

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.

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earning royalties or not

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

patent

Landman 1



| Section 1. | Identifying Inform | ation | | | |
|--|--|--|------------------------|--|-------------------------|
| 1. Given Name (Fi Bennett | rst Name) | 2. Surname (Last Na Landman | nme) | 3. Date 08-July-2 | 2020 |
| 4. Are you the corresponding author? | | Yes ✓ No | Correspor | nding Author's Name | |
| • | 5. Manuscript Title Assessing the Accuracy of a Deep Learning Method to Risk Stratify Indeterminate Pulmonary Nodules | | | | |
| 6. Manuscript Ider Blue-201903-050 | ntifying Number (if you kn 05OC.R3 | ow it) | | | |
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| Section 2. | The Work Under Co | onsideration for | Publication | | |
| 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 grants. est? Yes promation below. If yes | nts, data monitorin | (government, commercial, p og board, study design, manu n one entity press the "AD | script preparation, |
| Name of Institut | ion/Company | Grant? Persona | Non-Financial Support? | Other? Comments | |
| National Institutes of | Health | ✓ | | | |
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| of compensation clicking the "Add Are there any rel |) with entities as descri | bed in the instruction relationships the | ons. Use one line f | ave financial relationships for each entity; add as mar during the 36 months pri | ny lines as you need by |
| Section 4. | Intellectual Proper | ty Patents & Co | pyrights | | |
| Do you have any | patents, whether plani | ned, pending or issu | ed, broadly relev | ant to the work? Yes | ✓ No |

Landman 2



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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. Landman reports grants from National Institutes of Health, during the conduct of the study; . |

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Landman 3



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Talwar 1



| Section 1. Identifying Inform | nation | | |
|---|---|--|--|
| 1. Given Name (First Name) Ambika | 2. Surname (Last Name) Talwar | 3. Date 09-March-2020 | |
| 4. Are you the corresponding author? | ☐ Yes 🗸 No | Corresponding Author's Name Pierre Massion | |
| 5. Manuscript Title Assessing the accuracy of a deep learni | ng method to risk stratify i | ndeterminate pulmonary nodules | |
| 6. Manuscript Identifying Number (if you ki Blue-201903-0505OC | now it) | | |
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| 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 | 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 present during the 36 months prior to publication. | |
| Section 4. Intellectual Prope | rty Patents & Copyrig | ghts | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | |

Talwar 2



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| Dr. Talwar has nothing to disclose. |

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Arteta 1



| Section 1. Identif | ying Information | | | |
|---|---|--|--|--|
| Given Name (First Name) Carlos | 2. Surname (Last Na Arteta | me) 3. Date 09-March-2020 | | |
| 4. Are you the corresponding | g author? Yes V No | Corresponding Author's Name Pierre Massion | | |
| 5. Manuscript Title Assessing the accuracy of | a deep learning method to risk st | ratify indeterminate pulmonary nodules | | |
| 6. Manuscript Identifying Nu Blue-201903-0505OC | mber (if you know it) | | | |
| | | | | |
| Section 2. The Wo | ork Under Consideration for F | 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 Vo | | | | |
| Section 3. Releva | nt financial activities outside | the submitted work. | | |
| Place a check in the appro of compensation) with en | priate boxes in the table to indica cities as described in the instruction ou should report relationships the | te whether you have financial relationships (regardless of amount ons. Use one line for each entity; add as many lines as you need by at were present during the 36 months prior to publication . No | | |
| Section 4. Intellec | tual Property Patents & Co | pyrights | | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | |

Arteta 2



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| Relationships not covered above |
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| Dr. Arteta is an employee of Optellum Ltd |
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Santos 1



| Section 1. | dentifying Informa | ation | | |
|---|-------------------------------|---|--|--|
| 1. Given Name (First N Catarina | lame) | 2. Surname (Last Name) Santos | 3. Date 09-March-2020 | |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name Pierre Massion | |
| 5. Manuscript Title Assessing the accura | acy of a deep learnin | ng method to risk stratify i | indeterminate pulmonary nodules | |
| 6. Manuscript Identify Blue-201903-05050 | ving Number (if you kno OC | ow it) | | |
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| Section 2. Th | ne Work Under Co | nsideration for Public | cation | |
| any aspect of the subn statistical analysis, etc. | mitted work (including | but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, | |
| Section 3. Re | elevant financial a | activities outside the s | submitted work. | |
| of compensation) w clicking the "Add +" | ith entities as describ | oed in the instructions. Us ort 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 present during the 36 months prior to publication . | |
| Section 4. In | tellectual Propert | ty Patents & Copyric | ghts | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ✓ No | | | | |

Santos 2



| Section 5. | |
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| Catarina Santos is a | an employee of Optellum Ltd |
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Dufek 1



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|--|------------------------------------|--|--|
| 1. Given Name (Fii David | rst Name) | 2. Surname (Last Name) Dufek | 3. Date 09-March-2020 |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name Pierre Massion |
| 5. Manuscript Title Assessing the ac | | ng method to risk stratify i | indeterminate pulmonary nodules |
| 6. Manuscript Ider Blue-201903-050 | ntifying Number (if you kr 05OC | now it) | |
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Dufek 2



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Gleeson 1



| Section 1. | Identifying Inform | nation | | |
|---|------------------------------------|--|--|--|
| 1. Given Name (Fir Fergus | rst Name) | 2. Surname (Last Name) Gleeson | 3. Date 09-March-2020 | |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name Pierre Massion | |
| 5. Manuscript Title Assessing the acc | | ng method to risk stratify i | ndeterminate pulmonary nodules | |
| 6. Manuscript Ider Blue-201903-050 | ntifying Number (if you kr 95OC | now it) | | |
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| Section 2. | The Work Under Co | onsideration for Public | ation | |
| any aspect of the si statistical analysis, | 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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| of compensation clicking the "Add |) with entities as descri | bed 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 | ty Patents & Copyric | yhts | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ✓ No | | | | |

Gleeson 2



| Section 5. Relationships not covered above |
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| Dr. Gleeson reports and Prof. Gleeson is a stockholder in Optellum Ltd. |

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Peschel 1



| Section 1. | Identifying Inform | nation | |
|--|------------------------------------|--|--|
| 1. Given Name (Fii Heiko | rst Name) | 2. Surname (Last Name) Peschel | 3. Date 09-March-2020 |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name Pierre Massion |
| 5. Manuscript Title Assessing the ac | | ng method to risk stratify i | indeterminate pulmonary nodules |
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| Section 4. | Intellectual Proper | ty Patents & Copyri | yhts |
| Do you have any | patents, whether plan | ned, pending or issued, br | roadly relevant to the work? Yes V No |

Peschel 2



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Brabec 1



| Section 1. | Identifying Inform | ation | | |
|---|--------------------------|--|---|----------------------------------|
| 1. Given Name (Firs Jan | t Name) | 2. Surname (Last Name) Brabec | 3. Date 09-March-2020 | |
| 4. Are you the corre | esponding author? | Yes ✓ No | Corresponding Author's Name Pierre Massion | me |
| 5. Manuscript Title Assessing the acco | uracy of a deep learnir | ng method to risk stratify | indeterminate pulmonary nodules | nodules |
| 6. Manuscript Ident Blue-201903-0505 | ifying Number (if you kn | ow it) | | |
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| Section 2. | The Work Under Co | onsideration for Publi | cation | |
| any aspect of the su statistical analysis, e | bmitted work (including | but not limited to grants, do | n a third party (government, commercial, private foundation, etc.) fo ata monitoring board, study design, manuscript preparation, | |
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| | | | roadly relevant to the work? Yes V No | ? ☐ Yes ✓ No |

Brabec 2



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Declerck



| Section 1. | Identifying Inform | nation | | |
|---|------------------------------------|--|---|--|
| 1. Given Name (Fi Jerome | . , , | 2. Surname (Last Name) Declerck | 3. Date 09-March-2020 | |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name Pierre Massion | |
| 5. Manuscript Title Assessing the ac | | ng method to risk stratify i | ndeterminate pulmonary nodules | |
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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | |

Declerck 2



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| | onships or activities that readers could perceive to have influenced, or that give the appearance of g, what you wrote in the submitted work? |
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Kunst 1



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

1

administrative support, etc.



| Section 1. | Identifying Inform | nation | |
|---|------------------------------------|--|--|
| 1. Given Name (Fir Lyndsey | rst Name) | 2. Surname (Last Name) Pickup | 3. Date 09-March-2020 |
| 4. Are you the corr | responding author? | Yes ✓ No | Corresponding Author's Name Pierre Massion |
| 5. Manuscript Title Assessing the acc | | ng method to risk stratify i | ndeterminate pulmonary nodules |
| 6. Manuscript Ider Blue-201903-050 | ntifying Number (if you kr 95OC | now it) | |
| | | | _ |
| Section 2. | The Work Under Co | onsideration for Public | cation |
| any aspect of the si statistical analysis, | 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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| of compensation clicking the "Add |) with entities as descri | bed 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 . |
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| Do you have any | | | oadly relevant to the work? Yes V No |

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Novotny 1



| Section 1. Identifying Inform | nation | |
|---|---|--|
| Given Name (First Name) Petr | 2. Surname (Last Name) Novotny | 3. Date 09-March-2020 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Pierre Massion |
| 5. Manuscript Title Assessing the accuracy of a deep learni | ng method to risk stratify i | ndeterminate pulmonary nodules |
| 6. Manuscript Identifying Number (if you ki Blue-201903-0505OC | 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 ta monitoring board, study design, manuscript preparation, |
| Section 3. Relevant financial | activities outside the s | 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 present during the 36 months prior to publication. |
| Section 4. Intellectual Prope | rty Patents & Copyrig | ghts |
| Do you have any patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No |

Novotny 2



| Section 5. Polationships not sovered 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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| Dr. Novotny was an employee of Optellum Ltd at the time of the study |
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Royalties: Funds are coming in to you or your institution due to your patent

Munden 1



| Section 1. Identifying Inform | nation | |
|--|---|--|
| 1. Given Name (First Name) Reginald | 2. Surname (Last Name) Munden | 3. Date 11-March-2020 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Pierre Massion |
| 5. Manuscript Title Assessing the accuracy of a deep learni | ng method to risk stratify i | ndeterminate pulmonary nodules |
| 6. Manuscript Identifying Number (if you k Blue-201903-0505OC | now it) | |
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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, da | a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, |
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| Name of Entity | Grant? Personal Nor | n-Financial other? Comments |
| TheraBionics | | Investor, Stock Owner |
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| Section 4. Intellectual Prope | rty Patents & Copyric | ghts |
| Do you have any patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No |

Munden 2



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Ather 1



| Section 1. Identifying Inform | nation | |
|--|---|--|
| 1. Given Name (First Name) Sarim | 2. Surname (Last Name) Ather | 3. Date 09-March-2020 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Pierre Massion |
| 5. Manuscript Title Assessing the accuracy of a deep learni | ng method to risk stratify i | ndeterminate pulmonary nodules |
| 6. Manuscript Identifying Number (if you ki Blue-201903-0505OC | 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. |
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Kadir 1



| Section 1. Identifying Inforn | nation | |
|---|---|--|
| Given Name (First Name) Timor | 2. Surname (Last Name) Kadir | 3. Date 10-March-2020 |
| 4. Are you the corresponding author? | ☐ Yes 🗸 No | Corresponding Author's Name Pierre Massion |
| 5. Manuscript Title Assessing the accuracy of a deep learni | ng method to risk stratify i | ndeterminate pulmonary nodules |
| 6. Manuscript Identifying Number (if you ki Blue-201903-0505OC | 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 ta monitoring board, study design, manuscript preparation, |
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| Section 4. Intellectual Prope | rty Patents & Copyrig | ghts |
| Do you have any patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No |

Kadir 2



| Section 5. | |
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| Section 3. | Relationships not covered above |
| | ationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work? |
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Hicks 1



| Section 1. Identifying Inform | nation | |
|---|---|--|
| 1. Given Name (First Name) William | 2. Surname (Last Name) Hicks | 3. Date 09-March-2020 |
| 4. Are you the corresponding author? | ☐ Yes 🗸 No | Corresponding Author's Name Pierre Massion |
| 5. Manuscript Title Assessing the accuracy of a deep learni | ng method to risk stratify i | ndeterminate pulmonary nodules |
| 6. Manuscript Identifying Number (if you kr Blue-201903-0505OC | 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 ta monitoring board, study design, manuscript preparation, |
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| Do you have any patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No |

Hicks 2



| Section 5. | |
|------------------|--|
| Section 5. | Relationships not covered above |
| | relationships 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 follo | wing relationships/conditions/circumstances are present (explain below): |
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Instructions

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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.

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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 Inform | nation | | |
|-------------------------------|------------------------|-----------------------------------|---|---|
| 1. Given Name (Fir Pierre | rst Name) | 2. Surname (Last Name) Massion | | 3. Effective Date (07-August-2008) 19-March-2020 |
| 4. Are you the cor | responding author? | ✓ Yes No | 5. Email Address pierre.massion@vui | mc.org |
| 6. Title Assessing the acc | curacy of a deep learn | ing method to risk stratify inc | eterminate pulmonary | nodules |

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 | | | | NCI | CA186145 and CA152662 | × | | |
| | | | | | | 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 | | |
| 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 out | side the | submit | ted 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 | ✓ | | | | | × |
| | | | | | | 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 | ✓ | | | | | × |
| | | | | | | ADD |
| Travel/accommodations/ meeting expenses unrelated to activities listed** | ✓ | | | | | × |
| | | | | | | ADD |
| Other (err on the side of full disclosure) | ✓ | | | | | × |
| | | | | | | ADD |

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):

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.



○Yes

ICMJE Form for Disclosure of Potential Conflicts of Interest

Any relationships with tobacco entities within the past ten years?

| No No No | | | 4 | | of a fall and a sufficient to Don't A affiliate |
|----------------------|--|--|--|--|---|
| form: | e provide details re | equested below even | ir you previously en | tered information abo | ut a tobacco entity within Part 1 of this |
| Entity I | Name | Type Of Relationship | Whose Relationship | Dollar Range | Dates/Description (Required) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| В. | If ves: any relat | tionships with toba | cco entities within | the past twelve mon | ths or at present, specifically? |
| ∩ Yes | • | | | puot | |
| | | | | | |
| No | | | | | |
| | · . | his information within onths or exists at pre | | er, for any relationshi | p with a tobacco entity that occurred |
| (1) | | | | o re-answer the other d within most recent | columns, including for Dollar Range the 3 years; |
| (2) | column the word scheduled to en activities for whi | d "ended" and type th d soon, type in "endii | e month and year in ng [month /year]". A⁻ | which it ended (e.g., I'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 I | Name | Type Of Relationship | Whose Relationship | Dollar Range | Dates/Description (Required) |
| | | | | | |

Submit by Email



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

Smith 1



| Section 1. | Identifying Inform | nation | | | | | |
|--|---------------------------------------|--|--|--|--|--|--|
| 1. Given Name (Fil | rst Name) | 2. Surname (Last Name) Smith | 3. Date 26-March-2020 | | | | |
| 4. Are you the cor | ou the corresponding author? Yes Vo | | Corresponding Author's Name Pierre P. Massion | | | | |
| 5. Manuscript Title Assessing the ac | | ng method to risk stratify i | ndeterminate pulmonary nodules | | | | |
| 6. Manuscript Ider Blue-201903-050 | ntifying Number (if you kr 05OC.R3 | now it) | | | | | |
| | | | | | | | |
| Section 2. | The Work Under Co | onsideration for Public | cation | | | | |
| any aspect of the s statistical analysis, | 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, | | | | |
| 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 | 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 | ty Patents & Copyric | yhts | | | | |
| Do you have any | | | oadly relevant to the work? Yes V No | | | | |

Smith 2



| 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 |
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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. Smith has nothing to disclose. |

Evaluation and Feedback

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Smith 3



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Chen 1



| Section 1. | Identifying Inform | nation | | |
|--|---|--|--|--|
| 1. Given Name (Fi Heidi | rst Name) | 2. Surname (Last Name) Chen | 3. Date 25-March-2020 | |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name | |
| 5. Manuscript Title - Assessing the a | | ning method to risk stratify | rindeterminate pulmonary noc | dules |
| 6. Manuscript Ider | ntifying Number (if you kr | now it) | | |
| | | | _ | |
| Section 2. | The Work Under Co | onsideration for Publi | cation | |
| any aspect of the s statistical analysis, | stitution at any time rece ubmitted work (including | ive payment or services from but not limited to grants, da | | nercial, private foundation, etc.) for n, manuscript preparation, |
| Section 3. | Relevant financial | activities outside the | submitted work. | |
| of compensation clicking the "Add |) with entities as descri | ibed in the instructions. U port relationships that we | ether you have financial relationse one line for each entity; add re present during the 36 mon | as many lines as you need by |
| Section 4. | Intellectual Proper | rty Patents & Copyri | ghts | |
| Do you have any | patents, whether plan | ned, pending or issued, b | oadly relevant to the work? | Yes ✓ No |

Chen 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 name of name of the submitted work? |
| Yes, the follow | ving relationships/conditions/circumstances are present (explain below): |
| ✓ No other relat | ionships/conditions/circumstances that present a potential conflict of interest |
| | nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nals may ask authors to disclose further information about reported relationships. |
| 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 |
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Chen 3



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Antic 1



| Section 1. | lentifying Informa | ation | | | | | |
|---|--|---|--|---|--|--|--|
| 1. Given Name (First N Sanja | lame) | 2. Surname (Last Name) Antic | | 3. Date 25-March-2020 | | | |
| 4. Are you the corresp | you the corresponding author? Yes V | | Corresponding Author's Name Pierre P. Massion | | | | |
| 5. Manuscript Title Assessing the accura | acy of a deep learnin | g method to risk stratify | indeterminate pulmonary n | odules | | | |
| 6. Manuscript Identify Blue-201903-05050 | ring Number (if you kno C.R3 | ow it) | | | | | |
| | | | | | | | |
| Section 2. Th | ne Work Under Co | nsideration for Publi | cation | | | | |
| | nitted work (including l)? | but not limited to grants, d | n a third party (government, cor ata monitoring board, study de | mmercial, private foundation, etc.) for sign, manuscript preparation, | | | |
| Section 3. Re | elevant financial a | ctivities outside the | submitted work. | | | | |
| of compensation) wi | ith entities as describ box. You should rep | oed in the instructions. U ort relationships that we | se one line for each entity; a | ationships (regardless of amount dd as many lines as you need by conths prior to publication. | | | |
| Section 4. | tellectual Propert | ry Patents & Copyri | ghts | | | | |
| | | | roadly relevant to the work? | ☐ Yes 🗸 No | | | |

Antic 2



| Section 5 |
|---|
| 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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Antic 3