ICMJE DISCLOSURE FORM

Date: 9/4/2021
Your Name: Hussein Asad
Manuscript Title: Navigational bronchoscopy specimens and PD-L1 expression: A retrospective study
Manuscript number (if known): JTD-21-1454-R2

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.) | 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                                                                 | 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:

HA has 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.
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Date: __9/4/2021________________________
Your Name: ___Timothy Saettele____________________
Manuscript Title: ___Navigational bronchoscopy specimens and PD-L1 expression: A retrospective study____
Manuscript number (if known): ___JTD-21-1454-R2__________________

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|---|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **Time frame: Since the initial 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 lectures, presentations, | Performs education work for Medtronic |
|   |   |
|---|---|
| speakers bureaus, manuscript writing or educational events | Has received speaking fees from Onclive, Veracyte and Biodesix. These are unrelated to this current study. |
|   |   |
| 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:

TS is an educational speaker for Medtronic.

Not related to this work, TS has received speaking fees from OncLive, Veracyte and Biodesix

Please place an “X” next to the following statement to indicate your agreement:

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Date: 9/4/2021

Your Name: Ossama Tawfik

Manuscript Title: Navigational bronchoscopy specimens and PD-L1 expression: A retrospective study

Manuscript number (if known): JTD-21-1454-R2

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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                                                                 | 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   |

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

OT has 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.
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Date: 9/4/2021
Your Name: Philip Jones
Manuscript Title: Navigational bronchoscopy specimens and PD-L1 expression: A retrospective study
Manuscript number (if known): JTD-21-1454-R2

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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** |
|   | Description                                                                 | 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   |

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

PJ has 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.
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Date: __9/4/2021___________

Your Name: Matthew Aboudara

Manuscript Title: Navigational bronchoscopy specimens and PD-L1 expression: A retrospective study

Manuscript number (if known): JTD-21-1454-R2

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|------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
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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 |
|   | Description                                                                 |   |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Speaking fees from Medtronic |
| 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:

MA received speaking fees from Medtronic

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.