

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

1. Identifying information.

2. The work under consideration for publication.

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

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shashi	2. Surname (Last Name) Bellam	3. Date 29-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ayodeji Adegunsoye MD, MS
5. Manuscript Title CT Honeycombing Identifies a Progressive Fibrotic Phenotype with Increased Mortality Across Diverse Interstitial Lung Diseases		
6. Manuscript Identifying Number (if you know it) White-201807-443OC.R2		

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Bellam has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jonathan

2. Surname (Last Name)

Chung

3. Date

29-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ayodeji Adegunsoye MD, MS

5. Manuscript Title

CT Honeycombing Identifies a Progressive Fibrotic Phenotype with Increased Mortality Across Diverse Interstitial Lung Diseases

6. Manuscript Identifying Number (if you know it)

White-201807-443OC.R2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Chung has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ayodeji 2. Surname (Last Name) Adegunsoye 3. Date 27-April-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
CT Honeycombing Identifies a Progressive Fibrotic Phenotype with Increased Mortality Across Diverse Interstitial Lung Diseases

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Honoraria for Advisory Board, Speakers Forum
Pulmonary Fibrosis Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
American College of Chest Physicians	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Adegunsoye reports grants, personal fees and non-financial support from Boehringer Ingelheim, grants from Pulmonary Fibrosis Foundation, grants from American College of Chest Physicians, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Justin

2. Surname (Last Name)
Oldham

3. Date
27-April-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ayodeji Adegunsoye MD, MS

5. Manuscript Title
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If yes, please fill out the appropriate information below.

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Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consulting fees, and honoraria for Speakers Forum
Genentech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees, and honoraria for Speakers Forum

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Oldham reports personal fees and non-financial support from Boehringer Ingelheim, personal fees from Genentech, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Matthew

2. Surname (Last Name)
Churpek

3. Date
29-April-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ayodeji Adegunsoye MD, MS

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
K08 HL121080-01 NIH/NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed; Ended 12/31/2018
R01 GM 123193 NIH/NIGMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current
ATS Foundation: Recognition Award for Early Career Investigators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed; Ended 1/14/2017
EarlySense Research Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current

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Section 4. Intellectual Property -- Patents & Copyrights

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

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

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
ARCD. P0535US.P2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		For risk stratification algorithms for hospitalized patients.

Section 5. Relationships not covered above

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Dr. Churpek reports current research support from the National Institutes of Health (R01 GM 123193 NIH/NIGMS) and from EarlySense Inc (Tel Aviv, Israel), outside of the submitted work. Dr. Churpek also reports completed research support from the National Institutes of Health (K08 HL121080-01 NIH/NHLBI) and the ATS Foundation (Recognition Award for Early Career Investigators), outside the submitted work. Additionally, Dr. Churpek has a patent ARCD. P0535US.P2 pending for risk stratification algorithms for hospitalized patients.

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1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Imre

2. Surname (Last Name)
Noth

3. Date
27-April-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ayodeji Adegunsoye MD, MS

5. Manuscript Title
CT Honeycombing Identifies a Progressive Fibrotic Phenotype with Increased Mortality Across Diverse Interstitial Lung Diseases

6. Manuscript Identifying Number (if you know it)
White-201807-443OC.R2

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consulting fees and honoraria for Advisory boards, clinical trials in IPF
Intermune	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees and honoraria for Advisory boards
Anthera	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees and honoraria for Advisory boards
GSK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees and honoraria for Speakers boards
Stromedix	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical trials in IPF
Sanofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical trials in IPF

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Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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

- Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

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

Dr. Noth reports grants, personal fees and non-financial support from Boehringer Ingelheim, personal fees from Intermune, personal fees from Anthera, personal fees from GSK, grants from Stromedix, grants from Sanofi, outside the submitted work; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Steven

2. Surname (Last Name)
Montner

3. Date
28-April-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Ayodeji Adegunsoye MD, MS

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Dr. Montner has nothing to disclose.

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1. Given Name (First Name)
Mary

2. Surname (Last Name)
Strek

3. Date
27-April-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ayodeji Adegunsoye MD, MS

5. Manuscript Title
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Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional PI
Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional PI
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Honoraria for Advisory Board, Consulting, Speaking Editorial Assistance

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Dr. Streck reports grants from Boehringer Ingelheim, grants from Novartis, grants, personal fees and non-financial support from Boehringer Ingelheim, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Rekha

2. Surname (Last Name)
Vij

3. Date
29-April-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Ayodeji Adegunsoye MD, MS

5. Manuscript Title
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Dr. Vij has nothing to disclose.

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