

#### **Instructions**

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

Cogen 1



Section 1.	Identifying Inform	nation					
1. Given Name (Fi Jonathan	rst Name)	2. Surname (Last Na Cogen	ame)		3. Date 18-Octobei	r-2019	
4. Are you the cor	responding author?	Yes ✓ No	Correspon David Nic	nding Author's N Chols	ame		
5. Manuscript Title Pulmonary outcomes associated with long-term azithromycin therapy in cystic fibrosis							
6. Manuscript Idei Blue-201906-120	ntifying Number (if you kr 06	now it)					
Section 2.	The Work Under Co	onsideration for	Publication				
any aspect of the s statistical analysis, Are there any rel	evant conflicts of intere	but not limited to grants	ints, data monitorin	g board, study o	design, manusci	ript preparation,	
	out the appropriate info be removed by pressin		ou nave more tha	n one entity pr	ess the ADD	button to add a	a row.
Name of Institut	ion/Company	Grant? Persona	Non-Financial Support?	Other? Co	mments		
CF Statistical Expertis the CF Foundation (C	e and Network Award of OGEN18Y7)	<b>✓</b>					
Section 3.	Relevant financial	activities outside	the submitted	work.			
of compensation clicking the "Add	the appropriate boxes i i) with entities as descri I +" box. You should rep evant conflicts of intere	ibed in the instruction in the i	ons. Use one line f	or each entity;	add as many	lines as you nee	d by
Section 4.	Intellectual Proper	ty Patents & Co	ppyrights				
Do you have any	patents, whether plan	ned, pending or issu	ied, broadly relev	ant to the work	k? Yes	<b>√</b> No	

Cogen 2



Section 5. Polationships not severed above		
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):		
✓ No other relationships/conditions/circumstances that present a potential conflict of interest		
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Section 6. Disclosure Statement		
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Dr. Cogen reports grants from CF Statistical Expertise and Network Award of the CF Foundation (COGEN18Y7), during the conduct of the study.		

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Section 1. Identifying Inform	ation				
1. Given Name (First Name) Christopher	2. Surna Goss	me (Last Nar	ne)		3. Date 03-April-2019
4. Are you the corresponding author?	Yes	✓ No	Correspond David Nick	_	or's Name
5. Manuscript Title Pulmonary outcomes associated with lo	ng-term a	azithromyci	in therapy in cysti	ic fibrosis	
6. Manuscript Identifying Number (if you kno Blue-201906-1206	ow it)				
Section 2. The Work Under Co	nsidera	tion for P	ublication		
Did you or your institution <b>at any time</b> receivany aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of intere If yes, please fill out the appropriate info	but not linst?	nited to gran	nts, data monitoring	board, sto	udy design, manuscript preparation,
Excess rows can be removed by pressing	the "X" b				
Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <sup>?</sup>	Other?	Comments
Cystic Fibrosis Foundation	<b>✓</b>				Funding for conducting exacerbation studies in cystic fibrosis
European Commission	<b>✓</b>				Funding to study the role of microbiome in the treatment of exacerbation in CF
NIH (NHLBI)	<b>✓</b>				Funding to conduct a study of home monitoring in pulmonary exacerbation
NIH (NIDDK and NCRR)	<b>✓</b>				Funding to support clinical research in cystic fibrosis and clinical trials in other disease entities



Section 3.	Relevant financial a	ctivities	outside	the submitted	work.	
of compensation clicking the "Add Are there any rele	) with entities as describ	oed in the ort relationst?	instruction onships tha Yes	ns. Use one line fo	or each er	cial relationships (regardless of amount ntity; add as many lines as you need by a <b>36 months prior to publication</b> .
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Gilead Sciences			<b>✓</b>			Serving as a Chair of a Grant Review Committee
Novartis			<b>✓</b>			Serving as a DSMB Chair for a trial supported by Novartis and the European Commission
NIH		<b>✓</b>				Funding to study a novel antimicrobial in cystic fibrosis
DA		<b>✓</b>				Funding to study a novel antimicrobial in cystic fibrosis
oehringer Ingelheim	1				<b>✓</b>	Serving a US lead in a phase 2 trial of novel therapy for cystic fibrosis
ertex/			<b>✓</b>	<b>✓</b>		Invited speaker to LEAD in Nottingham England
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?						
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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.

None of the work presented in this opinion piece were influenced by the funding sources noted above. The funding sources that support other on going research played no role in writing this manuscript, or in the decision to submit for publication.

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Heltshe 1



Section 1. Identifying Inform	nation			
Given Name (First Name)  Sonya	Surname (Last Name) Heltshe		3. Date 21-October-2019	
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Pulmonary outcomes associated with long-term azithromycin therapy in cystic fibrosis				
6. Manuscript Identifying Number (if you ki Blue-201906-1206	now it)			
Section 2. The Work Under C	onsideration for Publi	ication		
any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, d		overnment, commercial, private foundation, etc.) for oard, study design, manuscript preparation,	
Are there any relevant conflicts of inter-		wa mara than a	no antity proce the "ADD" button to add a vou	
Excess rows can be removed by pressing		ve more than or	ne entity press the "ADD" button to add a row.	
Name of Institution/Company	Grant	on-Financial Support	other? Comments	
NHLBI, National Institutes of Health	<b>✓</b>			
Gilead Sciences	<b>✓</b>			
Cystic Fibrosis Foundation	<b>✓</b>			
Section 3. Relevant financial	activities outside the	submitted we	ork.	
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 <b>present during the 36 months prior to publication</b> .				
Are there any relevant conflicts of inter-	est? Yes V No			
Section 4. Intellectual Prope	rty Patents & Copyri	ights		
Do you have any patents, whether plan			to the work? Yes No	

Heltshe 2



Continu F			
Section 5.	Relationships not covered above		
	lationships or activities that readers could perceive to have influenced, or that give the appearance of acing, what you wrote in the submitted work?		
Yes, the follow	ring relationships/conditions/circumstances are present (explain below):		
✓ No other relati	onships/conditions/circumstances that present a potential conflict of interest		
	At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.		
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Section 6.	Disclosure Statement		
Based on the above below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Heltshe report during the condu	ts grants from NHLBI, National Institutes of Health , Gilead Sciences, and the Cystic Fibrosis Foundation, ct of the study.		

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Nichols 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fii David	rst Name)	2. Surname (Last Name) Nichols	1		3. Date 18-October-2019	
4. Are you the cor	responding author?	✓ Yes No				
5. Manuscript Title Pulmonary outcomes associated with long-term azithromycin therapy in cystic fibrosis						
6. Manuscript Ider Blue-201906-120	ntifying Number (if you kn 16	ow it)				
Section 2.						
Section 2.	The Work Under Co	onsideration for Pub	lication			
	ubmitted work (including				commercial, private foundation, etc.) design, manuscript preparation,	for
•	evant conflicts of intere					
	out the appropriate info oe removed by pressing		ave more than	one entity p	ress the "ADD" button to add a ro	w.
Name of Institut	ion/Company	Grant? Personal N	lon-Financial Support <sup>?</sup>	Other? Co	omments	
NHLBI, National Instit	utes of Health	<b>✓</b>				
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Cystic Fibrosis Found	ation					
					,	
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Are there any rele	evant conflicts of intere	st? Yes V	)			
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Do you have any	patents, whether plann	ned, pending or issued,	broadly releva	nt to the wor	k? Yes 🗸 No	

Nichols 2



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Odem-Davis 1



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4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name David Nichols
5. Manuscript Title Pulmonary outcomes associated with lo	ong-term azithromycin the	erapy in cystic fibrosis
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Section 2. The Work Under Co	onsideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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Section 4. Intellectual Proper		
Intellectual Proper	rty Patents & Copyric	ghts
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Odem-Davis 2



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Dr. Odem-Davis	has nothing to disclose.		

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Odem-Davis 3



#### **Instructions**

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#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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## 4. Intellectual Property.

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

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

Ren 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Clement	2. Surname (Last Name) Ren	3. Date 18-October-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name David Nichols
5. Manuscript Title Pulmonary outcomes associated with le	ong-term azithromycin the	erapy in cystic fibrosis
6. Manuscript Identifying Number (if you kr Blue-201906-1206	now it)	
		_
Section 2. The Work Under C	onsideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re <b>present during the 36 months prior to publication</b> .
Section 4. Intellectual Proper	rty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Ren 2



Section 5.	
Section 5.	delationships not covered above
	tionships or activities that readers could perceive to have influenced, or that give the appearance of ing, what you wrote in the submitted work?
Yes, the following	ng relationships/conditions/circumstances are present (explain below):
✓ No other relatio	nships/conditions/circumstances that present a potential conflict of interest
	uscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Ils may ask authors to disclose further information about reported relationships.
Section 6. D	isclosure Statement
Based on the above below.	disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Ren has nothing	g to disclose.

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Skalland 1



Section 1.	Identifying Inform	ation				
Given Name (First Name)     Michelle		2. Surname (Last Name) Skalland	3. Date 18-October-2019			
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name David Nichols			
5. Manuscript Title Pulmonary outcomes associated with long-term azithromycin ther			erapy in cystic fibrosis			
6. Manuscript Identifying Number (if you know it) Blue-201906-1206						
Section 2. The Work Under Consideration for Publication						
Did you or your institution <b>at any time</b> 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 s	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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo						
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts			
Do you have any p	patents, whether plan	ned, pending or issued, bı	roadly relevant to the work? Yes V No			

Skalland 2



Section 5. Polationships not severed above				
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):				
✓ No other relationships/conditions/circumstances that present a potential conflict of interest				
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.				
Section 6. Disclosure Statement				
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.				
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Somayaji 1



Section 1. Identifying Inform	ation				
1. Given Name (First Name) Ranjani	2. Surname (Last Name) Somayaji	3. Date 18-October-2019			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name  David Nichols			
5. Manuscript Title Pulmonary outcomes associated with lo	ong-term azithromycin th	erapy in cystic fibrosis			
6. Manuscript Identifying Number (if you kn Blue-201906-1206	ow it)				
Continu 2					
Section 2. The Work Under Co	onsideration for Publi	cation			
	but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,			
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Name of Entity	Grant? Personal No	n-Financial Other? Comments			
Cystic Fibrosis Canada	<b>✓</b>	Clinical Research Grant			
Canadian Institutes for Health Research	<b>✓</b>	Clinical Research Grant			
Cystic Fibrosis Foundation	<b>✓</b>	Clinical Research Grant			
Section 4					
Section 4. Intellectual Proper	ty Patents & Copyri	ghts			
Do you have any patents, whether plant	ned, pending or issued, b	roadly relevant to the work? Yes V No			

Somayaji 2



Section 5. Polationships not severed above				
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Dr. Somayaji reports grants from Cystic Fibrosis Canada, Canadian Institutes for Health Research and the Cystic Fibrosis Foundation, outside the submitted work.				

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