

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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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

Relationships not covered above.

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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

Rivas-Perez 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Hiram	2. Surname (Last Name) Rivas-Perez	3. Date 04-February-2020
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Mark T Dransfield, MD
5. Manuscript Title Effect of Zephyr Endobronchial Valves	on Dyspnea, Activity Levels	s and Quality of Life at One Year
6. Manuscript Identifying Number (if you k White-201909-666OC_Revised02FEB20		_
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 ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descr	ribed 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 se present during the 36 months prior to publication.
Section 4. Intellectual Prope	rty Patents & Copyric	yhts
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work?

Rivas-Perez 2



Section 5. Relationships not sovered above
Relationships not covered above
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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. Rivas-Perez has nothing to disclose.

Evaluation and Feedback

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Rivas-Perez 3



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Marchetti 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Nathaniel	rst Name)	2. Surname (Last Na Marchetti	me)		3. Date 09-February-2020	
4. Are you the cor	responding author?	Yes ✓ No	-	ding Author ansfield, M		
5. Manuscript Title Effect of Zephyr	e Endobronchial Valves c	on Dyspnea, Activity	Levels and Qualit	y of Life at	One Year	
·	ntifying Number (if you kn 66OC_Revised02FEB20:					
Section 2.	The Work Under Co	onsideration for P	ublication			
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to gradest? Yes	nts, data monitoring	g board, stud	nt, commercial, private fou dy design, manuscript prep y press the "ADD" buttor	paration,
Name of Institut		Grant? Personal Fees?	Non-Financial Support?	Other?	Comments	
Pulmonx		V			Grants were for completion	n of the
Section 3.	Relevant financial	activities outside	the submitted	work.		
of compensation clicking the "Adc Are there any rel	n) with entities as descri	bed in the instruction ort relationships the	ns. Use one line fo	or each ent	al relationships (regardle ity; add as many lines as 36 months prior to pul	s you need by
Section 4.	Intellectual Proper	ty Patents & Co	pyrights			
Do you have any	patents, whether plani	ned, pending or issu	ed, broadly releva	ant to the w	vork? ☐ Yes 🗸 No)

Marchetti 2



Section 5.	
Dection 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Dr. Marchetti rep	ports grants from Pulmonx to Temple University, during the conduct of the study.

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Marchetti 3



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Shah 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Pallav	2. Surname (Last Name) Shah		3. Date 04-February-2020	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Auth		
5. Manuscript Title Effect of Zephyr Endobronchial Valves o	n Dyspnea, Activity Leve	els and Quality of Life	at One Year	
6. Manuscript Identifying Number (if you know White-201909-666OC_Revised02FEB202				
Section 2. The Work Under Co	nsideration for Publ	ication		
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, c	. , .	nent, commercial, private foundation, etc.) for study design, manuscript preparation,	r
Section 3. Relevant financial a	activities outside the	submitted work.		
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interesting the serious fill out the appropriate info	bed in the instructions. Uport relationships that we st? Yes No	Jse one line for each e	entity; add as many lines as you need by	
Name of Entity	Grant? Personal No	on-Financial Support?	Comments	
ERBE, Cook medical, Medtronic, Boston Scientific, Broncus, Nuvaria, Pulmonx, Olympus, & PneumRX			sponsor Imperial college for bronchoscopy course	
Pulmonx			Lecture Fees	
Pulmonx			Investigator on clincial trial with	

Shah 2



Section 4. Intellectual Property - Patents & Copyrights
Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume 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):
No other relationships/conditions/circumstances that present a potential conflict of interest
Investigator on clinical trials with Zephyr endobronchial trials and received lecture fees.
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
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Professor Shah reports personal fees for lectures from Pulmonx & sponsorship to Imperial College for a bronchoscopy course by from ERBE, Cook medical, Medtronic, Boston Scientific, Broncus, Nuvaria, Pulmonx, Olympus, & PneumRX/BTG, outside the submitted work. He has been an investigator on clinical trials with zephyr endobronchial valves.

Evaluation and Feedback

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

Slebos 1



Section 1. Identifying Inforn	nation		
identifying inform			
1. Given Name (First Name) Dirk-Jan	2. Surname (Last Name) Slebos		3. Date 06-February-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth Mark T Dransfield,	
5. Manuscript Title Effect of Zephyr Endobronchial Valves	on Dyspnea, Activity Level	s and Quality of Life a	at One Year
6. Manuscript Identifying Number (if you ki White-201909-666OC_Revised02FEB20		_	
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any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter-	g but not limited to grants, doest? Yes No prmation below. If you have	ata monitoring board, st	ent, commercial, private foundation, etc.) for tudy design, manuscript preparation, etc.) sity press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial Other	Comments
PulmonX, CA, USA	V V	✓	Advisor & PI for the company
Section 3. Relevant financial	activities outside the	submitted work.	
of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of inter	ibed in the instructions. U port relationships that we	se one line for each e	
Section 4. Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, b	oadly relevant to the	work? Yes ✓ No

Slebos 2



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Relationships not covered above
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Dr. Slebos reports grants, personal fees, non-financial support and other from PulmonX, CA, USA, during the conduct of the study; .

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Slebos 3



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1. Given Name (Fire	st Name)	2. Surname (Last Name) Wiese	3. Date 07-February-2020
4. Are you the corr	esponding author?	Yes ✓ No	Corresponding Author's Name Mark T Dransfield, MD
5. Manuscript Title Effect of Zephyr E		on Dyspnea, Activity Levels	s and Quality of Life at One Year
•	tifying Number (if you kn 66OC_Revised02FEB20		
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any aspect of the su statistical analysis, e	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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Dr. Wiese has nothi	ing to disclose.

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

Shargill 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Narinder	rst Name)	2. Surname (Last Name) Shargill	3. Date 09-February-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Mark T Dransfield, MD
5. Manuscript Title Effect of Zephyr		on Dyspnea, Activity Level	s and Quality of Life at One Year
•	ntifying Number (if you kr 66OC_Revised02FEB20		
Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	submitted work (including	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	submitted work.
of compensation clicking the "Add	n) with entities as descri	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 se present during the 36 months prior to publication .
Section 4.	Intellectual Proper	rty Patents & Copyric	yhts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Shargill 2



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Relationships not covered above
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✓ Yes, the following relationships/conditions/circumstances are present (explain below):
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Full-time employee of Pulmonx Corporation, who funded this RCT.
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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Dr. Shargill reports and Full-time employee of Pulmonx Corporation, who funded this RCT

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Shargill 3



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1

administrative support, etc.



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Sri	2. Surname (Last Name) Radhakrishnan	3. Date 07-February-2020			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Mark T Dransfield, MD			
5. Manuscript Title Effect of Zephyr Endobronchial Valves	on Dyspnea, Activity Levels	s and Quality of Life at One Year			
6. Manuscript Identifying Number (if you kn White-201909-666OC_Revised02FEB20		_			
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Section 3. Relevant financial	activities outside the s	ubmitted 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 Vo					
Section 4. Intellectual Proper	rty Patents & Copyrig	ghts			
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No			

Radhakrishnan 2



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Radhakrishnan 3



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4. Are you the corresponding author? Yes ✓ No		Yes ✓ No	Corresponding Author's Name Mark T Dransfield, MD	
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Dr. Wiese has nothi	ing to disclose.

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Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Inform	ation			
1. Given Name (First Name) Gerard	2. Surname (Last Nam Criner	e)	3. Date 02-February-2020	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Mark Dransfie	Author's Name	
5. Manuscript Title Effect of Zephyr Endobronchial Valves o	on Dyspnea, Activity Le	evels and Quality of	Life at One Year	
6. Manuscript Identifying Number (if you know White-201909-666OC_Revised02FEB202				
Section 2. The Work Under Co	ancidovation for Du	blication		
The work officer co	disideration for Pu	DifCation		
Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grant	s, data monitoring bo	vernment, commercial, private foundation, etc.) for ard, study design, manuscript preparation,	
Section 3. Relevant financial a	activities outside tl	ne submitted wo	rk.	
• • •	bed in the instructions	s. Use one line for e	financial relationships (regardless of amount ach entity; add as many lines as you need by ng the 36 months prior to publication.	
Are there any relevant conflicts of intere	est? ✓ Yes N	lo		
If yes, please fill out the appropriate info	ormation below.			
N	Crant Personal	Non-Financial	2	
Name of Entity	Grant Fees Fees	Support?	her Comments	
Galaxo Smith Kline	✓ ✓			
Boehringer Ingelheim	✓			
Chiesi	✓			
Mereo	✓			
Verona				
Astra Zeneca	✓			
Pulmonx	✓			
Pneumrx	✓			



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
BTG		✓				
Olympus	✓	✓				
Broncus	✓	✓				
EOLO		✓				
NGM		\checkmark				
Lungpacer	✓	✓				
Alung	✓					
Nuvaira	✓	✓				
ResMed	✓	✓				
Respironics	✓	✓				
Fisher Paykel	✓					
Patara	✓	✓				
Galapgos	✓					
Section 4. Intellectual Property Patents & Copyrights						
intencerault open	y ruce	.mts a co _l	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? ☐ Yes ✓ No	
Section 5. Relationships not covered above						
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Garner 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Justin Leo	rst Name)	2. Surname (Last Name) Garner	3. Date 02-February-2020	
4. Are you the corresponding author? Yes ✓ No		Yes ✓ No	Corresponding Author's Name Mark T Dransfield, MD	
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Garner 2



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Dr. Garner has nothing to disclose.

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Sue 1



Section 1. Identifying Inform	nation				
Given Name (First Name) Richard	2. Surname (Last Name) Sue	3. Date 02-March-2020			
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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 present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo					
Section 4. Intellectual Prope	rty Patents & Copyric	ghts			
Do you have any patents, whether plan					

Sue 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
✓ No other relat	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Thals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box

Evaluation and Feedback

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

Sue 3



Instructions

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Bhatt 1



Section 1.	Identifying Infor	mation				
1. Given Name (Fi Surya	rst Name)	2. Surname (Last Nar Bhatt	e) 3. Date 02-Februa	ary-2020		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Mark Dransfield			
5. Manuscript Title Effect of Zephyr		on Dyspnea, Activity l	evels and Quality of Life at One Year			
6. Manuscript Ide	ntifying Number (if you l	know it)				
Section 2.	The Work Under (Consideration for P	blication			
any aspect of the s statistical analysis,	submitted work (includin	ng but not limited to gran	rom a third party (government, commercial, pr s, data monitoring board, study design, manus lo			
Section 3.	Relevant financia	l activities outside 1	he submitted work.			
of compensation clicking the "Add Are there any rel	the appropriate boxes n) with entities as desc	in the table to indicat ribed in the instruction eport relationships tha rest?	whether you have financial relationships s. Use one line for each entity; add as man were present during the 36 months pri d	y lines as you need by		
Name of Entity		Grant? Personal Fees?	Non-Financial Other? Comments			
Sunovion			Advisory Board			
GlaxoSmithKline			Advisory Board			
NHLBI		✓	K23HL133438			
NIBIB			R21EB027891			

Bhatt 2



Soutien A							
Section 4. Intellectual Property Patents & Copyrights							
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo							
Section 5. Relationships not covered above							
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Dr. Bhatt reports personal fees from Sunovion, personal fees from GlaxoSmithKline, grants from NHLBI, grants from NIBIB, outside the submitted work; .							

Evaluation and Feedback

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

Bhatt 3



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Klooster 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fir Karin	st Name)	2. Surname (Last Name) Klooster	3. Date 09-February-2020
4. Are you the corr	responding author?	Yes ✓ No	Corresponding Author's Name Mark T Dransfield, MD
5. Manuscript Title Effect of Zephyr I		on Dyspnea, Activity Leve	els and Quality of Life at One Year
	ntifying Number (if you kr 66OC_Revised02FEB20		
Section 2.	The Work Under C	onsideration for Pub	lication
any aspect of the si statistical analysis, Are there any rele	ubmitted work (including	g but not limited to grants, o	m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.
of compensation clicking the "Add Are there any rele) with entities as descr	ibed in the instructions. I port relationships that w est?	whether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication .
Name of Entity		Grant	on-Financial Other? Comments
PulmonX Inc.			✓ Travel reimbursement
Section 4.	Intellectual Proper	rty Patents & Copyr	rights
Do you have any	patents, whether plan	ned, pending or issued, I	broadly relevant to the work? Yes V No

Klooster 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):
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Disclosure Statement
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Dr. Klooster reports other from PulmonX Inc., outside the submitted work; .

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Klooster 3



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Other: Anything not covered under the previous three boxes

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



Section 1. Identifying Information	ation			
Given Name (First Name) Mark	2. Surname (Last Nat Dransfield	me)		3. Date 17-June-2020
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Effect of Zephyr Endobronchial Valves o	n Dyspnea, Activity	Levels and Qualit	y of Life a	at One Year
6. Manuscript Identifying Number (if you know White-201909-666OC.R1 -	ow it)			
Section 2. The Work Under Co	nsideration for P	ublication		
Did you or your institution at any time receive any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interests	but not limited to gran			
If yes, please fill out the appropriate info Excess rows can be removed by pressing	rmation below. If yo		one enti	ity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments
Pulmonx		V	✓	Travel reimbursement and contracted clinical trials
Section 3. Polovant financial a				
Relevant financial a	ctivities outside	the submitted	work.	
Place a check in the appropriate boxes ir of compensation) with entities as descrik clicking the "Add +" box. You should rep	oed in the instructio ort relationships tha	ns. Use one line fo at were present d	or each er	ntity; add as many lines as you need by
Are there any relevant conflicts of interest lf yes, please fill out the appropriate info		No		
,, μ				
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments
Astra Zeneca			✓	consulting and contracted clinical trials
Boehringer Ingelheim			✓	contracted clinical trials



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
GSK		✓		✓	consulting and contracted clinical trials	
Gala				✓	contracted clinical trials	
Nuvaira				✓	contracted clinical trials	
PneumRx/BTG		✓		√	consulting and contracted clinical trials	
NIH	✓					
ALA	\checkmark					
Dept of Defense	✓					
Quark		\checkmark			consulting	
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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. Dransfield reports non-financial support and other from Pulmonx, during the conduct of the study; personal fees and other from AstraZeneca, other from Boehringer Ingelheim, personal fees and other from GSK, other from Gala, other from Nuvaira, personal fees and other from PneumRx/BTG, grants from NIH, grants from ALA, grants from Dept of Defense, personal fees from Quark, outside the submitted work;

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Armstrong 1



Section 1. Identifying Info	rmation						
1. Given Name (First Name) Brian	2. Surname (Last Name) Armstrong	3. Date 17-June-2020					
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Mark Dransfield					
5. Manuscript Title Effect of Zephyr Endobronchial Valv	es on Dyspnea, Activity Level	s and Quality of Life at One Year					
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Intellectual Prop	erty Patents & Copyric	hts					
Do you have any patents, whether pl	anned, pending or issued, br	oadly relevant to the work? Yes V No					

Armstrong 2



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

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Armstrong 3



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Wahidi 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Momen	rst Name)	2. Surname (Last Name Wahidi	2)	3. Date 17-June-2020		
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Au Mark Dransfield			
5. Manuscript Title Effect of Zephyr	e Endobronchial Valves	on Dyspnea, Activity Le	evels and Quality of Li	ife at One Year		
6. Manuscript Idei White-201909-6	ntifying Number (if you kr 66OC.R1 -	now it)				
Section 2.	The Work Under Co	onsideration for Pul	blication			
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	y but not limited to grants est? ✓ Yes	s, data monitoring board	nment, commercial, private foundation, etc.) for d, study design, manuscript preparation, entity press the "ADD" button to add a row.		
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Comments		
Pulmonx						
	ı					
Section 3.	Relevant financial	activities outside th	e submitted work	•		
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Section 4.	Intellectual Proper	rty Patents & Copy	/rights			
Do you have any	patents, whether plan	ned, pending or issued	, broadly relevant to 1	the work? ☐ Yes 🗸 No		

Wahidi 2



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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. Wahidi reports consulting fees from Pulmonx .

Evaluation and Feedback

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

Wahidi 3



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.

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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

Criner 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fir Gerard	st Name)	2. Surnan Criner	ne (Last Nar	ne)		3. Date 17-June-2020	
4. Are you the corr	responding author?	Yes	✓ No	Correspond	ding Autho	r's Name	
5. Manuscript Title Effect of Zephyr	e Endobronchial Valves c	on Dyspne	a, Activity	Levels and Qualit	y of Life a	t One Year	
6. Manuscript Ider White-201909-66	ntifying Number (if you kno 56OC.R1 -	ow it)					
Section 2.							
Section 2.	The Work Under Co	onsiderat	tion for P	ublication			
any aspect of the si statistical analysis,	ubmitted work (including	but not lim		its, data monitoring		nt, commercial, private foundation, Idy design, manuscript preparation,	etc.) for
Section 3. Relevant financial activities outside the submitted work.							
of compensation clicking the "Add Are there any rele) with entities as descril	bed in the port relation st?	instructionships that res	ns. Use one line fo	or each en	ial relationships (regardless of an tity; add as many lines as you ne 36 months prior to publication	ed by
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Boehringer- Ingelheir	n	✓					
Novartis		✓					
Astra Zeneca		✓					
Respironics		✓					
MedImmune		✓					
Actelion		✓					
Forest		✓					
Pearl		✓					

Criner 2



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Ikaria	✓					
Aeris	✓					
PneumRx	✓					
Pulmonx	✓					
HGE Health Care Solutions, Inc				✓	Equity Interest	
Amirall				✓	Consultation	
Boehringer- Ingelheim				✓	Consultation	
Holaira				✓	Consultation	
GSK	√			✓	Consultation	
Section 4. Intellectual Property Patents & Copyrights Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						
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): 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, undate their disclosure statements						

Criner 3

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.

Dr. Criner reports grants from Boehringer- Ingelheim, grants from Novartis, grants from Astra Zeneca, grants from Respironics, grants from MedImmune, grants from Actelion, grants from Forest, grants from Pearl, grants from Ikaria, grants from Aeris, grants from PneumRx, grants from Pulmonx, other from HGE Health Care Solutions, Inc, other from Amirall, other from Boehringer- Ingelheim, other from Holaira, outside the submitted work;

Evaluation and Feedback

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

Criner 4



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 four parts.

Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

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4. Other relationships.

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.



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Hugo	2. Surname (Last Name) Oliveira	3. Effective Date (07-August-2008) 17-June-2020
4. Are you the corresponding author?	Yes ✓ No	Corresp <mark>=Maiha प्रीक्ष</mark> ि r's Name hugo@oliveira.com
6. Title Effect of Zephyr Endobronchial Valves	on Dyspnea, Activity Level	s and Quality of Life at One Year

Section 2. The Work Under Consideration for Publication

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

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	✓					×	
						ADD	
2. Consulting fee or honorarium	✓					×	
						ADD	
3. Support for travel to meetings for the study or other purposes	✓					×	
						ADD	
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×	
						ADD	
5. Payment for writing or reviewing the manuscript	✓					×	
						ADD	
Provision of writing assistance, medicines, equipment, or administrative support	√					×	
						ADD	
7. Other	✓					×	



The Work Under Consideration for Publication							
Туре	No	Money Paid to You		Name of Entity	Comments**		
						ADD	

^{*} This means money that your institution received for your efforts on this study.

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	\checkmark					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×
						ADD

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
Patents (planned, pending or issued)	✓					×	
						ADD	
9. Royalties	✓					×	
						ADD	
Payment for development of educational presentations	✓					×	
						ADD	
11. Stock/stock options	✓					X	
						ADD	
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×	
						ADD	
Other (err on the side of full disclosure)	✓					×	
						ADD	

Section 4. Other relationships

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?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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.

^{*} This means money that your institution received for your efforts.

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



Section 5: TOBACCO ENTITIES:

In addition, the ATS Policy Governing Relationships Between the Tobacco Industry, ATS Members, and Non-Members Who Participate in ATS Activities:

- (A) requires "disclosure of present or past relationships with a tobacco entity (as defined within the policy) within the past ten years, including present and past ownership of stocks or options of a tobacco entity (other than mutual funds), and those of the individual's spouse or life partner."
- (B) requires specific distinction of any relationships within the past twelve months or at present

Please also note:

- ATS policy defines tobacco entities as including:
 - (1) All companies engaged in the manufacture of tobacco products;
 - (2) All affiliates and subsidiaries of such companies for which it may be reasonably concluded, as a result of publicly available information, that the affiliate or subsidiary's ownership, activities, and/or image benefits the sale of tobacco products;
 - (3) All advocacy groups that receive tobacco industry support to promote the use of tobacco products and/or impede policies to prevent tobacco-caused disease.
- A spouse or life partner's relationship with the tobacco industry or tobacco stock/option ownership must be
 disclosed below, but will not be considered to be a relationship of the ATS member or other ATS participant
 with the tobacco industry, nor will it be considered as grounds for any automatic limitations on the ATS
 member or other participant's participation in the ATS activities specified in the policy noted-above.

Therefore, please do the following:

- (1) Click "Yes" or "No";
- (2) Under "Entity Name", type the name of the tobacco entity(ies);
- (3) Use the drop-down boxes to note:
 - (a) the type of relationship (comparable to categories A through J in Part 1 of this form), and
 - (b) whether the relationship is yours or that of spouse or life partner
 - (c) the dollar range of the total value of any grant and products from a tobacco entity received within the past three years combined (or most recent three years combined in which the relationship existed); if research contracted with your institution or collaborative research, enter the total value to you and your institution, not only what you personally received.
- (4) Under "Dates/Description" please type the calendar years in which the relationship existed (e.g., 2005-6) and any other description that would be helpful in COI review.



ICMJE Form for Disclosure of Potential Conflicts of Interest

Any relationships with tobacco entities within the past ten years?

No					
Please form:	provide details re	equested below even	if you previously en	tered information abo	ut a tobacco entity within Part 1 of this
Entity N	lame	Type Of Relationship	Whose Relationship	Dollar Range	Dates/Description (Required)
B. Yes No		tionships with tobac	cco entities within t	the past twelve mon	ths or at present, specifically?
•	he past twelve me reenter the Entit	onths or exists at pre by Name and use the	sent, please below: drop-down menus to	•	p with a tobacco entity that occurred columns, including for Dollar Range the years;
(2)	column the word scheduled to en activities for whi	d "ended" and type th d soon, type in "endir	e month and year in ng [month /year]". A	which it ended (e.g., S will use this inform	please type in the Dates/Description December 2008). If the relationship is ation in determining eligibility for ATS tion. ATS will otherwise assume the
Entity N	lame	Type Of Relationship	Whose Relationship	Dollar Range	Dates/Description (Required)

Submit by Email



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earning royalties or not

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

patent



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Shawn	2. Surname (Last Name) Wright	3. Date 22-June-2020
4. Are you the corresponding author?		orresponding Author's Name Iark Dransfield
5. Manuscript Title Effect of Zephyr Endobronchial Valve	es on Dyspnea, Activity Levels ar	nd Quality of Life at One Year
6. Manuscript Identifying Number (if you White-201909-666OC.R1 -	know it)	
Section 2. The Work Under	Consideration for Publicati	
Did you or your institution at any time re any aspect of the submitted work (includi statistical analysis, etc.)? Are there any relevant conflicts of inte	ng but not limited to grants, data n	ird party (government, commercial, private foundation, etc.) for nonitoring board, study design, manuscript preparation,
Section 3. Relevant financia	al activities outside the sub	mitted work.
Place a check in the appropriate boxe of compensation) with entities as des	es in the table to indicate wheth cribed in the instructions. Use o report relationships that were p	er you have financial relationships (regardless of amount one line for each entity; add as many lines as you need by resent during the 36 months prior to publication.
Place a check in the appropriate boxe of compensation) with entities as desclicking the "Add +" box. You should Are there any relevant conflicts of int	es in the table to indicate wheth cribed in the instructions. Use o report relationships that were p	er you have financial relationships (regardless of amount ne line for each entity; add as many lines as you need by
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Are there other relationships or activities that readers could perceive to have influenced, or that give the potentially influencing, what you wrote in the submitted work?	e appearance of
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	
Based on the above disclosures, this form will automatically generate a disclosure statement, which will below.	l appear in the box
	.474

Evaluation and Feedback

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