

ICMJE DISCLOSURE FORM

Date: September 13, 2021

Your Name: Amanda Leiter

Manuscript Title: Assessing the Association of Diabetes with Lung Cancer Risk

Manuscript number (if known): TLCR-21-601-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 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.

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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>__X__</u> None	
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	

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:

None.

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: September 9, 2021

Your Name: Antonios Charokopos

Manuscript Title: Assessing the Association of Diabetes with Lung Cancer Risk

Manuscript number (if known): TLCR-21-601-CL

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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ 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	
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ICMJJE DISCLOSURE FORM

Date: September 9, 2021

Your Name: Stacyann Bailey

Manuscript Title: Assessing the Association of Diabetes with Lung Cancer Risk

Manuscript number (if known): TLCR-21-601-CL

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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ 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	
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ICMJE DISCLOSURE FORM

Date: September 10, 2021

Name: Emily J. Gallagher

Manuscript Title: Assessing the Association of Diabetes with Lung Cancer Risk

Manuscript number (if known): TLCR-21-601-CL

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	Novartis	Advisory board
		Seattle Genetics	Consulting honorarium
		SynDevX	Consulting honorarium

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Infomedica	Payment for educational lecture
		American Diabetes Association	Payment for educational lecture
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
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Date: September 9, 2021

Name: Fred R. Hirsch

Manuscript Title: Assessing the Association of Diabetes with Lung Cancer Risk

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Time frame: past 36 months			
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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	Bristol-Myers Squibb, Merck, Amgen, AstraZeneca/Daiichi,	For all; Scientific advisory boards.

		Sanofi/Regeneron, Novartis, OncoCyte, Genentech	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca, Roche	For both: Educational lecture/presentation
6	Payment for expert testimony	Gehrson Lehrman Group (GLG)	
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	
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Date: September 13, 2021

Your Name: Derek LeRoith

Manuscript Title: Assessing the Association of Diabetes with Lung Cancer Risk

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4	Consulting fees	__X__ None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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Date: September 10, 2021

Name: Juan P. Wisnivesky

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Sanofi, Arnold Consultants	Research grants
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	Banook, GSK, Sanofi, Atea Pharmaceutical	Consulting honorarium

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	
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