

ICMJE DISCLOSURE FORM

Date: 2021-09-27

Your Name: Yihui Du

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 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.	___ 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 lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	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	

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

<p>Dr. Du has no conflicts of interest to declare.</p>
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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.

ICMJE DISCLOSURE FORM

Date: 2021-09-20

Your Name: Yanju Li

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

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

Dr. Li has no conflicts of interest to declare.

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.

ICMJE DISCLOSURE FORM

Date: 28.09.2021

Your Name: Monique D. Dorrius

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

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

Dr. Dorrius has no conflicts of interest to declare.

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.

ICMJE DISCLOSURE FORM

Date: 2021.09.26

Your Name: Grigory Sidorenkov

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

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

Dr. Sidorenkov has no conflicts of interest to declare.

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.

ICMJE DISCLOSURE FORM

Date: 2021-Sep-27

Your Name: Marleen Vonder

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

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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:

Dr. Vonder 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.

ICMJE DISCLOSURE FORM

Date: Sep 30, 2021

Your Name: Rozemarijn Vliegenthart

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

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Dr. Vliegenthart 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.

ICMJE DISCLOSURE FORM

Date: 28-09-2021

Your Name: Marjolein A. Heuvelmans

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

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13	Other financial or non-financial interests	___ None	

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

Dr. Heuvelmans has no conflicts of interest to declare.

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.

ICMJE DISCLOSURE FORM

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

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

Dr. Cui has no conflicts of interest to declare.

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.

ICMJE DISCLOSURE FORM

Date: 2021-09-22
 Your Name: Zhaoxiang Ye
 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

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

Dr. Ye has no conflicts of interest to declare.

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.

ICMJE DISCLOSURE FORM

Date: 30. Sep. 2021

Your Name: Geertruida H. de Bock

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

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