Date: _19-Feb-2021_  
Your Name: _______ Guilin Peng  
Manuscript Title: _Pulmonary fibrosis combined with lung cancer following lung transplantation: should we do more?_  
Manuscript number (if known): ________________________________________________________________

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.

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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) |
|---|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| **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 |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| **3** | Royalties or licenses | None |
| **4** | Consulting fees | None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | None                                                                 | None                                                                 |
|---|---------------------------------------------------------------------|---------------------------------------------------------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | 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 unpaid | 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:

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.
ICMJE DISCLOSURE FORM

Date: 19-Feb-2021

Your Name: Chao Yang

Manuscript Title: Pulmonary fibrosis combined with lung cancer following lung transplantation: should we do more?

Manuscript number (if known):

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
|   |                                                                 | None  |
|---|-----------------------------------------------------------------|-------|
| 5 | Payment or honoraria for lectures, presentations,              |       |
|   | speakers bureaus, manuscript writing or educational events     | 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    | None  |
|   | Board                                                           |       |
| 10| Leadership or fiduciary role in other board, society,          | None  |
|   | committee or advocacy group, paid or unpaid                    |       |
| 11| Stock or stock options                                        | None  |
| 12| Receipt of equipment, materials, drugs, medical writing,       | None  |
|   | gifts or other services                                        |       |
| 13| Other financial or non-financial interests                     | None  |

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: 19-Feb-2021

Your Name: Mengyang Liu

Manuscript Title: Pulmonary fibrosis combined with lung cancer following lung transplantation: should we do more?

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| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Question                                                                                           | Answer |
|---|---------------------------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | 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 unpaid   | 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   |

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ICMJE DISCLOSURE FORM

Date: _19-Feb-2021______________________________________________________________
Your Name:_______Weixue Cui_________________________________________________
Manuscript Title: _Pulmonary fibrosis combined with lung cancer following lung transplantation: should we do more?
Manuscript number (if known):__________________________________________________

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| 2 Grants or contracts from any entity (if not indicated in item #1 above). None |
| 3 Royalties or licenses None |
| 4 Consulting fees None |
|   | Question                                                                 | Response |
|---|-------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,     | None     |
|   | manuscript writing or educational events                                |          |
| 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         | None     |
|   | or advocacy group, paid or unpaid                                       |          |
|11 | Stock or stock options                                                  | None     |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other  | None     |
|   | services                                                                |          |
|13 | Other financial or non-financial interests                               | None     |

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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: 19-Feb-2021
Your Name: Bastian Grande
Manuscript Title: Pulmonary fibrosis combined with lung cancer following lung transplantation: should we do more?
Manuscript number (if known): 

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.

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|   | No time limit for this item.                                                                   |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | None                                                                                 |
| 3 | Royalties or licenses                                                                         | None                                                                                 |
| 4 | Consulting fees                                                                              | None                                                                                 |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | Response |
|---|------------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | 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 unpaid | 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:

None.

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**Date:** 19-Feb-2021  
**Your Name:** Christina Kao

**Manuscript Title:** Pulmonary fibrosis combined with lung cancer following lung transplantation: should we do more?  
**Manuscript number (if known):**

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**No time limit for this item.** | None |
| **Time frame: Since the initial planning of the work** | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| **3** | Royalties or licenses | None |
| **4** | Consulting fees | None |
| **Time frame: past 36 months** | | |
|   | Description                                                                 | None |
|---|-----------------------------------------------------------------------------|------|
|   | Payment or honoraria for lectures, presentations, speakers bureaus,          |      |
|   | manuscript writing or educational events                                    |      |
|   | Payment for expert testimony                                                |      |
|   | Support for attending meetings and/or travel                                 |      |
|   | Patents planned, issued or pending                                           |      |
|   | Participation on a Data Safety Monitoring Board or Advisory Board             |      |
|   | Leadership or fiduciary role in other board, society, committee or advocacy  |      |
|   | group, paid or unpaid                                                        |      |
|   | Stock or stock options                                                       |      |
|   | Receipt of equipment, materials, drugs, medical writing, gifts or other      |      |
|   | services                                                                     |      |
|   | Other financial or non-financial interests                                   |      |

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None.

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**ICMJE DISCLOSURE FORM**

Date: 19-Feb-2021

Your Name: Piergiorgio Solli

Manuscript Title: Pulmonary fibrosis combined with lung cancer following lung transplantation: should we do more?

Manuscript number (if known):

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| **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 |
|   | Conflict of Interest                                      | Answer |
|---|----------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations,       | None   |
|   | speakers bureaus, manuscript writing or educational     |        |
|   | events                                                 |        |
| 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       | None   |
|   | Advisory Board                                          |        |
| 10| Leadership or fiduciary role in other board, society,   | None   |
|   | committee or advocacy group, paid or unpaid              |        |
| 11| Stock or stock options                                  | None   |
| 12| Receipt of equipment, materials, drugs, medical writing,| None   |
|   | gifts or other services                                  |        |
| 13| Other financial or non-financial interests               | None   |

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

None.

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ICMJE DISCLOSURE FORM

Date: 20-Feb-2021

Your Name: George Makdisi

Manuscript Title: Pulmonary fibrosis combined with lung cancer following lung transplantation: should we do more?

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|------|--------------------------------|-------------------------------------------------|---------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None | No time limit for this item. |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3    | Royalties or licenses | None |
| 4    | Consulting fees | None |
|   | Description                                                                 | None |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |      |
| 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 unpaid | 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 |

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

None.

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ICMJE DISCLOSURE FORM

Date: _19-Feb-2021______________________________
Your Name: ____Xin Xu______________________________
Manuscript Title: _Pulmonary fibrosis combined with lung cancer following lung transplantation: should we do more?_
Manuscript number (if known):__________________________________________________________

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.

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| 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 unpaid | 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   |

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ICMJE DISCLOSURE FORM

Date: 19-Feb-2021
Your Name: Jianxing He
Manuscript Title: Pulmonary fibrosis combined with lung cancer following lung transplantation: should we do more?
Manuscript number (if known): 

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| Consulting fees | None |
|   | Financial or Non-Financial Interest                                                                 | None |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony                                                                       | None |
| 7 | Support for attending meetings and/or travel                                                        | None |
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|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid   | 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 |

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