

ICMJE DISCLOSURE FORM

Date: 8/13/2023

Your Name: Steven Tohmasi, MD

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

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**.

The author's relationships/activities/interests should be **defined broadly**. 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.

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)
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).	__X__ None	
3	Royalties or licenses	__X__ None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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	
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:

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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: 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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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.	<u>None</u>	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).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

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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:

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

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: 8/13/2023

Your Name: Brendan T. Heiden, MD, MPHS

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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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.	<input type="checkbox"/> 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).	<input type="checkbox"/> None	Former consultant at Oncocyte Corporation. MBA intern (at Eli Lilly and Company)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" 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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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:

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:

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: 8/13/2023

Your Name: Nikki E. Rossetti, MD, MSc

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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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.	<u>None</u>	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).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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	
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:

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:

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: 8/13/2023

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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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.	<input type="checkbox"/> None	VR is supported through a NHLBI F30 F30HL151136 grant.
Time frame: past 36 months			
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 type="checkbox"/> <u>X</u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> None	

Please summarize the above conflict of interest in the following box:

VR is supported through a NHLBI F30 F30HL151136 grant.

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ICMJE DISCLOSURE FORM

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 Non-Small Cell Lung Cancer

Manuscript number (if known): N/A

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ICMJE DISCLOSURE FORM

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 Non-Small Cell Lung Cancer

Manuscript number (if known): N/A

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ICMJE DISCLOSURE FORM

Date: 8/13/2023

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 number (if known): N/A

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Please summarize the above conflict of interest in the following box:

None.

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ICMJE DISCLOSURE FORM

Date: 8/13/2023

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 number (if known): N/A

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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No.

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ICMJE DISCLOSURE FORM

Date: 8/13/2023

Your Name: Bryan F. Meyers, MD, 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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None.

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ICMJE DISCLOSURE FORM

Date: 8/13/2023

Your Name: Benjamin D. Kozower, MD, 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

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**.

The author's relationships/activities/interests should be **defined broadly**. 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.

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)
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.	<u>None</u>	NCI Grant R01CA258681
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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	
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:

BDK was supported in part by NCI Grant R01CA258681.

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: 8/13/2023

Your Name: Varun Puri, MD, MSCI

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	VP has funding through a VHA 1I01HX002475-01A2 grant
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	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	PrecisCa – panel discussions
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	
11	Stock or stock options	<input type="checkbox"/> None	Intuitive Surgical - Spouse owns stock
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:

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:

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: 8/13/2023

Your Name: Martin W. Schoen, MD, 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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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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.	<u>None</u>	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).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	MWS has received speaking fees from Pfizer.
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	
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:

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

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.