## ICMJE DISCLOSURE FORM

<b>Date</b> : February 07, 2024
Your Name: Adriana A. Rodriguez Alvarez
Manuscript Title: Safety Net Hospital Risk Model Demonstrates Stronger, Population-Specific Applicability in
Characterizing Lung Cancer Risk
Manuscript number (if known):

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)  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	pranning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Dayment or heneraria for	None		
Э	Payment or honoraria for	None		
	lectures, presentations, speakers bureaus,			
	manuscript writing or			
	educational events			
_		None		
6	Payment for expert	None		
	testimony			
-		N.		
7	Support for attending meetings and/or travel	None		
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			
	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		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

None

<b>Date</b> : February 07, 2024	
Your Name: Benjamin Crosby	
Manuscript Title: Safety Net Hospital Risk Model Demonstrates Stronger, Population-Specific Applicability in	
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Manuscript number (if known):	

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		Time from a most	26 manuaha
		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		None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
	ase summarize the above co	nflict of interest in the follo	owing box:

<b>Date</b> : February 07, 2024	
Your Name: Sarah Singh	
Manuscript Title: Safety Net Hospital Risk Model Demonstrates Stronger, Population-Specific Applicability in	
Characterizing Lung Cancer Risk	
Manuscript number (if known):	

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4	Consulting fees	None	

5	Dayment or heneraria for	None		
Э	Payment or honoraria for	None		
	lectures, presentations, speakers bureaus,			
	manuscript writing or			
	educational events			
_		None		
6	Payment for expert	None		
	testimony			
-		N.		
7	Support for attending meetings and/or travel	None		
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			
	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		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

None

<b>Date</b> : February 07, 2024	
Your Name: Janice Weinberg	
Manuscript Title: Safety Net Hospital Risk Model Demonstrates Stronger, Population-Specific Applicability in	
Characterizing Lung Cancer Risk	
Manuscrint number (if known):	

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	medical writing, article		
	processing charges, etc.)		
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

None		

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

1011111	
<b>Date</b> : February 07, 2024	_
Your Name: Nicole Byrne	
Manuscript Title: Safety Net Hospital Risk Model Demonstrates Stronger, Population-Specific Applicability in	
Characterizing Lung Cancer Risk	
Manuscript number (if known):	

form.

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events	Mana	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued or	None	
	pending		
	Deuticiantian and Deta	News	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	News	
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		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
N	lone		

<b>Date</b> : February 07, 2024	
Your Name: Aniket Vazirani	
Manuscript Title: Safety Net Hospital Risk Model Demonstrates Stronger, Population-Specific Applicability in	
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3	Royalties or licenses	None	
4	Consulting fees	None	

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	manuscript writing or		
	educational events	Mana	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued or	None	
	pending		
	Deuticiantian and Deta	News	
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	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	News	
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		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
N	lone		

<b>Date</b> : February 07, 2024	
Your Name: Kei Suzuki	
Manuscript Title: Safety Net Hospital Risk Model Demonstrates Stronger, Population-Specific Applicability in	
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	speakers bureaus,		
	manuscript writing or		
-	educational events Payment for expert	None	
6	testimony	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
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	The state of the s		
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