Date: 3/28/2021

Your Name:\_\_Michael Dorry

Manuscript Title: Pleural Effusions Associated with Squamous Cell Lung Carcinoma have a Low Diagnostic Yield and a

**Poor Prognosis** 

Manuscript number (if known): TLCR-21-123-CL

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</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)  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. | xNone   |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | Time frame: pastx_None  | 36 months   |
| 3 | Royalties or licenses   | x_None  |   |
| 4 | Consulting fees   | xNone   |   |

| 6  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | x_Nonex_None                             |
|----|---|--|
| 7  | Support for attending meetings and/or travel  | xNone                                    |
| 8  | Patents planned, issued or pending  | xNone                                    |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>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,<br>materials, drugs, medical<br>writing, gifts or other<br>services   | xNone                                    |
| 13 | Other financial or non-<br>financial interests  | xNone                                    |
|    |   | nflict of interest in the following box: |
|    | lone  |  |

Date: 3/28/2021

Your Name:\_\_Kevin Davidson\_

Royalties or licenses

Consulting fees

\_x\_\_None

\_x\_\_None

| Poo                   | nuscript Title: Pleural Effusion<br>r Prognosis<br>nuscript number (if known): | •   | ous Cell Lung Carcinoma have a Low Diagnostic Yield and a   |
|-----------------------|--|---|---|
| rela<br>part<br>to ti | ted to the content of your miles whose interests may be                        | nanuscript. "Related" mean<br>affected by the content of<br>ecessarily indicate a bias. | relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. |
|                       | following questions apply to nuscript only.                                    | o the author's relationship   | os/activities/interests as they relate to the <u>current</u>  |
| to tl                 |  | nsion, you should declare a   | lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.   |
|                       | em #1 below, report all sup<br>time frame for disclosure is                    | •   | I in this manuscript without time limit. For all other items,   |
|                       |  | 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)   |   |
| 1                     | All accompant for the process  | Time frame: Since the initia  | I planning of the work  |
| 1                     | All support for the present manuscript (e.g., funding,                         | xNone   |   |
|                       | provision of study materials,  |   |   |
|                       | medical writing, article   |   |   |
|                       | processing charges, etc.)  |   |   |
|                       | No time limit for this item.   |   |   |
|                       |  |   |   |
|                       |  | Time frame nect   | 26 months   |
| 2                     | Grants or contracts from   | Time frame: past x None   | . So months   |
| _                     | any entity (if not indicated   | ^_NONE  |   |
|                       | in item #1 above).   |   |   |

| 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                                      |  |  |
| 9   | Participation on a Data                      | y Nego                                   |  |
| 9   | Safety Monitoring Board or                   | xNone                                    |  |
|   | Advisory Board                               |  |  |
| 10  | Leadership or fiduciary role                 | xNone                                    |  |
|   | in other board, society,                     |  |  |
|   | committee or advocacy                        |  |  |
| 4.4   | group, paid or unpaid                        |  |  |
| 11  | Stock or stock options                       | xNone                                    |  |
|   |  |  |  |
| 12  | Receipt of equipment,                        | x None                                   |  |
|   | materials, drugs, medical                    |  |  |
|   | writing, gifts or other                      |  |  |
|   | services                                     |  |  |
| 13  | Other financial or non-                      | xNone                                    |  |
|   | financial interests                          |  |  |
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| Please summarize the above conflict of interest in the following box: |  | nflict of interest in the following box: |  |
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|   |  |  |  |

| Date                   | 3/28/2021   |
|------------------------|---|
| You                    | ame: Rajesh Dash  |
| Man                    | script Title: Pleural Effusions Associated with Squamous Cell Lung Carcinoma have a Low Diagnostic Yield and a rognosis   |
|                        | script number (if known): TLCR-21-123-CL  |
| relat<br>part<br>to tr | interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are do not to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third whose interests may be affected by the content of the manuscript. Disclosure represents a commitment asparency and does not necessarily indicate a bias. If you are in doubt about whether to list a nship/activity/interest, it is preferable that you do so. |
|                        | llowing questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>cript only</u> .   |
| to th                  | thor's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive ation, even if that medication is not mentioned in the manuscript.  |
|                        | n #1 below, report all support for the work reported in this manuscript without time limit. For all other items, ne frame for disclosure is the past 36 months.   |
|                        | Name all entities with Specifications/Comments  |

|   |   | 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                                      |  |  |
| 9   | Participation on a Data                      | y Nego                                   |  |
| 9   | Safety Monitoring Board or                   | xNone                                    |  |
|   | Advisory Board                               |  |  |
| 10  | Leadership or fiduciary role                 | xNone                                    |  |
|   | in other board, society,                     |  |  |
|   | committee or advocacy                        |  |  |
| 4.4   | group, paid or unpaid                        |  |  |
| 11  | Stock or stock options                       | xNone                                    |  |
|   |  |  |  |
| 12  | Receipt of equipment,                        | x None                                   |  |
|   | materials, drugs, medical                    |  |  |
|   | writing, gifts or other                      |  |  |
|   | services                                     |  |  |
| 13  | Other financial or non-                      | xNone                                    |  |
|   | financial interests                          |  |  |
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| Please summarize the above conflict of interest in the following box: |  | nflict of interest in the following box: |  |
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| Date: 3/28/2021          |   |
|--------------------------|---|
| our Name: Rachel Jug     |   |
| Manuscript Title: Pleura | ll Effusions Associated with Squamous Cell Lung Carcinoma have a Low Diagnostic Yield and a |
| Poor Prognosis           |   |

Manuscript number (if known): TLCR-21-123-CL

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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|---|---|---|---|
| 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   |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | Time frame: pastx_None  | 36 months   |
| 3 | Royalties or licenses   | x_None  |   |
| 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                                      |  |  |
| 9   | Participation on a Data                      | y Nege                                   |  |
| 9   | Safety Monitoring Board or                   | xNone                                    |  |
|   | Advisory Board                               |  |  |
| 10  | Leadership or fiduciary role                 | xNone                                    |  |
|   | in other board, society,                     |  |  |
|   | committee or advocacy                        |  |  |
| 4.4   | group, paid or unpaid                        |  |  |
| 11  | Stock or stock options                       | xNone                                    |  |
|   |  |  |  |
| 12  | Receipt of equipment,                        | x None                                   |  |
|   | materials, drugs, medical                    |  |  |
|   | writing, gifts or other                      |  |  |
|   | services                                     |  |  |
| 13  | Other financial or non-                      | xNone                                    |  |
|   | financial interests                          |  |  |
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| Please summarize the above conflict of interest in the following box: |  | nflict of interest in the following box: |  |
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**Date:** 3/28/2021

Consulting fees

\_x\_\_None

| You   | r Name:Jeffrey Clarke  |   |  |   |
|---|--|---|--|---|
| Mar   | nuscript Title: Pleural Effusion   | ons Associated with Squan   | nous Cell Lung Carcinoma have a Low Diagnostic Yield and   | a |
| Poo   | r Prognosis  |   |  |   |
| Mar   | nuscript number (if known):  | TLCR-21-123-CL  |  |   |
| rela<br>part<br>to to<br>rela<br>The<br>mar | ted to the content of your materies whose interests may be transparency and does not not tionship/activity/interest, it following questions apply to the content only. | nanuscript. "Related" mea<br>affected by the content o<br>ecessarily indicate a bias.<br>is preferable that you do<br>the author's relationship<br>wities/interests should be | ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains |   |
|   | ne epidemiology of hypertei<br>dication, even if that medica   | · ·   | all relationships with manufacturers of antihypertensive the manuscript.   |   |
|   | em #1 below, report all sup<br>time frame for disclosure is  | •   | d in this manuscript without time limit. For all other items,  | , |
|   |  | Name all entities with  | Specifications/Comments  |   |
|   |  | whom you have this  | (e.g., if payments were made to you or to your   |   |
|   |  | relationship or indicate  | institution)   |   |
|   |  | none (add rows as   | ,  |   |
|   |  | needed)   |  |   |
|   |  | Time frame: Since the initia  | al planning of the work  |   |
| 1   | All support for the present  | x None  |  |   |
| _   | manuscript (e.g., funding,   |   |  |   |
|   | provision of study materials,  |   |  |   |
|   | medical writing, article   |   |  |   |
|   | processing charges, etc.)  |   |  |   |
|   | No time limit for this item.   |   |  |   |
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|   |  | Time frame: pas   | t 36 months  |   |
| 2   | Grants or contracts from   | x None  | The mentals  |   |
| _   | any entity (if not indicated   |   |  |   |
|   | in item #1 above).   |   |  |   |
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| 5   | Payment or honoraria for                     | xNone                                    |  |
|---|--|--|--|
|   | lectures, presentations,                     |  |  |
|   | speakers bureaus,                            |  |  |
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| 6   | Payment for expert                           | x None                                   |  |
|   | testimony                                    |  |  |
|   |  |  |  |
| 7   | Support for attending meetings and/or travel | xNone                                    |  |
|   |  |  |  |
|   |  |  |  |
| 8   | Patents planned, issued or                   | xNone                                    |  |
|   | pending                                      |  |  |
| 9   | Participation on a Data                      | y Nege                                   |  |
| 9   | Safety Monitoring Board or                   | xNone                                    |  |
|   | Advisory Board                               |  |  |
| 10  | Leadership or fiduciary role                 | xNone                                    |  |
|   | in other board, society,                     |  |  |
|   | committee or advocacy                        |  |  |
| 4.4   | group, paid or unpaid                        |  |  |
| 11  | Stock or stock options                       | xNone                                    |  |
|   |  |  |  |
| 12  | Receipt of equipment,                        | x None                                   |  |
|   | materials, drugs, medical                    |  |  |
|   | writing, gifts or other                      |  |  |
|   | services                                     |  |  |
| 13  | Other financial or non-                      | xNone                                    |  |
|   | financial interests                          |  |  |
|   |  |  |  |
|   |  |  |  |
| Please summarize the above conflict of interest in the following box: |  | nflict of interest in the following box: |  |
| N   | lone   |  |  |
|   |  |  |  |

Date: 3/28/2021

Your Name: Andrew Nixon

Manuscript Title: Pleural Effusions Associated with Squamous Cell Lung Carcinoma have a Low Diagnostic Yield and a

**Poor Prognosis** 

Manuscript number (if known): TLCR-21-123-CL

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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. | xNone   | pranning of the work  |
|   |   | 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   | x_None |  |  |  |
|-----|--|--------|--|--|--|
|     | 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   | x_None |  |  |  |
|     | pending  |        |  |  |  |
|     | Double of the Control | None   |  |  |  |
| 9   | Participation on a Data Safety Monitoring Board or   | x_None |  |  |  |
|     | 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,  | x None |  |  |  |
|     | materials, drugs, medical  |        |  |  |  |
|     | writing, gifts or other  |        |  |  |  |
|     | services   |        |  |  |  |
| 13  | Other financial or non-  | x_None |  |  |  |
|     | financial interests  |        |  |  |  |
|     |  |        |  |  |  |
|     |  |        |  |  |  |
| Ple | Please summarize the above conflict of interest in the following box:  |        |  |  |  |
| ı   | None   |        |  |  |  |
|     |  |        |  |  |  |
|     |  |        |  |  |  |

| Date: 3/28/2021                         |          |  |     |              |  |  |  |  |
|---|----------|--|-----|--------------|--|--|--|--|
| Your Name:Kamran Mahmood                |          |  |     |              |  |  |  |  |
| 1 1 TCC 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | G 0 11 T | <u>~ · · · · · · · · · · · · · · · · · · ·</u> | 1 T | D: .: X7: 11 |  |  |  |  |

Manuscript Title: Pleural Effusions Associated with Squamous Cell Lung Carcinoma have a Low Diagnostic Yield and a

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Manuscript number (if known): TLCR-21-123-CL

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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. | x_None   |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | Time frame: pastxNone  | 36 months   |
| 3 | Royalties or licenses   | xNone  |   |
| 4 | Consulting fees   | x_None   |   |

| 5   | Payment or honoraria for   | x_None |  |  |  |
|-----|--|--------|--|--|--|
|     | 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   | x_None |  |  |  |
|     | pending  |        |  |  |  |
|     | Double of the Control | None   |  |  |  |
| 9   | Participation on a Data Safety Monitoring Board or   | x_None |  |  |  |
|     | 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,  | x None |  |  |  |
|     | materials, drugs, medical  |        |  |  |  |
|     | writing, gifts or other  |        |  |  |  |
|     | services   |        |  |  |  |
| 13  | Other financial or non-  | x_None |  |  |  |
|     | financial interests  |        |  |  |  |
|     |  |        |  |  |  |
|     |  |        |  |  |  |
| Ple | Please summarize the above conflict of interest in the following box:  |        |  |  |  |
| ı   | None   |        |  |  |  |
|     |  |        |  |  |  |
|     |  |        |  |  |  |