

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.

Identifying information.

2. The work under consideration for publication.

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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

Donovan 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fir Lucas	st Name)	2. Surname (Last Name) Donovan	_	3. Date 14-January-2020
4. Are you the corr			Corresponding Author's Name	e
5. Manuscript Title Initiating Low-Va		roids in an Inception Coho	rt with COPD	
6. Manuscript Iden White-201911-85	itifying Number (if you kr 340C	now it)		
			-	
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the su statistical analysis, o	ubmitted work (including	but not limited to grants, da	a third party (government, com ta monitoring board, study desi	mercial, private foundation, etc.) for gn, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation clicking the "Add) with entities as descri	bed in the instructions. Us port relationships that wer		tionships (regardless of amount d as many lines as you need by onths prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyrig	ıhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No

Donovan 2



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Section 6. Disclosure Statement
Disclosure statement
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Dr. Donovan has nothing to disclose.

Evaluation and Feedback

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Donovan 3



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

testimony, employment, or other affiliations patent

Financial Support: Examples include drugs/equipment

Feemster 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Laura	2. Surname (Last Name) Feemster		3. Date 14-January-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name
5. Manuscript Title Initiating Low-Value Inhaled Corticoster	roids in an Inception Coho	ort with COPD	
6. Manuscript Identifying Number (if you kn White-201911-854OC	now it)		
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interesting the state of t	s but not limited to grants, datest? Yes No ormation below. If you have	ta monitoring board, stu	udy design, manuscript preparation,
Name of Institution/Company	Grant'	n-Financial other?	Comments
American Thoracic Society			Stipend as an associate editor
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instructions. Us port relationships that wer	se one line for each en	itity; add as many lines as you need by
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Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the	work? Yes V

Feemster 2



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Sections	
Section 6.	Disclosure Statement
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Dr. Feemster repo	rts personal fees from American Thoracic Society, during the conduct of the study; .

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Feemster 3



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1

Griffith



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Matthew	rst Name)	2. Surname (Last Name) Griffith		Date I-January-2020
4. Are you the cor			Corresponding Author's Name Laura Spece	
5. Manuscript Title Initiating Low-Va		roids in an Inception Coho	rt with COPD	
6. Manuscript Ider White-201911-8	ntifying Number (if you kr 540C	now it)		
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Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, comm ta monitoring board, study desigr	nercial, private foundation, etc.) for n, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation clicking the "Add	ı) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relatic e one line for each entity; add e present during the 36 mon	as many lines as you need by
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No

Griffith 2



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Au 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) David	2. Surname (Last Name) Au		3. Date 14-January-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author	's Name	
5. Manuscript Title Initiating Low-Value Inhaled Corticoste	roids in an Inception Coho	ort with COPD		
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Are there any relevant conflicts of interest				
If yes, please fill out the appropriate info	ormation below.			
Name of Entity	Grant? Personal Noi	n-Financial other?	Comments	
ABIM				
Novartis for Data Monitoring Board				
American Thoracic Society				
·				
Section 4. Intellectual Proper	ty Patents & Copyric	ghts		
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the w	vork? ☐ Yes 🗸 No	

Au 2



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Dr. Au reports personal fees from ABIM, personal fees from Novartis for Data Monitoring Board, personal fees from American Thoracic Society, outside the submitted work; .

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Au 3



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Keller 1



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1. Given Name (Firs	st Name)	2. Surname (Last Name) Keller		3. Date 14-January-2020
4. Are you the corre	esponding author?	Yes ✓ No	Yes ✓ No Corresponding Author's Name Laura Spece	
5. Manuscript Title Initiating Low-Val	lue Inhaled Corticostei	roids in an Inception Coho	rt with COPD	
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			oadly relevant to the work?	☐ Yes ✓ No

Keller 2



Section F	
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Smith 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Nicholas	2. Surname (Last Name) Smith	3. Date 14-January-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Laura Spece
5. Manuscript Title Initiating Low-Value Inhaled Corticoste	roids in an Inception Coho	rt with COPD
6. Manuscript Identifying Number (if you kr White-201911-854OC	now it)	
Section 2. The Work Under C	onsideration for Public	ation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4. Intellectual Prope	rty Patents & Copyric	yhts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

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Section 5. Relationships not covered 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
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Smith has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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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.

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".

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.

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.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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

Issued: The patent has been issued by the agency

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

Spece 1



Section 1.	dentifying Informa	tion				
1. Given Name (First Name) Laura		2. Surname (Last Name) Spece		3. Date 14-January-2	2020	
4. Are you the corresponding author?		✓ Yes No				
5. Manuscript Title Initiating Low-Value Inhaled Corticosteroids in an Inception Cohort with COPD						
6. Manuscript Identifying Number (if you know it) White-201911-854OC						
Continue 2						
Section 2.	he Work Under Co	nsideration for P	ublication			
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 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.						
Name of Institution	n/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Co	mments	
NIH NHLBI		✓				
Continue 2						
Section 3.	elevant financial a	ctivities outside	the submitted	work.		
of compensation) v clicking the "Add + Are there any relev	e appropriate boxes in vith entities as describ " box. You should repo ant conflicts of interes	ed in the instructio ort relationships tha	ns. Use one line f It were present c	or each entity;	add as many li	nes as you need by
Section 4.	ntellectual Property	y Patents & Co	pyrights			
Do you have any pa	atents, whether planne	ed, pending or issu	ed, broadly releva	ant to the work	Yes [</th <th>√ No</th>	√ No

Spece 2



Section 5. Relationships not severed above					
Relationships not covered above					
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Section 6. Disclosure Statement					
Disclosure Statement					
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.					
Dr. Spece reports grants from NIH NHLBI, during the conduct of the study; .					

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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