

#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

# Identifying information.

# 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

## 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

# 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

# Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

n-Financial Support: Examples include drugs/equipment

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Section 1. Identifying Inform	nation						
1. Given Name (First Name) Robert	2. Surname (Last Name) Cerfolio	3. Date 26-March-2020					
4. Are you the corresponding author?	✓ Yes No						
<ul> <li>5. Manuscript Title "Response to: CT based radiomics signature for the stratification of N2 disease in clinical stage I lung adenocarcinoma." to Translational Lung Cancer Research.</li> <li>6. Manuscript Identifying Number (if you know it) TLCR-20-477(E2020030280-32010566)</li> </ul>							
Section 2. The Work Under Co	onsideration for Publication						
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?  Yes  Volume  Yes							
Section 3. Relevant financial	activities outside the submitted work.						
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo							
Section 4. Intellectual Proper	ty Patents & Copyrights						
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	? ☐ Yes ✓ No					

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Section 5. Polationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
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Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Cerfolio has nothing to disclose.

## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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Section 1. Identifying Inform	ation			
1. Given Name (First Name) William	2. Surname (Last Name) Moore	3. Date 02-April-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Robert J Cerfolio MD		
5. Manuscript Title TBD Response to: CT based radiomics si	gnature for the stratificati	on of N2 disease in clinical stage I lung adenocarcinoma		
6. Manuscript Identifying Number (if you kn TLCR-20-477	ow it)	-		
Section 2. The Work Under Co	onsideration for Public			
Did you or your institution <b>at any time</b> recei	ve payment or services from but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
Section 3. Relevant financial	activities outside the s	ubmitted work.		
of compensation) with entities as descri	bed in the instructions. Us ort relationships that wer st?	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .		
Name of Entity	Grant? Personal Nor	Other? Comments		
Merck		Consultant		
Galil Medical				
Section 4. Intellectual Proper	ty Patents & Copyric	✓ Consultant		
Do you have any patents, whether plant				

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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed	Royalties?	Licensee?	Comments	
Scannerside		<b>✓</b>				Dose monitoring system	
Cartion F							
Section 5. Relationshi	ps not cov	ered abo	ove				
Are there other relationships or potentially influencing, what yo				eive to have	influenced, or th	at give the appearance of	
Yes, the following relationsh	ips/conditio	ns/circun	nstances ar	e present (ex	(plain below):		
✓ No other relationships/cond	itions/circur	nstances	that presen	it a potential	conflict of intere	st	
At the time of manuscript accep On occasion, journals may ask a							nents.
Section 6. Disclosure S	tatement						
Based on the above disclosures, below.	this form wi	ill automa	atically gen	erate a disclo	osure statement, v	which will appear in the box	
Dr. Moore reports other from M Moore has a patent for Scanner	_				「G,outside the su	ubmitted work; In addition,	Dr.

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