ICMJE DISCLOSURE FORM

Date: 23_December 2021	
Your Name:Suha Kaaki	
Manuscript Title:_Multiple Pulmonary Nodules: A Management Dilemma	
Manuscript number (if known): CCTS-2019-SLN-11(CCTS-21-37)	
In the interest of transparency, we ask you to disclose all relationships/activities/interested to the content of your manuscript. "Related" means any relation with for-profit parties whose interests may be affected by the content of the manuscript. Disclosure reto transparency and does not necessarily indicate a bias. If you are in doubt about who	t or not-for-profit third epresents a commitment

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

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) 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.	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	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		
	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		
	Please summarize the above conflict of interest in the following box: I have no conflicts of interest related to this publication		

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:	December 23, 2021	
Your Name:	_Thomas A D'Amico	
Manuscript Title: Multiple Pulmonary Nodules: A Management Dilemma		
nuscript number (if I	(nown): CCTS-2019-SLN-11(CCTS-21-37)	

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.

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) Time frame: Since the initial planning	Specifications/Comments (e.g., if payments were made to you or to your institution) ag 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.	None	
		Time frame: past 36 mon	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	Scanlan Instruments	Consultant, I received fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	Medtronic	I received honoraria for presentations

	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	<u>.</u>		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	Board Member, AATS	No payment
	in other board, society,		I assist in the supervision of the scientific and
	committee or advocacy	2 114 1 11001	educational missions of the AATS
	group, paid or unpaid	Board Member, NCCN	No payment I contribute to the scientific and educational
			missions of the NCCN
		Board Member, NCCN Foundation	No payment
		Board Member, NCCN Foundation	I assist in the philanthropic missions of the NCCN
		Medical Director, AATS	r assist in the prinantinopie missions of the Neelv
		Wicalcar Bir Cotor, 7 W 13	No payment
			I review content of AATS programs for ACCME
			compliance; no payment
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		

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

TAD is a consultant with Scanlan Instruments, speaker for Medtronic, board member and medical director of AATS and board member of NCCN and NCCN Foundation. There are no conflicts of interest to report related to this publication.

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.