Date: 11/16/2022

Your Name: Tara Ivic-Pavlicic

Manuscript Title: Assessing how lung cancer screening guidelines contribute racial disparities in screening access

Manuscript number (if known): TLCR-22-816

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.

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) |
|---|---|--|---|
|   |   | 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   |   |

| 6  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony | XNone |  |  |
|----|--|-------|--|--|
| 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 |  |  |
|    | 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:

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

Date: 11/16/2022

Your Name: Shivam Joshi

Manuscript Title: Assessing how lung cancer screening guidelines contribute racial disparities in screening access

Manuscript number (if known): TLCR-22-816

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|---|---|--|---|
|   |   | Time frame: Since the initia   | 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   |   |
|   |   | 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 lectures, presentations,                     | X None |  |  |  |
|------|---|--------|--|--|--|
|      | speakers bureaus,   |        |  |  |  |
|      | manuscript writing or   |        |  |  |  |
|      | educational events  |        |  |  |  |
| 6    | Payment for expert  | XNone  |  |  |  |
|      | testimony   |        |  |  |  |
|      |   |        |  |  |  |
| 7    | Support for attending meetings and/or travel                          | XNone  |  |  |  |
|      |   |        |  |  |  |
|      |   |        |  |  |  |
| 8    | Patents planned, issued or  | XNone  |  |  |  |
|      | pending   |        |  |  |  |
|      |   |        |  |  |  |
| 9    | Participation on a Data   | _XNone |  |  |  |
|      | Safety Monitoring Board or Advisory Board                             |        |  |  |  |
| 10   | Leadership or fiduciary role  | X None |  |  |  |
| 10   | in other board, society,  | None   |  |  |  |
|      | committee or advocacy   |        |  |  |  |
|      | group, paid or unpaid   |        |  |  |  |
| 11   | Stock or stock options  | XNone  |  |  |  |
|      |   |        |  |  |  |
|      |   |        |  |  |  |
| 12   | Receipt of equipment,   | _XNone |  |  |  |
|      | materials, drugs, medical   |        |  |  |  |
|      | writing, gifts or other services                                      |        |  |  |  |
| 13   | Other financial or non-   | XNone  |  |  |  |
|      | financial interests   |        |  |  |  |
|      |   |        |  |  |  |
|      |   |        |  |  |  |
| Plea | Please summarize the above conflict of interest in the following box: |        |  |  |  |
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\_\_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>2/27/2023</u> |                       |  |       |  |
|------------------------|-----------------------|--|-------|--|
| Your Name:             | Angelo Zegarelli      |  |       |  |
| <b>Manuscript Tit</b>  | tle:: Assessing how l | ung cancer screening guidelines contribute racial disparities in screening a | ccess |  |
| Manuscript nu          | ımber (if known):     | TLCR-22-816  |       |  |

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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 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  | planning of the work  |
| 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   | XNone  |   |

| 5   | Payment or honoraria for  | XNone  |  |   |  |
|-----|---|--------|--|---|--|
|     | lectures, presentations,  |        |  |   |  |
|     | speakers bureaus,   |        |  |   |  |
|     | manuscript writing or   |        |  |   |  |
| 6   | educational events  Payment for expert  | X None |  |   |  |
| 0   | testimony   |        |  | _ |  |
|     | testimony   |        |  | _ |  |
| 7   | Support for attending   | X None |  |   |  |
|     | meetings and/or travel  |        |  |   |  |
|     |   |        |  |   |  |
|     |   |        |  |   |  |
|     |   |        |  |   |  |
| 8   | Patents planned, issued or  | XNone  |  |   |  |
|     | pending   |        |  |   |  |
|     |   |        |  |   |  |
| 9   | Participation on a Data   | XNone  |  |   |  |
|     | Safety Monitoring Board or  |        |  |   |  |
| 10  | Advisory Board  Leadership or fiduciary role                                  | X None |  |   |  |
| 10  | in other board, society,  | XNone  |  |   |  |
|     | committee or advocacy   |        |  | _ |  |
|     | group, paid or unpaid   |        |  |   |  |
| 11  | Stock or stock options  | XNone  |  |   |  |
|     |   |        |  |   |  |
| 42  |   | V N    |  |   |  |
| 12  | Receipt of equipment, materials, drugs, medical                               | XNone  |  |   |  |
|     | writing, gifts or other   |        |  | _ |  |
|     | services  |        |  |   |  |
| 13  | Other financial or non-   | XNone  |  |   |  |
|     | financial interests   |        |  |   |  |
|     |   |        |  |   |  |
|     |   |        |  |   |  |
| DIA | Disease assumenting the above conflict of interest in the full assistant have |        |  |   |  |
| rie | 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:

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

| Date                      | e:11/16/2022   |  |   |  |  |
|---------------------------|--|--|---|--|--|
| Your Name:Emanuela Taioli |  |  |   |  |  |
| Man                       | Manuscript Title: Assessing how lung cancer screening guidelines contribute racial disparities in screening access |  |   |  |  |
| Man                       | uscript number (if known):   | TLCR-22-816  |   |  |  |
| In th                     | e interest of transparency,  | we ask you to disclose all r                             | elationships/activities/interests listed below that are   |  |  |
| parti<br>to tr            | ies whose interests may be   | affected by the content of ecessarily indicate a bias. I | ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so. |  |  |
|                           | following questions apply to uscript only.   | o the author's relationships                             | s/activities/interests as they relate to the <u>current</u>   |  |  |
| to th                     | •  | nsion, you should declare a                              | efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript.                            |  |  |
|                           | em #1 below, report all supp<br>time frame for disclosure is   | ·  | 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)  | along it a state of the constitution  |  |  |
|                           |  | 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  | XNone  |   |  |  |
|                           |  |  |   |  |  |
|                           |  |  |   |  |  |
| 4                         | Consulting fees  | XNone  |   |  |  |
|                           |  |  |   |  |  |

Payment or honoraria for

lectures, presentations,

X\_\_None

|    | speakers bureaus,<br>manuscript writing or                                  |        |  |  |
|----|---|--------|--|--|
|    | educational events  |        |  |  |
| 6  | Payment for expert  | XNone  |  |  |
|    | testimony   |        |  |  |
| 7  | Support for attending   | _XNone |  |  |
| ,  | meetings and/or travel  | None   |  |  |
|    |   |        |  |  |
|    |   |        |  |  |
| 8  | Patents planned, issued or  | XNone  |  |  |
|    | pending   |        |  |  |
|    |   |        |  |  |
| 9  | Participation on a Data   | XNone  |  |  |
|    | Safety Monitoring Board or  |        |  |  |
| 10 | Advisory Board  Leadership or fiduciary role                                | V Name |  |  |
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|    | committee or advocacy   |        |  |  |
|    | group, paid or unpaid   |        |  |  |
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|    | ·   |        |  |  |
|    |   |        |  |  |
| 12 | Receipt of equipment,   | XNone  |  |  |
|    | materials, drugs, medical   |        |  |  |
|    | writing, gifts or other services  |        |  |  |
| 13 | Other financial or non-   | X None |  |  |
|    | financial interests   |        |  |  |
|    |   |        |  |  |
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form.