

## ICMJE DISCLOSURE FORM

Date: March 24<sup>th</sup>, 2022

Your Name: Rudolf Kaaks

Manuscript Title: Lung function impairment in the German Lung Cancer Screening Study (LUSI): Prevalence, symptoms, and associations with lung cancer risk, tumor histology and all-cause mortality

Manuscript number (if known): TLCR-22-63

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>None</u>	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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

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

<p>Rudolf Kaaks has nothing to declare.</p>
---------------------------------------------

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

  X   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: March 28<sup>th</sup>, 2022

Your Name: Evangelia Christodoulou

Manuscript Title: Lung function impairment in the German Lung Cancer Screening Study (LUSI): Prevalence, symptoms, and associations with lung cancer risk, tumor histology and all-cause mortality

Manuscript number (if known): TLCR-22-63

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<b>Time frame: past 36 months</b>			
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	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> None	
6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	<u>    </u> None	
8	Patents planned, issued or pending	<u>    </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
11	Stock or stock options	<u>    </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
13	Other financial or non-financial interests	<u>    </u> None	

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

<p>Evangelia Christodoulou has nothing to declare.</p>
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**Please place an "X" next to the following statement to indicate your agreement:**

  X   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: March 24<sup>th</sup>, 2022

Your Name: Erna Motsch

Manuscript Title: Lung function impairment in the German Lung Cancer Screening Study (LUSI): Prevalence, symptoms, and associations with lung cancer risk, tumor histology and all-cause mortality

Manuscript number (if known): TLCR-22-63

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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

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

Erna Motsch has nothing to declare.
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**Please place an "X" next to the following statement to indicate your agreement:**

  X\_ 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: 29.03.2022

Your Name: Verena Katzke

Manuscript Title: Lung function impairment in the German Lung Cancer Screening Study (LUSI): Prevalence, symptoms, and associations with lung cancer risk, tumor histology and all-cause mortality

Manuscript number (if known): TLCR-22-63

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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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> 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:**

Verena Katzke has nothing to declare.

**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: 23<sup>rd</sup> March 2022

Your Name: Mark O. Wielpütz

Manuscript Title: Lung function impairment in the German Lung Cancer Screening Study (LUSI): Prevalence, symptoms, and associations with lung cancer risk, tumor histology and all-cause mortality

Manuscript number (if known): TLCR-22-63

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.

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Boehringer Ingelheim Pharma GmbH & Co KG	
		Vertex Pharmaceuticals Inc.	
3	Royalties or licenses	_None	
4	Consulting fees	Boehringer Ingelheim	

		Pharma GmbH & Co KG	
		Vertex Pharmaceuticals Inc.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Vertex Pharmaceuticals Inc.	Vertex Pharmaceuticals Inc.
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	

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

Mark O. Wielpütz receives grants from Boehringer Ingelheim Pharma GmbH & Co. KG and Vertex Pharmaceuticals Inc., consulting fees from Boehringer Ingelheim Pharma GmbH & Co. KG and Vertex Pharmaceuticals Inc., and honoraria for lectures from Vertex Pharmaceuticals Inc., outside the submitted study.

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

**X 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: March-24, 2022

Your Name: Hans-Urlich Kauczor

Manuscript Title: Obstructive and restrictive airflow impairments in the German Lung Cancer Screening Study (LUSI): Prevalence, symptoms, and associations with lung cancer risk, tumor histology and all-cause mortality.

Manuscript number (if known): TLCR-22-63

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Philips, Siemens, Boehringer Ingelheim	To the institution
3	Royalties or licenses	____None	
4	Consulting fees	Median	Advisory board, paid to me

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Boehringer Ingelheim Merck Sharp Dome Siemens, Sanofi Philips Astra Zeneca	Speakers bureau, paid to me Speakers bureau, paid to me Speakers bureau, paid to me Speakers bureau, paid to me
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	

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

Dr. Kauczor reports grants from Siemens, Philips and Boehringer Ingelheim and personal fees from Siemens, Philips, Boehringer Ingelheim, Merck Sharp Dohme, Sanofi and Median, personal fees from Astra Zeneca, all outside the submitted work

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

  X   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: March 23, 2022

Your Name: Claus Peter Heussel

Manuscript Title: Obstructive and restrictive airflow impairments in the German Lung Cancer Screening Study (LUSI): Prevalence, symptoms, and associations with lung cancer risk, tumor histology and all-cause mortality

Manuscript number (if known): TLCR-22-63

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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Novartis	Lecture fees
		Basilea	Lecture fees
		Bayer	Lecture fees
6	Payment for expert testimony	_____None	
7	Support for attending meetings and/or travel	_____None	
8	Patents planned, issued or pending	Method and Device For Representing the Microstructure of the Lungs.	IPC8 Class: AA61B5055FI, PAN: 20080208038, Inventors: W Schreiber, U Wolf, AW Scholz, CP Heussel
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	Stock ownership in medical industry: GSK	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____None	
13	Other financial or non-financial interests	Chest working group of the German Roentgen society	National guidelines: bronchial carcinoma, mesothelioma, COPD, screening for bronchial carcinoma, CT and MR imaging of the chest, Pneumonia

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

Dr. Heussel reports personal fees from personal fees from Novartis 2013-2016, personal fees from Basilea 2015, 2016, personal fees from Bayer 2016, outside the submitted work; In addition, Dr. Heussel has a patent Method and Device For Representing the Microstructure of the Lungs. IPC8 Class: AA61B5055FI, PAN: 20080208038, Inventors: W Schreiber, U Wolf, AW Scholz, CP Heussel and Stock ownership in medical industry: GSK Comittee membership: • Chest working group of the German Roentgen society National guidelines: bronchial carcinoma, mesothelioma, COPD, screening for bronchial carcinoma, CT and MR imaging of the chest, Pneumonia

**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: 23.03.2022

Your Name: Monika Eichinger

Manuscript Title: Lung function impairment in the German Lung Cancer Screening Study (LUSI): Prevalence, symptoms, and associations with lung cancer risk, tumor histology and all-cause mortality.

Manuscript number (if known): TLCR-22-63

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<b>Time frame: past 36 months</b>			
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	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> Vertex Pharmaceuticals	
6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	<u>    </u> None	
8	Patents planned, issued or pending	<u>    </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
11	Stock or stock options	<u>    </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
13	Other financial or non-financial interests	<u>    </u> None	

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

Monika Eichinger has to declare speaker honoraria from Vertex Pharmaceuticals

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

**X   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: 27.03.2022

Your Name: Stefan Delorme

Manuscript Title: Lung function impairment in the German Lung Cancer Screening Study (LUSI): Prevalence, symptoms, and associations with lung cancer risk, tumor histology and all-cause mortality.

Manuscript number (if known): TLCR-22-63

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<b>Time frame: past 36 months</b>			
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	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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	

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

Stefan Delorme has nothing to declare.

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

**X I certify that I have answered every question and have not altered the wording of any of the questions on this form.**