| Date: | _8/8/2023 |
|-----------|--|
| Your Nar | me: Jamee Schoephoerster |
| Manuscr | ript Title: A Nationwide Analysis of Disparities in Guideline-Concordant Care in American Indians and Alaska |
| Natives v | with Stage I Non-Small Cell Lung Cancer |
| Manuscr | ript 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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) |
|---|---|--|---|
| 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. | XNone | planning of the work |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _xNone | |
| 3 | Royalties or licenses | _xNone | |
| 4 | Consulting fees | x_None | |

| 5 | Payment or honoraria for | xNone | |
|------|--|--------------------------------|------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | xNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | xNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | x_None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | x_None | |
| | 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 | x_None | |
| | | | |
| 42 | | | |
| 12 | Receipt of equipment, | _xNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | xx None | |
| 15 | financial interests | _xxNone | |
| | illialiciai liitelests | | |
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| Dlaa | see cummarize the above se | nflict of interest in the fall | owing hove |
| riea | ise summarize the above co | muct of interest in the foll | owing box: |
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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.

| 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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| | | 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, | None | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | 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 meetings and/or travel | None | | | |
| | meetings and/or traver | | | | |
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| 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 | | | | |
| 44 | group, paid or unpaid | N. | | | |
| 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 | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |

| None | | |
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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.

| Date: | _August 1, 2023 |
|-----------------------|---|
| Your Name: | McKenzie J White |
| Manuscript Tit | tle: A Nationwide Analysis of Disparities in Guideline-Concordant Care in American Indians and Alaska |
| Natives with S | tage I Non-Small Cell Lung Cancer |
| Manuscript nu | ımber (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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| | | 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) |
|---|---|---|---|
| 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 | |
| 3 | Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses | None None None | 36 months |
| 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 | None | |
| | meetings and, or traver | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board Leadership or fiduciary role | Name | |
| 10 | in other board, society, | None | |
| | 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 | | |
| 13 | services Other financial or non- | None | |
| 13 | financial interests | None | |
| | Timanola meereses | | |
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| Plea | ase summarize the above co | nflict of interest in the foll | owing box: |
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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.

| Date: 07/2 | 7/2023 | | | | |
|-------------------------|---------------------|---------|---------------|---------|---|
| Your Name: | Aitua | C. | Salami | MD | mpH |
| Manuscript Title: A Na | tionwide Analysis | of Disp | arities in Gu | ideline | -Concordant Care in American Indians and Alaska |
| Natives with Stage I No | n-Small Cell Lung (| ancer | | | |
| Manuscript number (if | known): JTD-23-8 | 01 | | | |

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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 initia | I 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. | _X_None | |
| | | Time frame: pas | t 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | _X_None | |

| 5 | Payment or honoraria for | X_None | |
|-----|---|----------------------------------|-----------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | N/ None | |
| 6 | Payment for expert | X_None | |
| | testimony | | |
| _ | 5 | V Name | |
| 7 | Support for attending meetings and/or travel | _XNone | |
| | | | |
| | | 1 | |
| 8 | Patents planned, issued or | _X_None | |
| | pending | | |
| _ | | | |
| 9 | Participation on a Data | X_None | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | Leadership or fiduciary role | V None | |
| 10 | in other board, society, | X_None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | ` | |
| | writing, gifts or other | | |
| 12 | services | * | |
| 13 | Other financial or non- financial interests | _X_None | |
| | illialiciai liiterests | | |
| Ple | ase summarize the above co | onflict of interest in the follo | wing box: |
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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.

| 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 Alas | <u>ska</u> |
| 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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| | | 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) |
|---|---|---|---|
| 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 | |
| 3 | Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses | None None None | 36 months |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | | |
|------|---|--------------------------------|-------------|--|
| , | lectures, presentations, | None | | |
| | | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| _ | educational events | | | |
| 6 | Payment for expert | None | | |
| | testimony | | | |
| | | | | |
| 7 | Support for attending | None | | |
| | meetings and/or travel | | | |
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| | B | N | | |
| 8 | Patents planned, issued or | None | | |
| | pending | | | |
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| 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 | | |
| 13 | financial interests | | | |
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| Dia: | and a communication above as | uflict of intovert in the fell | auting have | |
| riea | Please summarize the above conflict of interest in the following box: | | | |
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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.

| Date:8/8/2023 | |
|--|--------------------------|
| Your Name: Rafael Andrade | |
| Manuscript Title: A Nationwide Analysis of Disparities in Guideline-Concordant Care in American Indians at | า <mark>d Alas</mark> ka |
| Natives with Stage I Non-Small Cell Lung Cancer | |
| Manuscript number (if known): JTD-23-801 | |

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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) |
|---|---|--|---|
| 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. | X None | planning of the work |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _xNone | |
| 3 | Royalties or licenses | _xNone | |
| 4 | Consulting fees | x_None | |

| 5 | Payment or honoraria for | xNone | |
|------|--|--------------------------------|------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | xNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | xNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | x_None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | x_None | |
| | 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 | x_None | |
| | | | |
| 42 | | | |
| 12 | Receipt of equipment, | _xNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | xx None | |
| 15 | financial interests | _xxNone | |
| | illialiciai liitelests | | |
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| Dlaa | see cummarize the above se | nflict of interest in the fall | owing hove |
| riea | ise summarize the above co | muct of interest in the foll | owing box: |
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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.

| 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 |
| In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are |

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| | | 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. | _XNone | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: pastXNone | 36 months |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
|------|------------------------------|--------------------------------|------------|
| 3 | lectures, presentations, | XNone | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| _ | | V. Nana | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending | _XNone | |
| | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | _XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | X None | |
| | 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 | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| 15 | financial interests | X | |
| | manda meerests | | |
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| Diaa | se summarize the above co | nflict of interest in the fall | owing how |
| riea | ise summanze the above co | muct of interest in the foll | owing box: |
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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.

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

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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. | xNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _xNone | |
| 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 | x_None | |
| | testimony | | |
| | | | |
| 7 | Support for attending | xNone | |
| | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | 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 | | |
| 11 | group, paid or unpaid Stock or stock options | xNone | |
| 11 | Stock of Stock options | xivolie | |
| | | | |
| 12 | Receipt of equipment, | x None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _xxNone | |
| | financial interests | | |
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| Plea | se summarize the above co | nflict of interest in the fol | lowing box: |
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| Plea | se place an "X" next to the | following statement to in- | dicate 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: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 | er (if known): <u>JTD-23-801</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) |
|---|---|--|---|
| 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 None | planning of the work |
| | | 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 | |

| 5 | lectures, presentations, | None | |
|------|--|--------------------------------|------------|
| | | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| _ | Participation on a Data | Nana | |
| 9 | Safety Monitoring Board or | None | |
| | 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 | | |
| | | | |
| Plea | ase summarize the above co | nflict of interest in the foll | owing box: |
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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.

| 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 |
| 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | xNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _xNone | |
| 3 | Royalties or licenses | xNone | |
| 4 | Consulting fees | _xNone | |

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|------|---|-------------------------------|--------------|
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| 5 | Payment or honoraria for lectures, presentations, | x_None | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | xNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | xNone | |
| | | | |
| 0 | Datasets also and issued as | Name | |
| 8 | Patents planned, issued or pending | xNone | |
| 9 | Participation on a Data | x None | |
| 9 | Participation on a Data Safety Monitoring Board or | _xNone | |
| | 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 | |
| 12 | materials, drugs, medical | XNone | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _xNone | |
| | financial interests | | |
| | | | |
| Plea | se summarize the above co | onflict of interest in the fo | llowing box: |
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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.

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

| 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 |

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) |
|---|---|--|---|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article | Time frame: Since the initialxNone | pranning of the work |
| | processing charges, etc.) No time limit for this item. | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | xNone | |
| 3 | Royalties or licenses | xNone | |
| 4 | Consulting fees | x_None | |

| 5 | Payment or honoraria for | x None | |
|------|---|------------------------------|-------------|
| 3 | lectures, presentations, | xNone | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | x_None | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | x_None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | xNone | |
| | | | |
| 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 | x None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other | xNone | |
| | | | |
| | | | |
| | services | | |
| 13 | Other financial or non- | x_None | |
| | financial interests | | |
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| Dlas | se summarize the above co | nflict of interest in the fo | lowing how |
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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.

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

| Date:8/8/2023 | |
|--|----|
| Your Name: Madhuri Rao | |
| Manuscript Title: A Nationwide Analysis of Disparities in Guideline-Concordant Care in American Indians and Alas | ka |
| 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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| | | 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. | xNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _xNone | |
| 3 | Royalties or licenses | _xNone | |
| 4 | Consulting fees | xNone | |

| 5 | Payment or honoraria for | x_None | | |
|---|---|---------|--|--|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | x_None | | |
| | testimony | | | |
| | | | | |
| 7 | Support for attending meetings and/or travel | xNone | | |
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| | | | | |
| 8 | Patents planned, issued or | xNone | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data | x_None | | |
| | 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 | Possint of aguinment | x None | | |
| 12 | Receipt of equipment, materials, drugs, medical | _xNone | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | xx None | | |
| | financial interests | | | |
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| Please summarize the above conflict of interest in the following box: | | | | |
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