Date: 15.02.2023 Your Name: Ida Skovgaard Christiansen Manuscript Title: Safety and feasibility of oesophageal ultrasound (EUS-B) for the work-up of thoracic malignancy in patients with respiratory impairment

Manuscript number (if known): JTD-22-1705

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>.

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	Danish Respiratory Society Neye Fonden Dagmar Marshalls Fond Else og Mogens Wedell Wedellsborgs Fond	
		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	
4	Consulting lees	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	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
-			
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
	stock of stock options		
12		None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

ISC received unrestricted research grants from the following funds: the Danish Respiratory Society, Neye Fonden, Dagmar Marshalls Fond and Else og Mogens Wedell Wedellsborgs Fond.

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.

Date: February 10, 2023 Your Name: Uffe Bodtger Manuscript Title: Safety and feasibility of oesophageal ultrasound (EUS-B) for the work-up of thoracic malignancy in patients with respiratory impairment

Manuscript number (if known): JTD-22-1705

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>.

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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)
		Time frame: Since the initial	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: past	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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
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		

Uffe Bodtger 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.

Date: February 15, 2023 Your Name: Rafi Nessar Manuscript Title: Safety and feasibility of oesophageal ultrasound (EUS-B) for the work-up of thoracic malignancy in patients with respiratory impairment

Manuscript number (if known): JTD-22-1705

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>.

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

		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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	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	None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	None
	testimony	
7	Support for attending	None
	meetings and/or travel	
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	

Rafi Nessar 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.

Date: 13-2-2023 Your Name:_Goran Nadir Salih Manuscript Title: Safety and feasibility of oesophageal ultrasound (EUS-B) for the work-up of thoracic malignancy in patients with respiratory impairment

Manuscript number (if known):JTD-22-1705

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/interestsas they relate to the <u>current</u> <u>manuscript only</u>.

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

		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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	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	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	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, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-	None	
	financial interests		

Goran Nadir Salih 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.

Date: 13-2-2023 Your Name:_DR. Shailesh Kolekar___ Manuscript Title: Safety and feasibility of oesophageal ultrasound (EUS-B) for the work-up of thoracic malignancy in patients with respiratory impairment

Manuscript number (if known):JTD-22-1705

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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		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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	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	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	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, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-	None	
	financial interests		

Shailesh Kolekar 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.

Date: 13-2-2023 Your Name:_Jatinder Singh Sidhu___ Manuscript Title: Safety and feasibility of oesophageal ultrasound (EUS-B) for the work-up of thoracic malignancy in patients with respiratory impairment

Manuscript number (if known):JTD-22-1705

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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		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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	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 6 7	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending	None None None None	
	meetings and/or travel		
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	

Jatinder Singh Sidhu 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.

Date: February 15, 2023 Your Name: Asbjørn Høegholm Manuscript Title: Safety and feasibility of oesophageal ultrasound (EUS-B) for the work-up of thoracic malignancy in patients with respiratory impairment

Manuscript number (if known): JTD-22-1705

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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		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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	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,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
-	pending		
	F		
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, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Asbjørn Høegholm 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.

Date: 13-2-2023 Your Name:_Christian B Laursen Manuscript Title: Safety and feasibility of oesophageal ultrasound (EUS-B) for the work-up of thoracic malignancy in patients with respiratory impairment

Manuscript number (if known):JTD-22-1705

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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)
		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	Munksgaard (publisher)	Royalties as author of book chapters / book editor
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca A/S	Payment for lectures at educational events / symposia / Courses organized by AstraZeneca
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	

Christian B Laursen 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.

Date:__13.02.2023__

Your Name: Arman Arshad

Manuscript Title: Safety and feasibility of oesophageal ultrasound (EUS-B) for the work-up of thoracic malignancy in patients with respiratory impairment

Manuscript number (if known): JTD-22-1705

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	

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

Arman Arshad 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.

Date: February 10, 2023 Your Name: Paul Frost Clementsen Manuscript Title: Safety and feasibility of oesophageal ultrasound (EUS-B) for the work-up of thoracic malignancy in patients with respiratory impairment

Manuscript number (if known): JTD-22-1705

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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		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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	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 lectures, pre	han and t			
,	h			
,	have a second of			
lectures, pre		None		
	lectures, presentations,			
speakers bu				
manuscript	-			
educational				
	Payment for expert	None		
testimony				
		None		
meetings ar	nd/or travel			
8 Patents plar	Patents planned, issued or	None		
pending				
9 Participation	Participation on a Data Safety Monitoring Board or Advisory Board	None		
10 Leadership		None		
group, paid	or unpaid			
11 Stock or sto	ck options	None		
12 Receipt of e	Receipt of equipment,	None	 	
materials d	rugs, medical			
	s or other			
writing, gifts				
writing, gifts services				
writing, gifts services 13 Other finance	cial or non-	None		
writing, gifts services	cial or non-	None		

Paul Frost Clementsen 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.