ICMJE DISCLOSURE FORM

**Date:** 4/01/2020

**Your Name:** C. Matthew Kinsey MD, MPH

**Manuscript Title:** A Simple Assessment of Lung Nodule Location for Reduction in Unnecessary Invasive Procedures

**Manuscript number (if known):** JTD-20-3093-R1

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) |
|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | NIH Grant funding. Payment to institution. NIH K23 HL133476 |
|   | **No time limit for this item.** |  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Johnson and Johnson Clinical Trial. Payment to institution from Johnson and Johnson. “A Phase 1 Trial of Intratumoral Cisplatin for Early-Stage Resectable, Non-Small Cell Lung Cancer.” |
| 3 | Royalties or licenses | None |

**Time frame: Since the initial planning of the work**

**Time frame: past 36 months**
|   | Consulting fees |                                                   |
|---|----------------|--------------------------------------------------|
| 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 | Johnson and Johnson Intratumoral Therapy Advisory Board, LCI |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | American Association of Bronchology and Interventional Pulmonology Board of Directors (unpaid position) Alliance for Oncology Clinical Trials Prevention Committee (unpaid position) |
| 11 | Stock or stock options | Quantitative Imaging Solutions 5% equity holder, performs image analysis work, and previously works with Johnson and Johnson on other projects |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | 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.
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Date: 4/1/2021

Your Name: Ehab Billatos

Manuscript Title: A Simple Assessment of Lung Nodule Location for Reduction in Unnecessary Invasive Procedures

Manuscript number (if known): JTD-20-3093-R1

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| Item | 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.** | Department of Defense (W81XWH-11-2-0161) | Johnson and Johnson Services, Inc. (JJSI) | National Cancer Institute (U01CA196408) |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | __X__ None | | |
| **3** | Royalties or licenses | __X__ None | | |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                                                                                   | _X_ None |
|---|------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 4 | Consulting fees                                                                                                                              | _X_ None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                                                                                  | _X_ None |
| 7 | Support for attending meetings and/or travel                                                                                            | _X_ None |
| 8 | Patents planned, issued or pending                                                                                                           | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                                                             | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                            | _X_ None |
| 11| Stock or stock options                                                                                                                        | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                                                              | _X_ None |
| 13| Other financial or non-financial interests                                                                                                   | _X_ None |

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

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Date: _04/01/2021_
Your Name: Vitor Mori
Manuscript Title: A Simple Assessment of Lung Nodule Location for Reduction in Unnecessary Invasive Procedures
Manuscript number (if known): JTD-20-3093-R1

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|---|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Time frame: Since the initial planning of the work |
|   | 1. None                                                                                           | Damon Runyon Cancer Research Foundation                                             |
|   | 2. None                                                                                           | Quantitative Biology Fellow (DRQ 06-20)                                            |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                          | **Time frame: past 36 months**                                                     |
|   | 1. None                                                                                           | CAPES (Brazil)                                                                     |
|   | 2. None                                                                                           | Finance Code 88881.135413/2016-01                                                 |
| 3 | Royalties or licenses                                                                             | **X**_None                                                                        |
| 4 | Consulting fees                                                                                  | **X**_None                                                                        |
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,          |   |  X  |
|   | manuscript writing or educational events                                     |   | None |
| 6 | Payment for expert testimony                                                 |   |  X  |
|   |                                                                              |   | None |
| 7 | Support for attending meetings and/or travel                                  |   |  X  |
|   |                                                                              |   | None |
| 8 | Patents planned, issued or pending                                           |   |     |
|   |                                                                              |   | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            |   |  X  |
|   |                                                                              |   | None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy  |   |  X  |
|   | group, paid or unpaid                                                         |   | None |
|11 | Stock or stock options                                                        |   |  X  |
|   |                                                                              |   | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other      |   |  X  |
|   | services                                                                      |   | None |
|13 | Other financial or non-financial interests                                    |   |  X  |
|   |                                                                              |   | None |

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Date: 4/9/21

Your Name: Benjamin A. Tonelli

Manuscript Title: A Simple Assessment of Lung Nodule Location for Reduction in Unnecessary Invasive Procedures

Manuscript number (if known): JTD-20-3093-R1

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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.

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|   | 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) |
|---|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| **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.) | _None_                                                                            |
|   | **No time limit for this item.**                                                               |                                                                                   |
| **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                                                                              | Quantitative Imaging Solutions Consultant                                         |
|   |                                                                 |   |
|---|----------------------------------------------------------------|---|
| 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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__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: ___ April 15, 2021

Your Name: ______ Bernard F. Cole, PhD

Manuscript Title: A Simple Assessment of Lung Nodule Location for Reduction in Unnecessary Invasive Procedures

Manuscript number (if known): ______ JTD-20-3093-R1

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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.) | _X_ None                                                                         |
|   | **No time limit for this item.**                                                         |                                                                                   |

|   | **Time frame: Since the initial planning of the work**                                   |                                                                                   |

| 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                                                                         | _X_ None                                                                         |

|   | **Time frame: past 36 months**                                                          |                                                                                   |


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

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

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Date: ______________ 04/01/2021
Your Name: _______ Fenghai Duan
Manuscript Title: A Simple Assessment of Lung Nodule Location for Reduction in Unnecessary Invasive Procedures
Manuscript number (if known): JTD-20-3093-R1

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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 |
|   | 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                                                                              |
|   | Financial or Non-Financial Interest | 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 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: __4-5-2021__________________________
Your Name: ___Helga S. Marques__________________________

Manuscript Title: A Simple Assessment of Lung Nodule Location for Reduction in Unnecessary Invasive Procedures
Manuscript number (if known): ______JTD-20-3093-R1_________________________________________________

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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|   | 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 |  |
|   | Novartis Institution |  |
|   | Janssen Institution |  |
|   | DOD Institution |  |

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 |
|---|---------------------|
|   | X__None |  |

| 4 | Consulting fees |
|---|----------------|
|   | X__None |  |

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 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: 04/03/2021
Your Name: Isaac de La Bruere
Manuscript Title: A Simple Assessment of Lung Nodule Location for Reduction in Unnecessary Invasive Procedures
Manuscript number (if known): JTD-20-3093-R1

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|   | 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                                                                               |
|   | Statement                                                                 | Agreement |
|---|---------------------------------------------------------------------------|-----------|
| 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 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: ___04/10/2021___
Your Name: Jorge Onieva
Manuscript Title: A Simple Assessment of Lung Nodule Location for Reduction in Unnecessary Invasive Procedures
Manuscript number (if known): JTD-20-3093-R1

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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.) |  \_\_X\_None |
|   | No time limit for this item. |   |
|   | Time frame: past 36 months |   |
| 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 |  \_\_X\_None |
|   | Description                                                                 | X  | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X  | None |
| 6 | Payment for expert testimony                                                 | X  | None |
| 7 | Support for attending meetings and/or travel                                 | X  | None |
| 8 | Patents planned, issued or pending                                           | X  | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X  | None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X  | None |
|11 | Stock or stock options                                                       | X  | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X  | None |
|13 | Other financial or non-financial interests                                   | X  | 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: 04/01/2021
Your Name: Ruben San Jose Estepar

Manuscript Title: A Simple Assessment of Lung Nodule Location for Reduction in Unnecessary Invasive Procedures
Manuscript number (if known): JTD-20-3093-R1

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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|   | 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.)**<br>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 | Quantitative Imaging Solutions | Payments were made to me for IT services. |

**Time frame: past 36 months**
|   |   |   |
|---|---|---|
| 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 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: __4/19/21__

Your Name: Alyx Cleveland

Manuscript Title: A Simple Assessment of Lung Nodule Location for Reduction in Unnecessary Invasive Procedures

Manuscript number (if known): JTD-20-3093-R1

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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **Time frame: Since the initial planning of the work** |
|   | **No time limit for this item.** | None |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | **Time frame: past 36 months** |
|   | | None |
| **3** | Royalties or licenses | None |
| **4** | Consulting fees | QIS Payments made to me |
|   | 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 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: 3/31/2021  
Your Name: Daniel Idelkope  
Manuscript Title: A Simple Assessment of Lung Nodule Location for Reduction in Unnecessary Invasive Procedures  
Manuscript number (if known): JTD-20-3093-R1

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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| | 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_
|   | 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 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: 6 April 2021

Your Name: Christopher Stevenson

Manuscript Title: A Simple Assessment of Lung Nodule Location for Reduction in Unnecessary Invasive Procedures

Manuscript number (if known): JTD-20-3093-R1

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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.

| Item | 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  
Johnson & Johnson Funding for project aspects of study |
|      | 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                                                                             |
|   | 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   |
|    | Johnson & Johnson                                                           | CS is a stockholder |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |
| 13| Other financial or non-financial interests                                  | None   |
|    | Johnson & Johnson                                                           | CS is an employee of Johnson & Johnson |

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ICMJE DISCLOSURE FORM

Date: __04/02/2021__
Your Name: __Jason H.T. Bates__
Manuscript Title: __A Simple Assessment of Lung Nodule Location for Reduction in Unnecessary Invasive Procedures__
Manuscript number (if known): __JTD-20-3093-R1__

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|   | 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.) | Time frame: Since the initial planning of the work | None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: past 36 months | None |
| 3 | Royalties or licenses | | None |
| 4 | Consulting fees | | Johnson & Johnson Consulting fees paid directly to me |
|   |                                                                 | None |
|---|-----------------------------------------------------------------|------|
| 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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ICMJE DISCLOSURE FORM

Date: _04-12-2021_________________________________________________

Your Name: _Denise R. Aberle, MD_________________________________________________

Manuscript Title: A Simple Assessment of Lung Nodule Location for Reduction in Unnecessary Invasive Procedures

Manuscript number (if known): ________JTD-20-3093-R1_________________________________________________

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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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.) | X None                                                                             |
|   | No time limit for this item.                                                                      |                                                                                     |

Time frame: Since the initial planning of the work

|   | 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) |
|---|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                         | 2020-2021: Role: Mentor (without salary) Source: American College of Radiology Title: Lung Cancer Screening in African Americans, A Community Engagement Project |
|   |                                                                                                  | 2019-2023: Role: PI Source: Boston University Title: DECAMP 1 PLUS: Prediction of Lung Cancer Using Noninvasive Biomarkers |

Time frame: past 36 months
|  |  |  |
|---|---|---|
| Role: PI | Source: NIH/NCI R01 CA226079 | Title: Individually-tailored Clinical Decision Support for Management of Indeterminate Pulmonary Nodules |
| Role: PI | Source: NIH/NCI U01 CA233370 | Title: EFIRM-Liquid Biopsy (eLB): Ultrasensitive ctDNA and miRNA Detection for Early Assessment of Lung Cancer. |
| Role: PI | Source: NIH/NCI; R01 CA210360 | Title: Molecular and Imaging Biomarkers for Early Lung Cancer Detection in the Setting of Indeterminate Pulmonary Nodules |
| Role: PI | Source: NIH/NCI; U01 CA214182 | Title: The Boston University-UCLA Lung Cancer Biomarker Development Lab (EDRN) |
| Role: Site PI | Source: Kaiser Foundation Research Institute /PCORI (prime) | Title: Pragmatic Trial of More versus less Intensive Strategies for Active Surveillance of Patients with Small Pulmonary Nodules |

| Royalties or licenses | X | None |
|----------------------|---|------|
| Consulting fees      | X | None |

| Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Honorarium |
|---|---|
| 2018: NIH Study Section Review, San Diego CA |
| 2018: DOD Detection of Early Lung Cancer Among Military Personnel (DECAMP) consortium 2018 Meeting, Ft. Derrick, MD |
| 2018: International Symposium on Clinical update in Respiratory Medicine, Barcelona, Spain |
| 2018: Cancer Research UK (CRUK), Oxford, UK |
| 2019: American Lung Association, Loma Linda CA |
| 2019: NIH Study Section Review, Washington DC |
| 2020: NIH Section Review, San Francisco CA |
| 2021: Japanese Society for CT Screening (JSCTS) Virtual Meeting. |
| 2021: NIH Study Section Review, Virtual Meeting. |
|   | Grant Support                                                                                                                                 |
|---|-------------------------------------------------------------------------------------------------------------------------------------------|
| 6 | Payment for expert testimony                                                                                                            |
|   | _X_ None                                                                                                                                  |
| 7 | Support for attending meetings and/or travel                                                                                             |
|   | ____None                                                                                                                                  |
|   | Travel/Accommodation                                                                                                                      |
|   | 2018: American Institute for Medical and Biological Engineering (AIMBE) College of Fellows Induction, Washington DC                        |
|   | 2018: Cleveland Clinic Visiting Professor, Cleveland OH                                                                                   |
|   | 2018: Specialized Programs of Research Excellence (SPOREs) Workshop - Lung Cancer, Dallas, TX                                             |
|   | 2018: International Association for the Study of Lung Cancer (IASLC), Toronto, Canada                                                       |
| 8 | Patents planned, issued or pending                                                                                                       |
|   | ____None                                                                                                                                  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                                                          |
|   | _X_ None                                                                                                                                  |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                          |
|   | ____None                                                                                                                                  |
|   | Stock or stock options | _X__None |
|---|------------------------|-----------|
|   | Receipt of equipment,  | _X__None |
|   | materials, drugs,      |           |
|   | medical writing, gifts |           |
|   | or other services      |           |
|   | Other financial or     | _X__None |
|   | non-financial interests|           |

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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.
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Date:________April 19, 2021________

Your Name:__Avrum Spira______________________________

Manuscript Title: A Simple Assessment of Lung Nodule Location for Reduction in Unnecessary Invasive Procedures
Manuscript number (if known):______ JTD-20-3093-R1_________________________________________________

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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|   | 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). \[JNJ\] | I am an employee of JNJ |
| 3 | Royalties or licenses \[None\] | None |
| 4 | Consulting fees \[None\] | 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                                                      | JNJ    |
|   | I am an employee of JNJ                                                     |        |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |
|13 | Other financial or non-financial interests                                  | 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: ___April 20, 2021___
Your Name: ___George R. Washko MD___
Manuscript Title: A Simple Assessment of Lung Nodule Location for Reduction in Unnecessary Invasive Procedures
Manuscript number (if known): _____JTD-20-3093-R1___

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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|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ___x_None |
|   | **No time limit for this item.** |                                                                                      |
| 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 | ___None | Janssen with payments made to Dr. Washko |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
| 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 |

Dr Washko is a co-founder and equity share holder in Quantitative Imaging Solutions, an image and data analytics company.

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: __3/31/2021__

Your Name: __Raul San Jose Estepar__

Manuscript Title: A Simple Assessment of Lung Nodule Location for Reduction in Unnecessary Invasive Procedures

Manuscript number (if known): ______ JTD-20-3093-R1

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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|   | 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) |
|---|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **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.) | None |
| | **No time limit for this item.** | NHLBI Grants |
| | | |
| | | |
| | | |
| **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 |
|   | Description                                                                 | Response | Additional Information                                                  |
|---|----------------------------------------------------------------------------|----------|------------------------------------------------------------------------|
| 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     | Patent pending in the space of lung cancer risk assessment using machine learning technology |
| 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     | Quantitative Imaging Solutions Co-founder and stock holder of an imaging analytics company in the lung cancer space. |
|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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**X** I certify that I have answered every question and have not altered the wording of any of the questions on this form.