

#### **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.

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#### 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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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

Celli 1



**Identifying Information** 

Section 1.

# **ICMJE Form for Disclosure of Potential Conflicts of Interest**

Given Name (First Name)  Bartolome	2. Surnar Celli	me (Last Nan	ne)		3. Date 28-May-2020
4. Are you the corresponding author?	Yes	<b>√</b> No	Correspond Francesca		
5. Manuscript Title Smoking Pattern in Men and Women: A	A Possible	Contributo	r to Gender Diffe	rences in	COPD
6. Manuscript Identifying Number (if you kn Blue-202004-1472LE	ow it)				
Section 2. The Work Under Co	onsidera	tion for P	ublication		
Did you or your institution <b>at any time</b> recei any aspect of the submitted work (including statistical analysis, etc.)?					ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Are there any relevant conflicts of interes	est?	Yes ✓	No		
Section 3. Relevant financial	activities	outside 1	the submitted	work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the	instruction	ns. Use one line fo	or each er	ntity; add as many lines as you need by
Are there any relevant conflicts of interes	est?	Yes	No		
If yes, please fill out the appropriate info	ormation b	elow.			
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Astra Zeneca	<b>√</b>			<b>✓</b>	Research site
GlaxoSmithKline		<b>✓</b>			Consulting and scientific comittee
Boehringer Ingelheim		<b>✓</b>			Consulting
Sanofi-Aventis		<b>✓</b>			Consulting
Menarini		<b>✓</b>			Consulting
Chiesi		<b>✓</b>			Consulting
Pulmonx		<b>✓</b>			Consulting

Celli 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume
Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
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Dr. Celli reports personal fees and other from Astra Zeneca, personal fees from GlaxoSmithKline, personal fees from Boehringer Ingelheim, personal fees from Novartis, personal fees from Sanofi Aventis and personal fess form Menarini other from outside the submitted work; .

#### **Evaluation and Feedback**

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

Celli 3



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Aliverti 1



Section 1. Identifying	Information	
Given Name (First Name)  Andrea	2. Surname (Last Name) Aliverti	3. Date 28-May-2020
4. Are you the corresponding author	or? Yes 🗸 No	Corresponding Author's Name Francesca Polverino
5. Manuscript Title Smoking Pattern in Men and Wo	omen: A Possible Contributor to G	iender Differences in COPD
6. Manuscript Identifying Number Blue-202004-1472LE	(if you know it)	
Section 2. The Work U	nder Consideration for Publi	cation
any aspect of the submitted work (i statistical analysis, etc.)? Are there any relevant conflicts	ncluding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant fin	ancial activities outside the	submitted work.
of compensation) with entities a	as described in the instructions. Use ould report relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re <b>present during the 36 months prior to publication</b> .
Section 4. Intellectual	Property Patents & Copyri	ghts
, , ,		roadly relevant to the work?  Yes  No ee more than one entity press the "ADD" button to add a row.
Patent?	Pending? Issued? Licensed?	Royalties? Comments
Optoelectronic plethysmography		BTS Bioengineering, Italy

Aliverti 2



Section 5. Polationships not severed above
Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Aliverti reports In addition, Dr. Aliverti has a patent Optoelectronic plethysmography licensed to BTS Bioengineering, Italy.

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Capuozzo 1



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1. Given Name (Fi Antonio	rst Name)	2. Surname (Last Name) Capuozzo	3. Date 28-May-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Francesca Polverino
5. Manuscript Title Smoking Patterr		A Possible Contributor to G	ender Differences in COPD
6. Manuscript Ide Blue-202004-147	ntifying Number (if you kr 72LE	now it)	
			-
Section 2.	The Work Under C	onsideration for Public	ation
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Section 4.	Intellectual Prope	rty Patents & Copyri <u>c</u>	hts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Capuozzo 2



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Dr. Capuozzo has no conflicts to disclose

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Cicchitto 1



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Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Cicchitto 2



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Ferrigno 1



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Do you have any patents, whether plan		

Ferrigno 2



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Mauro 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Immacolata	rst Name)	2. Surname (Last Name) Mauro	3. Date 28-May-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Francesca Polverino
5. Manuscript Title Smoking Patterr		، Possible Contributor to G	ender Differences in COPD
6. Manuscript Ide Blue-202004-147	ntifying Number (if you kr 72LE	now it)	
Section 2.	The Work Under C	onsideration for Public	ation
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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

Mauro 2



Section 5. Relationships not sovered above
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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
Disclosure Statement
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Dr. Mauro has no conflicts to disclose

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Section 1. Identifying I	nformation	
Given Name (First Name)  Francesca	2. Surname (Last Name) Polverino	3. Date 28-May-2020
4. Are you the corresponding autho	r? Yes No	
5. Manuscript Title Smoking Pattern in Men and Wo	men: A Possible Contributor to Gender Di	ifferences in COPD
6. Manuscript Identifying Number (i Blue-202004-1472LE	f you know it)	
Section 2. The Work Un	der Consideration for Publication	
	icluding but not limited to grants, data monito	arty (government, commercial, private foundation, etc.) for oring board, study design, manuscript preparation,
Section 3. Relevant fina	ancial activities outside the submitt	ed work.
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo		
Section 4. Intellectual C	Duamautus Datanta & Camunishta	
Intellectual F	Property Patents & Copyrights	
Do you have any patents, whether	er planned, pending or issued, broadly rel	evant to the work? Yes V No



Section 5.			
Section 5.	Relationships not covered above		
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Santoriello 1



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1. Given Name (Fi Carlo	rst Name)	2. Surname (Last Name) Santoriello	3. Date 28-May-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Francesca Polverino
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Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Santoriello 2



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Sirignano 1



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Sirignano 2



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