

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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4. Intellectual Property.

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Claudia

2. Surname (Last Name)

Henschke

3. Date

12-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Implementation of Low-dose CT Screening in Two Different Health Care Systems: Mount Sinai Healthcare System and Phoenix VA Health Care System

6. Manuscript Identifying Number (if you know it)

TLCR-20-761

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

Dr. Claudia Henschke is a named inventor on a number of patents and patent applications relating to the evaluation of pulmonary nodules on CT scans of the chest which are owned by Cornell Research Foundation (CRF). Since 2009, Dr. Henschke does not accept any financial benefit from these patents including royalties and any other proceeds related to the patents or patent applications owned by CRF.

Dr. Henschke is the President and serve on the board of the Early Diagnosis and Treatment Research Foundation. I receive no compensation from the Foundation. The Foundation is established to provide grants for projects, conferences, and public databases for research on early diagnosis and treatment of diseases. Recipients include, I-ELCAP, among others. The funding comes from a variety of sources including philanthropic donations, grants and contracts with agencies (federal and non-federal), imaging and pharmaceutical companies relating to image processing assessments. The various sources of funding exclude any funding from tobacco companies or tobacco-related sources.

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Section 1. Identifying Information

1. Given Name (First Name) David F.	2. Surname (Last Name) Yankelevitz	3. Date 12-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claudia Henschke
5. Manuscript Title Implementation of Low-dose CT Screening in Two Different Health Care Systems: Mount Sinai Healthcare System and Phoenix VA Health Care System		
6. Manuscript Identifying Number (if you know it) TLCR-20-761		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Accumetra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equity owner in Accumetra, a privately held technology company committed to improving the science and practice of image-based decision making.
GRAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Serves on the advisory board of GRAIL

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I am a named inventor on a number of patents and patent applications relating to the evaluation of diseases of the chest including measurement of nodules. Some of these, which are owned by Cornell Research Foundation (CRF), are non-exclusively licensed to General Electric. As an inventor of these patents, I am entitled to a share of any compensation which CRF may receive from its commercialization of these patents.

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Dr. Yankelevitz reports other from Accumetra, other from GRAIL, outside the submitted work; In addition, Dr. Yankelevitz is a named inventor on a number of patents and patent applications relating to the evaluation of diseases of the chest including measurement of nodules. Some of these, which are owned by Cornell Research Foundation (CRF), are non-exclusively licensed to General Electric. As an inventor of these patents, I am entitled to a share of any compensation which CRF may receive from its commercialization of these patents. He is also an equity owner in Accumetra, a privately held technology company committed to improving the science and practice of image-based decision making. Dr. Yankelevitz also serves on the advisory board of GRAIL.

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Section 1. Identifying Information

1. Given Name (First Name) Artit	2. Surname (Last Name) Jirapatnakul	3. Date 13-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claudia I. Henschke
5. Manuscript Title Implementation of Low-dose CT Screening in Two Different Health Care Systems: Mount Sinai Healthcare System and Phoenix VA Health Care System		
6. Manuscript Identifying Number (if you know it) TLCR-20-761		

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Dr. Jirapatnakul has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Rowena	2. Surname (Last Name) Yip	3. Date 12-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claudia Henschke
5. Manuscript Title Implementation of Low-dose CT Screening in Two Different Health Care Systems: Mount Sinai Healthcare System and Phoenix VA Health Care System		
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Ms. Yip has nothing to disclose.

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1. Given Name (First Name) Vivian	2. Surname (Last Name) Reccoppa	3. Date 13-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Claudia I. Henschke
5. Manuscript Title Implementation of Low Dose CT Screening in Two Different Health Care Systems: Mount Sinai Health Care System and Phoenix VA Health Care System		
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Vivian Reccoppa has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Charlene

2. Surname (Last Name)

Benjamin

3. Date

12-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Claudia I. Henschke

5. Manuscript Title

Implementation of Low-dose CT Screening in Two Different Health Care Systems: Mount Sinai Healthcare System and Phoenix VA Health Care System

6. Manuscript Identifying Number (if you know it)

TLCR-20-761

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tsering	2. Surname (Last Name) Lhamo	3. Date 13-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claudia I. Henschke
5. Manuscript Title Implementation of Low-dose CT Screening in Two Different Health Care Systems: Mount Sinai Healthcare System and Phoenix VA Health Care System		
6. Manuscript Identifying Number (if you know it) TLCR-20-761		

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N.P Lhamo has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Angel	2. Surname (Last Name) Williams	3. Date 12-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claudia I. Henschke
5. Manuscript Title Implementation of Low-dose CT Screening in Two Different Health Care Systems: Mount Sinai Healthcare System and Phoenix VA Health Care System		
6. Manuscript Identifying Number (if you know it) TLCR-20-761		

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Simon	2. Surname (Last Name) Liu	3. Date 12-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claudia I. Henschke
5. Manuscript Title Implementation of Low-dose CT Screening in Two Different Health Care Systems: Mount Sinai Healthcare System and Phoenix VA Health Care System		
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Are there any relevant conflicts of interest? Yes No

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5. Manuscript Title Implementation of Low-dose CT Screening in Two Different Health Care Systems: Mount Sinai Healthcare System and Phoenix VA Health Care System		
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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Samuel

2. Surname (Last Name)
Aguayo

3. Date
29-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Implementation of Low-dose CT Screening in Two Different Health Care Systems:
Mount Sinai Healthcare System and Phoenix VA Health Care System

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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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. Aguayo has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Providencia	2. Surname (Last Name) Morales	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claudia Henschke
5. Manuscript Title Prevalence and predictors of bronchiectasis in participants in low-dose CT screening for lung cancer		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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NP Morales has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Brian	2. Surname (Last Name) Igel	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claudia Henschke
5. Manuscript Title Prevalence and predictors of bronchiectasis in participants in low-dose CT screening for lung cancer		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Igel has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hamed	2. Surname (Last Name) Abbaszadegan	3. Date 30-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claudia Henschke
5. Manuscript Title Prevalence and predictors of bronchiectasis in participants in low-dose CT screening for lung cancer		
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Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Abbaszadegan has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Peter

2. Surname (Last Name)

Fredricks

3. Date

28-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Claudia Henschke

5. Manuscript Title

Prevalence and predictors of bronchiectasis in participants in low-dose CT screening for lung cancer

6. Manuscript Identifying Number (if you know it)

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Mr. Fredricks has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Daniel

2. Surname (Last Name)

Garcia

3. Date

03-November-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Claudia Henschke

5. Manuscript Title

Prevalence and predictors of bronchiectasis in participants in low-dose CT screening for lung cancer

6. Manuscript Identifying Number (if you know it)

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Yes

No

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Yes

No

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No

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Mr. Garcia has nothing to disclose.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Paska	2. Surname (Last Name) Permana	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claudia Henschke
5. Manuscript Title Prevalence and predictors of bronchiectasis in participants in low-dose CT screening for lung cancer		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Permana has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Janet

2. Surname (Last Name)

Fawcett

3. Date

28-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Claudia Henschke

5. Manuscript Title

Prevalence and predictors of bronchiectasis in participants in low-dose CT screening for lung cancer

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 1. Identifying Information

1. Given Name (First Name)

Samir

2. Surname (Last Name)

Sultan

3. Date

06-November-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Claudia Henschke

5. Manuscript Title

Prevalence and predictors of bronchiectasis in participants in low-dose CT screening for lung cancer

6. Manuscript Identifying Number (if you know it)

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Yes

No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lorenza

2. Surname (Last Name)

Murphy

3. Date

28-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Claudia Henschke

5. Manuscript Title

Implementation of Low-dose CT Screening in Two Different Health Care Systems: Mount Sinai Healthcare System and Phoenix VA Health Care System

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