

ICMJE DISCLOSURE FORM

Date: _____ 02/13/2023 _____

Your Name: _____ Haiyan Qu _____

Manuscript Title: _____ Prevalence, diagnosis and treatment of chronic obstructive pulmonary disease in hospitalized lung cancer population: a single center study

Manuscript number (if known): _____ JTD-23-267 _____

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.

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| 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. | <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> the Six Talent Peaks Project in Jiangsu Province, China [grant number WSN-081, China] </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Xuzhou City Bureau of Science and Technology Project [grant number KC18058, China] </div> <div style="padding-bottom: 5px;"> Xuzhou medical key talents project [grant number </div> | |

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| | | XWRCHT20220063, China] | |
| | | Xuzhou City Bureau of Science and Technology Project [grant number KC21237, China] | |
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| | | The Social Development Projects of Key R&D Programs in Xuzhou city [grant number KC22097] | |

Time frame: past 36 months

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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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 | |
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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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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: 02/13/2023

Your Name: Mengjing Zhu

Manuscript Title: Prevalence, diagnosis and treatment of chronic obstructive pulmonary disease in hospitalized lung cancer population: a single center study

Manuscript number (if known): JTD-23-267

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ICMJE DISCLOSURE FORM

Date: _____ 02/13/2023 _____

Your Name: ___ Chuxiao Shan _____

Manuscript Title: _____ Prevalence, diagnosis and treatment of chronic obstructive pulmonary disease in hospitalized lung cancer population: a single center study

Manuscript number (if known): _____ JTD-23-267 _____

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ICMJE DISCLOSURE FORM

Date: _____ 02/13/2023 _____

Your Name: ___ Xuan Ji _____

Manuscript Title: _____ Prevalence, diagnosis and treatment of chronic obstructive pulmonary disease in hospitalized lung cancer population: a single center study

Manuscript number (if known): ___ JTD-23-267 _____

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: _____ 02/13/2023 _____

Your Name: ___ Guijuan Ji _____

Manuscript Title: _____ Prevalence, diagnosis and treatment of chronic obstructive pulmonary disease in hospitalized lung cancer population: a single center study

Manuscript number (if known): ___ JTD-23-267 _____

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ICMJE DISCLOSURE FORM

Date: 02/13/2023

Your Name: Wenhui Zhang

Manuscript Title: Prevalence, diagnosis and treatment of chronic obstructive pulmonary disease in hospitalized lung cancer population: a single center study

Manuscript number (if known): JTD-23-267

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Date: _____ 02/13/2023 _____

Your Name: ___ Hao Zhang _____

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Date: _____ 02/13/2023 _____

Your Name: ___ Bi Chen _____

Manuscript Title: _____ Prevalence, diagnosis and treatment of chronic obstructive pulmonary disease in hospitalized lung cancer population: a single center study

Manuscript number (if known): ___ JTD-23-267 _____

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