ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

3. Relevant financial activities outside the submitted work.

4. Intellectual Property.

5. Relationships not covered above.

Definitions.

- **Entity**: government agency, foundation, commercial sponsor, academic institution, etc.
- **Grant**: A grant from an entity, generally [but not always] paid to your organization
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- **Royalties**: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Hayley

2. Surname (Last Name)  
   Lewthwaite

3. Date  
   24-March-2020

4. Are you the corresponding author?  
   [✓ Yes  No]

5. Manuscript Title  
   Predicting the rate of oxygen consumption during the 3-minute constant-rate stair stepping and shuttle tests in people with COPD

6. Manuscript Identifying Number (if you know it)  
   JTD-2019-294

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   [ No]

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Are there any relevant conflicts of interest?  
   [✓ No]

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   [✓ No]
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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

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Dr. Lewthwaite has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Emily  
2. Surname (Last Name)  
   Koch  
3. Date  
   24-March-2020  
4. Are you the corresponding author?  
   Yes ☑ No  
   Corresponding Author’s Name  
   Hayley Lewthwaite  
5. Manuscript Title  
   Predicting the rate of oxygen consumption during the 3-minute constant-rate stair stepping and shuttle tests in people with COPD  
6. Manuscript Identifying Number (if you know it)  
   JTD-2019-294

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☑ Yes ☑ No

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Ms. Koch has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Magnus
2. Surname (Last Name)  
   Ekström
3. Date  
   24-March-2020
4. Are you the corresponding author?  
   Yes  [✓]  No

   Corresponding Author’s Name  
   Dr. Hayley Lewthwaite

5. Manuscript Title  
   Predicting the rate of oxygen consumption during the 3-minute constant-rate stair stepping and shuttle tests in people with COPD
6. Manuscript Identifying Number (if you know it)  
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   Yes  [✓]  No

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Dr. Ekström has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Alan

2. Surname (Last Name)  
   Hamilton

3. Date  
   24-March-2020

4. Are you the corresponding author?  
   Yes  
   No

5. Manuscript Title  
   Predicting the rate of oxygen consumption during the 3-minute constant-rate stair stepping and shuttle tests in people with COPD

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   Yes  
   No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|--------|----------------|------------------------|--------|----------|
| Boehringer Ingelheim (Canada) Ltd. | | | | ✓ | Company employee |

## Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights
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Alan Hamilton is an employee of Boehringer Ingelheim (Canada) Ltd.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jean
2. Surname (Last Name)  Bourbeau
3. Date  24-March-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Hayley Lewthwaite
5. Manuscript Title  Predicting the rate of oxygen consumption during the 3-minute constant-rate stair stepping and shuttle tests in people with COPD
6. Manuscript Identifying Number (if you know it)  JTD-2019-294

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Are there any relevant conflicts of interest?  Yes  No
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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|--------|----------------|------------------------|--------|----------|
| GlaxoSmithKline             |        |                |                        | Yes    | This study was funded by GSK |

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| Name of Entity                          | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------------------|--------|----------------|------------------------|--------|----------|
| CIHR                                    | Yes    |                |                        |        |          |
| Canadian Respiratory Research Network (CRRN) | Yes    |                |                        |        |          |
| Canadian Thoracic Society               |        | Yes            |                        |        | Consultant/lecture |
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| Name of Entity                  | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments            |
|--------------------------------|--------|----------------|------------------------|--------|--------------------|
| CHEST                          |        | ✓              |                        |        | Consultant/lecture |
| Foundation of the MUHC         | ✓      |                |                        |        |                    |
| Aerocrine                      | ✓      |                |                        |        |                    |
| AstraZeneca                    | ✓      | ✓              |                        |        | Advisor/lecture    |
| Boehringer Ingelheim           | ✓      | ✓              |                        |        | Advisor/lecture    |
| Grifols                        | ✓      | ✓              |                        |        | Advisor/lecture    |
| GlaxoSmithKline                | ✓      | ✓              |                        |        | Advisor/lecture    |
| Novartis                       | ✓      | ✓              |                        |        | Advisor/lecture    |
| Trudell                        | ✓      | ✓              |                        |        |                    |

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Bourbeau reports other from GlaxoSmithKline, during the conduct of the study; grants from CIHR, grants from Canadian Respiratory Research Network (CRRN), personal fees from Canadian Thoracic Society, personal fees from CHEST, grants from Foundation of the MUHC, grants from Aerocrine, grants and personal fees from AstraZeneca, grants and personal fees from Boehringer Ingelheim, grants and personal fees from Grifols, grants and personal fees from GlaxoSmithKline, grants and personal fees from Novartis, grants and personal fees from Trudell, outside the submitted work.

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4. Intellectual Property.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
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Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Francois

2. Surname (Last Name)  
Maltais

3. Date  
24-March-2020

4. Are you the corresponding author? Yes ☑ No ☐
Corresponding Author’s Name  
Dr. Hayley Lewthwaite

5. Manuscript Title  
Predicting the rate of oxygen consumption during the 3-minute constant-rate stair stepping and shuttle tests in people with COPD

6. Manuscript Identifying Number (if you know it)  
JTD-2019-294

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes ☑ No ☐

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|--------|----------------|------------------------|--------|----------|
| Boehringer Ingelheim        | ☑      | ☐              | ☐                      | ☐      |          |

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest? Yes ☑ No ☐

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------|----------------|------------------------|--------|----------|
| GlaxoSmithKline, AstraZeneca, Sanofi, | ☑      | ☐              | ☐                      | ☐      | Grants paid to my institution |
| Novartis, Boehringer Ingelheim, Grifols | ☑      | ☐              | ☐                      | ☐      | Unrestricted grants paid to my institution |
| GlaxoSmithKline, Boehringer Ingelheim, Grifols, Novartis | ☐      | ☑              | ☐                      | ☐      | Speaker bureau |
ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|-------|----------------|------------------------|--------|----------|
| Oxynov         | ☐     | ☐             | ☐                      | ☑     | Financial participation in Oxynov, a company which is developing an oxygen delivery system. |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

FM reports grants from AstraZeneca and GlaxoSmithKline, Boehringer Ingelheim, GSK, Sanofi, and Novartis during the conduct of this study, and personal fees for serving on speaker bureaus and consultation panels from Boehringer Ingelheim, Grifols, and Novartis outside the submitted work. He is financially involved with Oxynov, a company which is developing an oxygen delivery system.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Benoit

2. **Surname (Last Name)**  
   BOREL

3. **Date**  
   24-March-2020

4. **Are you the corresponding author?**  
   - [ ] Yes  
   - [x] No

   **Corresponding Author’s Name**  
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5. **Manuscript Title**  
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Are there any relevant conflicts of interest?  
- [ ] Yes  
- [x] No

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- [x] No

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- [x] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. BOREL has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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   Dennis

2. Surname (Last Name)  
   Jensen

3. Date  
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4. Are you the corresponding author?  
   ☑ Yes  ☐ No

   Corresponding Author’s Name  
   Dr. Hayley Lewthwaite

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| Boehringer Ingelheim                 | ☑      | ☐              | ☐                      | ☐      |          |

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| Boehringer Ingelheim    | ☑      | ☐              | ☐                      | ☐      |          |
| Novartis                | ☑      | ☐              | ☐                      | ☐      |          |
ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity | Grant | Personal Fees | Non-Financial Support | Other | Comments |
|----------------|-------|---------------|-----------------------|-------|----------|
| Tilray         | ✓     |               |                       |       |          |

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