For all other ite			
The author's relationship to the epidemiology of h medication, even if that In item #1 below, report	nypertension, you should declar medication is not mentioned in all support for the work report osure is the past 36 months. Name all entities with	e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other ite Specifications/Comments			

		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	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.	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	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None			
7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or pending	None			
9	Participation on a Data Safety Monitoring Board or Advisory Board	None			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None			
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non- financial interests	None			
Ple	Please summarize the above conflict of interest in the following box:				

Dr. Cui has no conflicts of interest to declare.		

Da	te:2021-09-22		
	ur Name: Zhaoxiang Ye		
			cols for nodule management in low-dose CT lung cancer
scr	eening in a general Chinese	population	
Ma	anuscript number (if known)	:_ JTD-21-1312	
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so. hips/activities/interests as they relate to the current
to me	the epidemiology of hyperto edication, even if that medic	ension, you should declar ation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertains to all relationships with manufacturers of antihypertensive the manuscript. The din this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al planning of the work
1	All support for the present	None	ar planning of the work
_	manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
2		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated	None	<u> </u>
	in item #1 above).		
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3	· · · · · · · · · · · · · · · · · · ·	None	
3	Royalties or licenses	None	

Consulting fees

None

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None		
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or pending	None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non- financial interests	None		
Ple	Please summarize the above conflict of interest in the following box:			

Dr. Ye has no conflicts of interest to declare.			

Da	te:30. Sep. 2021			
	ur Name: Geertruida H. d			
M	anuscript Title:_ Comparisor	n of NCCN and EUPS proto	cols for nodule management in low-dose CT lung cancer	
SCI	reening in a general Chinese	population		
M	anuscript number (if known)):_ JTD-21-1312		
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. ips/activities/interests as they relate to the current	
to me	the epidemiology of hypertedication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. End in this manuscript without time limit. For all other items	
		Name all autities with	Sur a sification a / Company and	
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as	,	
		needed)		
		Time frame: Since the initia	al planning of the work	
1	All support for the present	None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	t 36 months	
2	Grants or contracts from	None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	None		
1	Consulting fees	None		
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5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events	<u> </u>		
6	Payment for expert	None		
	testimony			
7	Cuppert for attending	None		
,	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			

Dr. de Bock has no conflicts of interest to declare.	