Date:8/13/2023	<u></u>
Your Name:	Steven Tohmasi, MD
Manuscript Title:	Inhaled Medications for Chronic Obstructive Pulmonary Disease Predict Surgical Complications and
Survival in Stage I No	on-Small Cell Lung Cancer
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.

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.	None	ST was supported in part by the Washington University School of Medicine Surgical Oncology Basic Science and Translational Research Training Program grant T32CA009621, from the National Cancer Institute.
		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	V Nove	
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	X None	
′	meetings and/or travel	XNone	
	meetings and/or traver		
	Data ata alama di Jawa di an	V Name	
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	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
12	services	V None	
13	Other financial or non- financial interests	XNone	
	ililanciai interests		

ST was supported by the Washington University School of Medicine Surgical Oncology Basic Science and Translational Research Training Program grant T32CA009621, from the National Cancer Institute.

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

Date:8/13/2023
Your Name: Daniel B. Eaton Jr., MPH
Manuscript Title: Inhaled Medications for Chronic Obstructive Pulmonary Disease Predict Surgical Complications and
Survival in Stage I Non-Small Cell Lung Cancer
Manuscript number (if known):N/A

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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	Supported in part by VHA 1I01HX002475-01A2 grant
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	XNone	
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	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical	_XNone	
WI	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

DBE receives support from VHA 1I01HX002475-01A2 grant.

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

Date:8/13/2023	
Your Name: Brendan T. Heiden, MD, MP	PHS
Manuscript Title: Inhaled Medications for Ch	ronic Obstructive Pulmonary Disease Predict Surgical Complications and
Survival in Stage I Non-Small Cell Lung Cancer	
Manuscript number (if known):N/A	

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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) 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.	None	Funded in part by NIH 5T32HL007776-25 grant
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	Former consultant at Oncocyte Corporation. MBA intern (at Eli Lilly and Company)
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	XNone	

BTH was funded in part by NIH grant 5T32HL007776-25. BTH is a former consultant at Oncocyte Corporation and is an MBA intern (at Eli Lilly and Company).

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

and

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)
		Time frame: Since the initia	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	NER was supported in part by the Washington University School of Medicine StARR Program in Cross-Disciplinary Oncology Clinician-Scientist Training R38 CA 255575.
		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	

	C III C	V N	
4	Consulting fees	XNone	
-	Davis and an harmonic for	V Nove	
5	Payment or honoraria for 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	XNone	
8	Patents planned, issued or	_XNone	
	pending		
_	5 5 .		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
12	services	V None	
13	Other financial or non-	XNone	
	financial interests		

NER was supported by the Washington University School of Medicine StARR Program in Cross-Disciplinary Oncology Clinician-Scientist Training R38 CA 255575.

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

Date:8/13/2023
Your Name: Valerio Rasi, PhD
Manuscript Title: Inhaled Medications for Chronic Obstructive Pulmonary Disease Predict Surgical Complications and
Survival in Stage I Non-Small Cell Lung Cancer
Manuscript number (if known):N/A

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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)
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.	Time frame: Since the initialNone	VR is supported through a NHLBI F30 F30HL151136 grant.
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past _XNone	36 months
3	Royalties or licenses	XNone	

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

VR is supported through a NHLBI F30 F30HL151136 grant.	

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

Date:8/13/2023	
Your Name:	Su-Hsin Chang, PhD, SM
Manuscript Title:	Inhaled Medications for Chronic Obstructive Pulmonary Disease Predict Surgical Complications and
Survival in Stage I No	on-Small Cell Lung Cancer
Manuscript number	(if known):N/A

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	Funded in part through a VHA 1I01HX002475-01A2 grant
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time of the mass in each	2C magazha
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	_XNone	
	in item #1 above).		
3	Royalties or licenses	X None	
3	Royaldes of ficerises		
4	Consulting fees	XNone	

		1	
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	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	materials, drugs, medical	_XNone	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests	_	
			•

Please summarize the above conflict of interest in the following box	Please	summarize	the above	conflict	of interest	in the	following	box:
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Funded in part through a VHA 1I01HX002475-01A2 grant	

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

Date:8/13/2023	
Your Name:	Yan Yan, MD, PhD
Manuscript Title:	Inhaled Medications for Chronic Obstructive Pulmonary Disease Predict Surgical Complications and
Survival in Stage I No	n-Small Cell Lung Cancer
Manuscript number	(if known):N/A

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		Time frame: Since the initial	
1	All support for the present	None	Funded in part through a VHA 1I01HX002475-01A2 grant
	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 any entity (if not indicated	_XNone	
	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	X None	
O	testimony	None	
	testimony		
7	Support for attending	XNone	
,	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Funded in part through a VHA 1I01HX002475-01A2 grant	

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

Date:8/13/20	23
Your Name:	_ Deepika Gopukumar PhD
Manuscript Title:_	Inhaled Medications for Chronic Obstructive Pulmonary Disease Predict Surgical Complications and
Survival in Stage I	Non-Small Cell Lung Cancer
Manuscript numbe	er (if known):N/A
	ransparency, 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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) 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	_XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
0	pending	_XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Descipt of any imment	V None	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		
	IVOIIC.		

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

Date:8/13/2	2023
Your Name:	Mayank R. Patel, MD
Manuscript Title	: Inhaled Medications for Chronic Obstructive Pulmonary Disease Predict Surgical Complications and
Survival in Stage	I Non-Small Cell Lung Cancer
Manuscript num	ber (if known):N/A

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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 meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
_	Dankining king and Daka	V Nove	
9	Participation on a Data Safety Monitoring Board or	_XNone	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	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		
	writing, gifts or other		
42	services	V N	
13	Other financial or non- financial interests	XNone	
	manetal interests		
Ple	ease summarize the above co	onflict of interest in the foll	owing box:
	No.		

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

Date:8/13/202	3
Your Name:	Bryan F. Meyers, MD, MPH
Manuscript Title:	_ Inhaled Medications for Chronic Obstructive Pulmonary Disease Predict Surgical Complications and
Survival in Stage I N	on-Small Cell Lung Cancer
Manuscript number	r (if known):N/A

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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 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 lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	XNone	
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:

None.			

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

	e:8/13/2023			
Ma Sur	Ir Name: Benjamin nuscript Title: Inhaled N vival in Stage I Non-Small C nuscript number (if known)	Medications for Chronic Ob ell Lung Cancer	I	ons and
rela par to t	ated to the content of your ties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment. If you are in doubt about whether to list a poso.	
ma The	nuscript only. e author's relationships/act	ivities/interests should be	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertai	
	he epidemiology of hypertodication, even if that medic	· •	e all relationships with manufacturers of antihypertensiv the manuscript.	e
	tem #1 below, report all su time frame for disclosure i		ed in this manuscript without time limit. For all other ite	ms,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate none (add rows as	institution)	
		needed)		
		Time frame: Since the initia	l planning of the work	
	All support for the present	None	NCI Grant R01CA258681	
	manuscript (e.g., funding,			
	provision of study materials, medical writing, article			
	processing charges, etc.)			

Time frame: past 36 months

_X___None

X__None

No time limit for this item.

Grants or contracts from any entity (if not indicated

in item #1 above).

Royalties or licenses

3

4	Consulting fees	XNone		
5	Payment or honoraria for lectures, presentations,	XNone		
	speakers bureaus,			
	manuscript writing or			
_	educational events			
6	Payment for expert testimony	_XNone		
7	Support for attending	XNone		
,	meetings and/or travel			
8	Patents planned, issued or pending	_XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone		
10	•	X None		
10				
11	Stock or stock options	_XNone		
12	Receipt of equipment,	_XNone		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:	
	Please summarize the above conflict of interest in the following box:			

BDK was supported in part by NCI Grant R01CA258681.			

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

Date:8/13/202	3
Your Name:	Varun Puri, MD, MSCI
Manuscript Title:	_ Inhaled Medications for Chronic Obstructive Pulmonary Disease Predict Surgical Complications and
Survival in Stage I N	on-Small Cell Lung Cancer
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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		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	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	None	VP has funding through a VHA 1I01HX002475-01A2 grant
	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).	None	Project Number: I01 HX002475 Project Number: R01HL146856 Project Number: R01CA258681 Project Number: MATF

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

VP has received the following grants for projects: I01 HX002475, R01HL146856, R01CA258681, MATF and has funding through VHA Grant 1I01HX002475-01A2. VP also has received speaking fees from PrecisCa and his spouse has stock in Intuitive Surgical.

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

Date:8/13/2023_	
Your Name: $__$ N	Martin W. Schoen, MD, MPH
Manuscript Title: In	nhaled Medications for Chronic Obstructive Pulmonary Disease Predict Surgical Complications and
Survival in Stage I Non	-Small Cell Lung Cancer
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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	MWS has funding through the Congressionally Directed Medical Research Program DoD W81XWH-22-1-0602
		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	None	MWS has received speaking fees from Pfizer.
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	X None	
10	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	<u> </u>	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

MWS has funding through the Congressionally Directed Medical Research Program DoD W81XWH-22-1-0602 and has received speaking fees from Pfizer.

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