

## ICMJJE DISCLOSURE FORM

Date: 08/15/2023

Your Name: John Kucera

Manuscript Title: Resolving Persistent Air Leaks in Autosomal Dominant Hyper-IgE Syndrome Using Endobronchial Valves: Report of Cases

Manuscript number (if known): ACR-23-35

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

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

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

No Conflicts

**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: 08/15/2023

Your Name: Munir Buhaya

Manuscript Title: Resolving Persistent Air Leaks in Autosomal Dominant Hyper-IgE Syndrome Using Endobronchial Valves: Report of Cases

Manuscript number (if known): ACR-23-35

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<b>Time frame: past 36 months</b>			
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4	Consulting fees		

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7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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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.

## ICMJE DISCLOSURE FORM

Date: 08/15/2023

Your Name: Nicole Nix Sartain

Manuscript Title: Resolving Persistent Air Leaks in Autosomal Dominant Hyper-IgE Syndrome Using Endobronchial Valves: Report of Cases

Manuscript number (if known): ACR-23-35

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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).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees		

		<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

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No Conflicts

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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.

## ICMJE DISCLOSURE FORM

Date: 8/12/2023

Your Name: Kenneth N Olivier

Manuscript Title: Resolving Persistent Air Leaks in Autosomal Dominant Hyper-IgE Syndrome Using Endobronchial Valves: Report of Cases

Manuscript number (if known): ACR-23-35

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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>		
		NHLBI Intramural Research Program	ZIA HL 006201
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).		
		NHLBI	U01 HL 156655
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		

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

Dr Olivier was funded in part by the intramural research program of NHLBI , NIH (ZIA HL 006201) and through the NHLBI intramural/extramural grant U01 HL 156655.

**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:** August 14, 2023

**Your Name:** Alexandra Freeman

**Manuscript Title:** \_\_ Resolving Persistent Air Leaks in Autosomal Dominant Hyper-IgE Syndrome Using Endobronchial Valves: Report of Cases

**Manuscript number (if known):** \_\_\_\_\_ ACR-23-35 \_\_\_\_\_

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

		<input type="checkbox"/> X <input type="checkbox"/> None	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: 8/12/2023

Your Name: Chuong D. Hoang

Manuscript Title: Resolving Persistent Air Leaks in Autosomal Dominant Hyper-IgE Syndrome Using Endobronchial Valves: Report of Cases

Manuscript number (if known): ACR-23-35

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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"/> NIH	
		Intramural Research Program	ZIA BC 011657
<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:**

Dr Hoang was funded in part by the intramural research program of NCI, NIH (ZIA BC 011657).

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