ICMJE DISCLOSURE FORM

| Date:9/15/23 Your Name:Justine Ko Manuscript Title:Added Value of Endoscopic Ultrasound to Endobronchial Ultrasound in Non-small Cell Lung Cancer Staging Manuscript number (if known):AMJ-23-114 | | | | |
|---|---|---|---|--|
| liste relator repartor to the list. The to the man to the of a linitial limit. | 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 Specifications/Comments | | | | |
| | | whom you have this relationship or indicate none (add | (e.g., if payments were made to you or to your institution) | |
| | Tin | ne frame: Since the initia | planning of the work | |
| 1 | All support for the | None | | |
| | present manuscript (e.g., funding, provision | | | |
| | of study materials, | | | |
| | medical writing, article | | | |
| | processing charges, | | | |

etc.)

item.

No time limit for this

| | | 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 | 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 | 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: | | | |
| I have no conflicts of interest to report. | | | |
| 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:9/17/23 | | | | |
|--|--|--|--|--|
| Your Name:Pravachan Hegde | | | | |
| Manuscript Title:Added Value of Endoscopic Ultrasound to | | | | |
| Endobronchial Ultrasound in Non-small Cell Lung Cancer Staging | | | | |
| Manuscript number (if known):AMJ-23-114 | | | | |
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| 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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| manuscript pertains | | | | |
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| | | | | |
| Name all entities with Specifications/Comments | | | | |
| whom you have this (e.g., if payments were made to you or to your | | | | |
| relationship or institution) | | | | |
| indicate none (add | | | | |
| Time frame: Since the initial planning of the work | | | | |
| 1 All support for theNone | | | | |
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| (e.g., funding, provision | | | | |
| of study materials, | | | | |
| medical writing, article | | | | |

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No time limit for this

| | | Time frame: past | 36 months |
|----|--|------------------|-----------|
| 2 | Grants or contracts | None | |
| | from any entity (if not | | |
| | indicated in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| | | | |
| | | | |
| 4 | Consulting fees | None | |
| | | | |
| | | | |
| 5 | Payment or honoraria | None | |
| | for lectures, presentations, speakers | | |
| | bureaus, manuscript | | |
| | writing or educational | Nana | |
| 6 | Payment for expert testimony | None | |
| | | | |
| 7 | Compare for attackling | Nana | |
| 7 | Support for attending meetings and/or travel | None | |
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| 8 | Patents planned, issued or pending | None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory | None | |
| | | | |
| | Board | | |
| 10 | Leadership or fiduciary role in other board, society, committee or | None | |
| | | | |
| | advocacy group, paid or | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | | |

| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
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