

ICMJE DISCLOSURE FORM

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

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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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 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: 4/26/2022

Your Name: [Joseph B Shrager, MD]

Manuscript Title: [Risk of Adenocarcinoma in Patients with a Suspicious Ground-Glass Opacity]

Manuscript Number (if known): N/A

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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6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
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ICMJE DISCLOSURE 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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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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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

Date: 4/26/2022

Your Name: [Natalie Lui]

Manuscript Title: [Risk of Adenocarcinoma in Patients with a Suspicious Ground-Glass Opacity]

Manuscript Number (if known): N/A

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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 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: 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

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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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: 4/27/2022

Your Name: [Leah Backhus]

Manuscript Title: [Risk of Adenocarcinoma in Patients with a Suspicious Ground-Glass Opacity]

Manuscript Number (if known): N/A

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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4	Consulting fees	<input type="checkbox"/> None	
		Bristol Squibb Myers	Me
		Genentech	Me
		Johnson & Johnson	Me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		International Lung Cancer Congress	Speaker honoraria
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		national lung cancer roundtable	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

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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