Date:	8/28/2022
Your Name:	Esha Roy
Manuscript Title:	Risk of Adenocarcinoma in Patients with a Suspicious Ground-Glass Opacity: a Retrospective Review
Manuscript Number (if known):	JTD-22-583-R2

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		Time frame: Since the initial planning	of the work
	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 month	Click the tab key to add additional rows.
			IS
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

		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)
4	Consulting fees	None 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	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

4/26/2022

Date:

Your Name:			Joseph B Shrager, MD	
Manuscript Title:			Risk of Adenocarcinoma in Patients with a Suspicious Ground-Glass Opacity	
Maı	nuscript Number (if	known):	N/A	
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	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time
			ll entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	[□] N	Inc	Grant dollars to institution
3	Royalties or licenses	[N	one	

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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)
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	

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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 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.			

Date:	8/28/2022
Your Name:	Jalen Benson
Manuscript Title:	Risk of Adenocarcinoma in Patients with a Suspicious Ground-Glass Opacity: a Retrospective Review
Manuscript Number (if known):	JTD-22-583-R2

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3	Royalties or licenses	None	

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4	Consulting fees	None 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	

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

Date:	4/26/2022	
Your Name:	Winston Trope	
Manuscript Title:	Risk of Adenocarcinoma in Patients with a Suspicious Ground-Glass Opacity	
Manuscript Number (if known): N/A		
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		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		

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4	Consulting fees	None 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	

		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	[⊠] None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None			
13	Other financial or non-financial interests	[⊠] None			
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:				

Date:	4/26/2022
Your Name:	Prasha Bhandari
Manuscript Title:	Risk of Adenocarcinoma in Patients with a Suspicious Ground-Glass Opacity
Manuscript Number (if known):	N/A

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2	Grants or contracts from any entity (if not indicated in item #1 above).		None		
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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)
4	Consulting fees	None 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	

		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	[⊠] None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None			
13	Other financial or non-financial interests	[⊠] None			
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:				

Date:			4/26/2022		
You	r Name:		Natalie Lui		
Manuscript Title:			Risk of Adenocarcinoma in Patients with a Suspicious Ground-Glass Opacity		
Mar	nuscript Number (if k	nown):	N/A		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned	ted" means any relation with for- nuscript. Disclosure represents a about whether to list a relationsl es/interests should be defined bro a should declare all relationships w in the manuscript.	-profit or no commitmen hip/activity, padly. For e with manufa	es/interests listed below that are related to the ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if without time limit. For all other items, the time
			entities with whom you have th hip or indicate none (add rows a		Specifications/Comments (e.g., if payments were made to you or to your institution)
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			Time frame: pas	t 36 month	s
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3	Royalties or licenses	⊠ No	one		

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4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	

			e all entities with whom you have this onship 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		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea [⊠]	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.				

Date:	4/26/2022
Your Name:	Douglas Z Liou, MD
Manuscript Title:	[Risk of Adenocarcinoma in Patients with a Suspicious Ground-Glass Opacity]
Manuscript Number (if known):	N/A

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3	Royalties or licenses	None □			

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4	Consulting fees	None 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	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:		4/27/2022			
Your Name:		Leah Backhus			
Manuscript Title:		Risk of Adenocarcinoma in Patients with a Suspicious Ground-Glass Opacity			
Mar	nuscript Number (if k	(nown):	N/A		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		nted" means any renuscript. Disclosure about whether the sylinterests should should declare a fin the manuscripter for the work re	relation with for-profit or no ure represents a commitment to list a relationship/activity, ald be defined broadly. For eall relationships with manufact.	es/interests listed below that are related to the ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if ithout time limit. For all other items, the time	
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				Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	Departi Nationa	one ment of Veterans al Institutes of He uckerberg Institut	alth	
3	Royalties or licenses	× No	one		

		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)
4	Consulting fees	None Bristol Squibb Myers Genentech Johnson & Johnson	Me Me Me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	International Lung Cancer Congress	Speaker honoraria
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	national lung cancer roundtable	
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	

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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	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:		

Date:	8/28/2022
Your Name:	Mark F Berry
Manuscript Title:	Risk of Adenocarcinoma in Patients with a Suspicious Ground-Glass Opacity: a Retrospective Review
Manuscript Number (if known):	JTD-22-583-R2

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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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	
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