

ICMJE DISCLOSURE FORM

Date: 7/20/2022

Your Name: [Camille Vanessa Edwards]

Manuscript Title: [The Impact of Substance Use on Health Care Utilization, Treatment, and Outcomes in Patients with Non-small cell Lung Cancer]

Manuscript Number (if known): JTD-21-1992-CL

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 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.

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

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Date: 7/20/2022

Your Name: [Ayesha Sheikh]

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Manuscript Number (if known): JTD-21-1992-CL

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Your Name: [Michael Dennis]

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Manuscript Number (if known): JTD-21-1992-CL

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Your Name: [Andrew Hunter]

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Date: 7/20/2022

Your Name: [Zoe Mackay]

Manuscript Title: [The Impact of Substance Use on Health Care Utilization, Treatment, and Outcomes in Patients with Non-small cell Lung Cancer]

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/20/2022

Your Name: [Evan Catudal]

Manuscript Title: [The Impact of Substance Use on Health Care Utilization, Treatment, and Outcomes in Patients with Non-small cell Lung Cancer]

Manuscript Number (if known): JTD-21-1992-CL

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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ICMJE DISCLOSURE FORM

Date: 7/20/2022

Your Name: [Rawad Elias]

Manuscript Title: [The Impact of Substance Use on Health Care Utilization, Treatment, and Outcomes in Patients with Non-small cell Lung Cancer]

Manuscript Number (if known): JTD-21-1992-CL

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 260 1516 394"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 7/19/2022

Your Name: [Howard J. Cabral, PhD]

Manuscript Title: [The Impact of Substance Use on Health Care Utilization, Treatment, and Outcomes in Patients with non-small cell lung cancer]

Manuscript Number (if known): JTD-21-1992-R2

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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ICMJE DISCLOSURE FORM

Date: 7/20/2022

Your Name: [Shayna Sarosiek]

Manuscript Title: [The Impact of Substance Use on Health Care Utilization, Treatment, and Outcomes in Patients with Non-small cell Lung Cancer]

Manuscript Number (if known): JTD-21-1992-CL

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

		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)
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	

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	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%; padding: 5px;">Pfizer Inc</td> <td style="width: 40%; padding: 5px;">Educational grant regarding molecular testing in advanced lung cancer. Payment to the institution.</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Pfizer Inc	Educational grant regarding molecular testing in advanced lung cancer. Payment to the institution.				
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3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

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4	Consulting fees	<input type="checkbox"/> None	
		Glaxo-Smith-Kline	Outside consultant
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Astra Zeneca	Payment for lecture in a sponsored symposium on adjuvant treatment of lung cancer
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
		Sanofi/Genzyme/Regeneron	Served in the advisory board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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