Date: March 24	th , 2022			
Vour 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 <u>current manuscript only</u>.

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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)
1	All according to the property	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		T'un a Commanda	26
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
3	Moyarties of ficerises	NUILE	
4	Consulting fees	None	

_	Daymant and an arranta fa	Nama	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
	meetings and or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
,	Safety Monitoring Board or		
	Advisory Board		
40	•	N.	
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
	imaneiai intereses		
DI.			Uarriage Is arr
PIE	ease summarize the above o	onflict of interest in the fo	nowing pox:
	Rudolf Kaaks has nothing to	declare.	

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

Date: March 28	3 th , 2022		
Vour Name	Evangelia Christodoulou		

Your Name: <u>Evangelia Christodoulou</u>

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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		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,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
	0 - 1 - 1		

5	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending	None			
	meetings and/or travel				
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
12	services	Name			
13	Other financial or non-	None			
	financial interests				
Dlas	ase summarize the above co	nflict of interest in the fall	owing hove		
Piea	ise summanze the above co	innict of interest in the foll	owing nov.		
_					
E	Evangelia Christodoulou has nothing to declare.				

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

Date: March 24	th , 2022			
Vaur Namai	Erna Matsch			

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

5	Dayment or honoraria for	None				
5	Payment or honoraria for lectures, presentations,	None				
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	None				
	testimony					
	,					
7	Support for attending meetings and/or travel	None				
8	Patents planned, issued or	None				
	pending					
9	Participation on a Data Safety Monitoring Board or	None				
	Advisory Board					
10	Leadership or fiduciary role	None				
	in other board, society,					
	committee or advocacy group, paid or unpaid					
11	Stock or stock options	None				
12	Receipt of equipment,	None				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	None				
	financial interests					
Ple	Please summarize the above conflict of interest in the following box:					
	Erna Motsch has nothing to	declare.				

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

Date	: <u>29.0</u>	3.2022	

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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)	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	xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	x_None	
	any entity (if not indicated		
	in item #1 above).		
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	x None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	xNone			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	xNone			
4.5					
12	Receipt of equipment, materials, drugs, medical	xNone			
	writing, gifts or other				
	services				
13	Other financial or non-	xNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				

Verena	Katzke has nothing t	o declare.		

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

Date:	23 rd March 2022
Your Name:	Mark O. Wielpütz
Manuscript Title: Lung func	ion impairment in the German Lung Cancer Screening Study (LUSI): Prevalence, symptom
and associations with lung c	ancer risk, tumor histology and all-cause mortality
Manuscript number (if know	n): 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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		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	_None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	Boehringer Ingelheim	
	any entity (if not indicated	Pharma GmbH & Co KG	
	in item #1 above).	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	Vertex Pharmaceuticals	Vertex Pharmaceuticals Inc.
	lectures, presentations,	Inc.	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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.

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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		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.		
		Time frame: past	36 months
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 Payment for expert testimony	Boehringer Ingelheim Merck Sharp Dome Siemens, Sanofi Philips Astra ZenecaNone	Speakers bureau, paid to me
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	

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.

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

5	Payment or honoraria for	Novartis	Lecture fees
	lectures, presentations,	Basilea	Lecture fees
	speakers bureaus, manuscript writing or educational events	Bayer	Lecture fees
6	Payment for expert	None	
	testimony		
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	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	Stock ownership in	
		medical industry: GSK	
12	Possint of agricument	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
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

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 Comitee 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.				

Date: 23.03.20	022		
Vour 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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		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.	None		
	Time frame: past 36 months			
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	Vertex Pharmaceuticals	
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	
DI-		udliak ad imkanisak in kl C	Marriag have

	Monika Eichinger has to declare speaker honoraria from Vertex Pharmaceuticals		
Į			

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.

Date: <u>27.03.2022</u>

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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		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)
4		I	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	No time innit for this item.		
		Time from a neet	26 months
2	Country on anythrough from	Time frame: past	36 MONUNS
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
3	,	None	
3	Royalties or licenses	None	
	0 11: 6		
4	Consulting fees	None	

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