Date: May 21<sup>st</sup> 2024 Your Name: Adam Austin Manuscript Title: Acute Exacerbation of ILD and Mortality Post-Cryobiopsy: A Multicenter Review Manuscript number (if known): JTD-24-270

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)<br>planning of the work |
|---|--|---|---|
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone   |   |
|   |  | Time frame: past  | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone   |   |
| 3 | Royalties or licenses  | XNone   |   |
| 4 | Consulting fees  | XNone   |   |

| 5  | Payment or honoraria for lectures, presentations,                | XNone   |  |
|----|--|---------|--|
|    | speakers bureaus,<br>manuscript writing or<br>educational events |         |  |
| 6  | Payment for expert testimony                                     | XNone   |  |
| 7  | Support for attending meetings and/or travel                     | XNone   |  |
|    |  |         |  |
| 8  | Patents planned, issued or<br>pending                            | XNone   |  |
| 0  | Deuticiantica en e Dete  | V. Novo |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or            | XNone   |  |
| 10 | Advisory Board   | V. Nono |  |
| 10 | Leadership or fiduciary role<br>in other board, society,         | XNone   |  |
|    | committee or advocacy<br>group, paid or unpaid                   |         |  |
| 11 | Stock or stock options   | X None  |  |
|    |  |         |  |
|    |  |         |  |
| 12 | Receipt of equipment,  | X_None  |  |
|    | materials, drugs, medical  |         |  |
|    | writing, gifts or other services                                 |         |  |
| 13 | Other financial or non-  | XNone   |  |
|    | financial interests  |         |  |
|    |  |         |  |

None.

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

Date: May 21<sup>st</sup> 2024 Your Name: Johnny Jaber Manuscript Title: Acute Exacerbation of ILD and Mortality Post-Cryobiopsy: A Multicenter Review Manuscript number (if known): JTD-24-270

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)<br>planning of the work |
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| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone   |   |
|   |  | Time frame: past  | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone   |   |
| 3 | Royalties or licenses  | XNone   |   |
| 4 | Consulting fees  | XNone   |   |

| 5  | Payment or honoraria for lectures, presentations,                | XNone   |  |
|----|--|---------|--|
|    | speakers bureaus,<br>manuscript writing or<br>educational events |         |  |
| 6  | Payment for expert testimony                                     | XNone   |  |
| 7  | Support for attending meetings and/or travel                     | XNone   |  |
|    |  |         |  |
| 8  | Patents planned, issued or<br>pending                            | XNone   |  |
| 0  | Deuticiantica en e Dete  | V. Novo |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or            | XNone   |  |
| 10 | Advisory Board   | V. Nono |  |
| 10 | Leadership or fiduciary role<br>in other board, society,         | XNone   |  |
|    | committee or advocacy<br>group, paid or unpaid                   |         |  |
| 11 | Stock or stock options   | X None  |  |
|    |  |         |  |
|    |  |         |  |
| 12 | Receipt of equipment,  | X_None  |  |
|    | materials, drugs, medical  |         |  |
|    | writing, gifts or other services                                 |         |  |
| 13 | Other financial or non-  | XNone   |  |
|    | financial interests  |         |  |
|    |  |         |  |

None.

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

Date: May 21<sup>st</sup> 2024 Your Name: Katherine Fu Manuscript Title: Acute Exacerbation of ILD and Mortality Post-Cryobiopsy: A Multicenter Review Manuscript number (if known): JTD-24-270

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)<br>planning of the work |
|---|--|---|---|
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone   |   |
|   |  | Time frame: past  | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone   |   |
| 3 | Royalties or licenses  | XNone   |   |
| 4 | Consulting fees  | XNone   |   |

| 5  | Payment or honoraria for lectures, presentations,                | XNone   |  |
|----|--|---------|--|
|    | speakers bureaus,<br>manuscript writing or<br>educational events |         |  |
| 6  | Payment for expert testimony                                     | XNone   |  |
| 7  | Support for attending meetings and/or travel                     | XNone   |  |
|    |  |         |  |
| 8  | Patents planned, issued or<br>pending                            | XNone   |  |
| 0  | Deuticiantica en e Dete  | V. Novo |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or            | XNone   |  |
| 10 | Advisory Board   | V. Nono |  |
| 10 | Leadership or fiduciary role<br>in other board, society,         | XNone   |  |
|    | committee or advocacy<br>group, paid or unpaid                   |         |  |
| 11 | Stock or stock options   | X None  |  |
|    |  |         |  |
|    |  |         |  |
| 12 | Receipt of equipment,  | X_None  |  |
|    | materials, drugs, medical  |         |  |
|    | writing, gifts or other services                                 |         |  |
| 13 | Other financial or non-  | XNone   |  |
|    | financial interests  |         |  |
|    |  |         |  |

None.

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

Date: May 21<sup>st</sup> 2024 Your Name: Lauran Zeineddine Manuscript Title: Acute Exacerbation of ILD and Mortality Post-Cryobiopsy: A Multicenter Review Manuscript number (if known): JTD-24-270

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)<br>planning of the work |
|---|--|---|---|
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone   |   |
|   |  | Time frame: past  | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | X_None  |   |
| 3 | Royalties or licenses  | X_None  |   |
| 4 | Consulting fees  | XNone   |   |

| 5  | Payment or honoraria for lectures, presentations,                | XNone   |  |
|----|--|---------|--|
|    | speakers bureaus,<br>manuscript writing or<br>educational events |         |  |
| 6  | Payment for expert testimony                                     | XNone   |  |
| 7  | Support for attending meetings and/or travel                     | XNone   |  |
|    |  |         |  |
| 8  | Patents planned, issued or<br>pending                            | XNone   |  |
| 0  | Deuticiantica en e Dete  | V. Novo |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or            | XNone   |  |
| 10 | Advisory Board   | V. Nono |  |
| 10 | Leadership or fiduciary role<br>in other board, society,         | XNone   |  |
|    | committee or advocacy<br>group, paid or unpaid                   |         |  |
| 11 | Stock or stock options   | X None  |  |
|    |  |         |  |
|    |  |         |  |
| 12 | Receipt of equipment,  | X_None  |  |
|    | materials, drugs, medical  |         |  |
|    | writing, gifts or other services                                 |         |  |
| 13 | Other financial or non-  | XNone   |  |
|    | financial interests  |         |  |
|    |  |         |  |

None.

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

Date: May 21<sup>st</sup> 2024 Your Name: Mohamed Omballi Manuscript Title: Acute Exacerbation of ILD and Mortality Post-Cryobiopsy: A Multicenter Review Manuscript number (if known): JTD-24-270

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)<br>planning of the work |
|---|--|---|---|
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone   |   |
|   |  | Time frame: past  | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | X_None  |   |
| 3 | Royalties or licenses  | X_None  |   |
| 4 | Consulting fees  | XNone   |   |

| 5  | Payment or honoraria for lectures, presentations,                | XNone   |  |
|----|--|---------|--|
|    | speakers bureaus,<br>manuscript writing or<br>educational events |         |  |
| 6  | Payment for expert testimony                                     | XNone   |  |
| 7  | Support for attending meetings and/or travel                     | XNone   |  |
|    |  |         |  |
| 8  | Patents planned, issued or<br>pending                            | XNone   |  |
| 0  | Deuticiantica en e Dete  | V. Novo |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or            | XNone   |  |
| 10 | Advisory Board   | V. Nono |  |
| 10 | Leadership or fiduciary role<br>in other board, society,         | XNone   |  |
|    | committee or advocacy<br>group, paid or unpaid                   |         |  |
| 11 | Stock or stock options   | X None  |  |
|    |  |         |  |
|    |  |         |  |
| 12 | Receipt of equipment,  | X_None  |  |
|    | materials, drugs, medical  |         |  |
|    | writing, gifts or other services                                 |         |  |
| 13 | Other financial or non-  | XNone   |  |
|    | financial interests  |         |  |
|    |  |         |  |

None.

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

Date: May 21<sup>st</sup> 2024 Your Name: George Mckenney Manuscript Title: Acute Exacerbation of ILD and Mortality Post-Cryobiopsy: A Multicenter Review Manuscript number (if known): JTD-24-270

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 <u>current</u> <u>manuscript only</u>.

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|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)<br>planning of the work |
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| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone   |   |
|   |  | Time frame: past  | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | X_None  |   |
| 3 | Royalties or licenses  | X_None  |   |
| 4 | Consulting fees  | XNone   |   |

| 5  | Payment or honoraria for lectures, presentations,                | XNone   |  |
|----|--|---------|--|
|    | speakers bureaus,<br>manuscript writing or<br>educational events |         |  |
| 6  | Payment for expert testimony                                     | XNone   |  |
| 7  | Support for attending meetings and/or travel                     | XNone   |  |
|    |  |         |  |
| 8  | Patents planned, issued or<br>pending                            | XNone   |  |
| 0  | Deuticiantica en e Dete  | V. Novo |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or            | XNone   |  |
| 10 | Advisory Board   | V. Nono |  |
| 10 | Leadership or fiduciary role<br>in other board, society,         | XNone   |  |
|    | committee or advocacy<br>group, paid or unpaid                   |         |  |
| 11 | Stock or stock options   | X None  |  |
|    |  |         |  |
|    |  |         |  |
| 12 | Receipt of equipment,  | X_None  |  |
|    | materials, drugs, medical  |         |  |
|    | writing, gifts or other services                                 |         |  |
| 13 | Other financial or non-  | XNone   |  |
|    | financial interests  |         |  |
|    |  |         |  |

None.

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

Date: May 21<sup>st</sup> 2024 Your Name: Ramsy Abdelghani Manuscript Title: Acute Exacerbation of ILD and Mortality Post-Cryobiopsy: A Multicenter Review Manuscript number (if known): JTD-24-270

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)<br>planning of the work |
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| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone   |   |
|   |  | Time frame: past  | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | X_None  |   |
| 3 | Royalties or licenses  | X_None  |   |
| 4 | Consulting fees  | XNone   |   |

| 5  | Payment or honoraria for lectures, presentations,                | XNone   |  |
|----|--|---------|--|
|    | speakers bureaus,<br>manuscript writing or<br>educational events |         |  |
| 6  | Payment for expert testimony                                     | XNone   |  |
| 7  | Support for attending meetings and/or travel                     | XNone   |  |
|    |  |         |  |
| 8  | Patents planned, issued or<br>pending                            | XNone   |  |
| 0  | Deuticiantica en e Dete  | V. Novo |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or            | XNone   |  |
| 10 | Advisory Board   | V. Nono |  |
| 10 | Leadership or fiduciary role<br>in other board, society,         | XNone   |  |
|    | committee or advocacy<br>group, paid or unpaid                   |         |  |
| 11 | Stock or stock options   | X None  |  |
|    |  |         |  |
|    |  |         |  |
| 12 | Receipt of equipment,  | X_None  |  |
|    | materials, drugs, medical  |         |  |
|    | writing, gifts or other<br>services                              |         |  |
| 13 | Other financial or non-  | XNone   |  |
|    | financial interests  |         |  |
|    |  |         |  |

None.

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

Date: May 21<sup>st</sup> 2024 Your Name: Diana Espinoza Manuscript Title: Acute Exacerbation of ILD and Mortality Post-Cryobiopsy: A Multicenter Review Manuscript number (if known): JTD-24-270

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)<br>planning of the work |
|---|--|---|---|
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone   |   |
|   |  | Time frame: past  | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone   |   |
| 3 | Royalties or licenses  | X_None  |   |
| 4 | Consulting fees  | XNone   |   |

| 5  | Payment or honoraria for lectures, presentations,                | XNone   |  |
|----|--|---------|--|
|    | speakers bureaus,<br>manuscript writing or<br>educational events |         |  |
| 6  | Payment for expert testimony                                     | XNone   |  |
| 7  | Support for attending meetings and/or travel                     | XNone   |  |
|    |  |         |  |
| 8  | Patents planned, issued or<br>pending                            | XNone   |  |
| 0  | Deuticiantica en e Dete  | V. Novo |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or            | XNone   |  |
| 10 | Advisory Board   | V. Nono |  |
| 10 | Leadership or fiduciary role<br>in other board, society,         | XNone   |  |
|    | committee or advocacy<br>group, paid or unpaid                   |         |  |
| 11 | Stock or stock options   | X None  |  |
|    |  |         |  |
|    |  |         |  |
| 12 | Receipt of equipment,  | X_None  |  |
|    | materials, drugs, medical  |         |  |
|    | writing, gifts or other<br>services                              |         |  |
| 13 | Other financial or non-  | XNone   |  |
|    | financial interests  |         |  |
|    |  |         |  |

None.

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

Date: May 21<sup>st</sup> 2024 Your Name: David Becnel Manuscript Title: Acute Exacerbation of ILD and Mortality Post-Cryobiopsy: A Multicenter Review Manuscript number (if known): JTD-24-270

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)<br>planning of the work |
|---|--|---|---|
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone   |   |
|   |  | Time frame: past  | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone   |   |
| 3 | Royalties or licenses  | XNone   |   |
| 4 | Consulting fees  | XNone   |   |

| 5  | Payment or honoraria for lectures, presentations,                | XNone   |  |
|----|--|---------|--|
|    | speakers bureaus,<br>manuscript writing or<br>educational events |         |  |
| 6  | Payment for expert testimony                                     | XNone   |  |
| 7  | Support for attending meetings and/or travel                     | XNone   |  |
|    |  |         |  |
| 8  | Patents planned, issued or<br>pending                            | XNone   |  |
| 0  | Deuticiantica en e Dete  | V. Novo |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or            | XNone   |  |
| 10 | Advisory Board   | V. Nono |  |
| 10 | Leadership or fiduciary role<br>in other board, society,         | XNone   |  |
|    | committee or advocacy<br>group, paid or unpaid                   |         |  |
| 11 | Stock or stock options   | X None  |  |
|    |  |         |  |
|    |  |         |  |
| 12 | Receipt of equipment,  | X_None  |  |
|    | materials, drugs, medical  |         |  |
|    | writing, gifts or other<br>services                              |         |  |
| 13 | Other financial or non-  | XNone   |  |
|    | financial interests  |         |  |
|    |  |         |  |

None.

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

Date: May 21<sup>st</sup> 2024 Your Name: Hiren J Mehta Manuscript Title: Acute Exacerbation of ILD and Mortality Post-Cryobiopsy: A Multicenter Review Manuscript number (if known): JTD-24-270

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 <u>current</u> <u>manuscript only</u>.

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| 3 | Royalties or licenses  | X_None  |   |
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|    |  |         |  |
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| 0  | Deuticiantica en e Dete  | V. Novo |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or            | XNone   |  |
| 10 | Advisory Board   | V. Nono |  |
| 10 | Leadership or fiduciary role<br>in other board, society,         | XNone   |  |
|    | committee or advocacy<br>group, paid or unpaid                   |         |  |
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|    |  |         |  |
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