

## ICMJE DISCLOSURE FORM

Date: 8/8/2023

Your Name: Jamee Schoephoerster

Manuscript Title: A Nationwide Analysis of Disparities in Guideline-Concordant Care in American Indians and Alaska Natives with Stage I Non-Small Cell Lung Cancer

Manuscript number (if known): JTD-23-801

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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 summarize the above conflict of interest in the following box:

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: August 8, 2023  
 Your Name: Corinne E. Praska  
 Manuscript Title: A Nationwide Analysis of Disparities in Guideline-Concordant Care in American Indians and Alaska Natives with Stage I Non-Small Cell Lung Cancer  
 Manuscript number (if known): JTD-23-801

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None
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## ICMJE DISCLOSURE FORM

Date: August 1, 2023  
 Your Name: McKenzie J White  
 Manuscript Title: A Nationwide Analysis of Disparities in Guideline-Concordant Care in American Indians and Alaska Natives with Stage I Non-Small Cell Lung Cancer  
 Manuscript number (if known): JTD-23-801

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**X   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: 07/27/2023  
 Your Name: Aitua C. Salami MD MPH  
 Manuscript Title: A Nationwide Analysis of Disparities in Guideline-Concordant Care in American Indians and Alaska Natives with Stage I Non-Small Cell Lung Cancer  
 Manuscript number (if known): JTD-23-801

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## ICMJE DISCLOSURE FORM

Date: 8/4/23  
 Your Name: Schelomo Marmor, PhD, MPH  
 Manuscript Title: A Nationwide Analysis of Disparities in Guideline-Concordant Care in American Indians and Alaska Natives with Stage I Non-Small Cell Lung Cancer  
 Manuscript number (if known): JTD-23-801

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

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## ICMJE DISCLOSURE FORM

Date: 8/8/2023

Your Name: Rafael Andrade

Manuscript Title: A Nationwide Analysis of Disparities in Guideline-Concordant Care in American Indians and Alaska Natives with Stage I Non-Small Cell Lung Cancer

Manuscript number (if known): JTD-23-801

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## ICMJE DISCLOSURE FORM

Date: 8/6/2023  
 Your Name: Amit Bhargava  
 Manuscript Title: A Nationwide Analysis of Disparities in Guideline-Concordant Care in American Indians and Alaska Natives with Stage I Non-Small Cell Lung Cancer  
 Manuscript number (if known): JTD-23-801

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## ICMJE DISCLOSURE FORM

Date: 8/8/2023  
 Your Name: Ilitch Diaz-Gutierrez  
 Manuscript Title: A Nationwide Analysis of Disparities in Guideline-Concordant Care in American Indians and Alaska Natives with Stage I Non-Small Cell Lung Cancer  
 Manuscript number (if known): JTD-23-801

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## ICMJE DISCLOSURE FORM

Date:  July 28, 2023   
 Your Name:  Jane Hui   
 Manuscript Title:  A Nationwide Analysis of Disparities in Guideline-Concordant Care in American Indians and Alaska Natives with Stage I Non-Small Cell Lung Cancer   
 Manuscript number (if known):  JTD-23-801

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## ICMJE DISCLOSURE FORM

Date: 8/2/23  
 Your Name: Todd M. Tuttle  
 Manuscript Title: A Nationwide Analysis of Disparities in Guideline-Concordant Care in American Indians and Alaska Natives with Stage I Non-Small Cell Lung Cancer  
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## ICMJE DISCLOSURE FORM

Date: 7/26/2023  
 Your Name: Mary J. Owen, MD  
 Manuscript Title: A Nationwide Analysis of Disparities in Guideline-Concordant Care in American Indians and Alaska Natives with Stage I Non-Small Cell Lung Cancer  
 Manuscript number (if known): JTD-23-801

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
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	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
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 summarize the above conflict of interest in the following box:**

**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: 8/8/2023

Your Name: Madhuri Rao

Manuscript Title: A Nationwide Analysis of Disparities in Guideline-Concordant Care in American Indians and Alaska Natives with Stage I Non-Small Cell Lung Cancer

Manuscript number (if known): JTD-23-801

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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