

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. 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.

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4. Intellectual Property.

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

5. 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.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Charles

2. Surname (Last Name)
Kinsey

3. Date
23-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Tumor Density is Associated with Response to Endobronchial
Ultrasound-Guided Transbronchial Needle Injection of Cisplatin

6. Manuscript Identifying Number (if you know it)
JTD-20-674

Section 2. The Work Under Consideration for 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 No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NIH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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 publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| Olympus America | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Johnson and Johnson | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Boston Scientific | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| Gala Therapeutics | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------|----------|
| Methods for Computational Modeling to Guide Intratumoral Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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

Equity holder of company, Quantitative Imaging Solutions, the performs image analysis work in lung cancer

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Section 6. Disclosure Statement

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Dr. Kinsey reports grants from NIH, during the conduct of the study; personal fees from Olympus America, grants and personal fees from Johnson and Johnson, personal fees from Boston Scientific, personal fees from Gala Therapeutics, outside the submitted work; In addition, Dr. Kinsey has a patent Methods for Computational Modeling to Guide Intratumoral Therapy pending and Equity holder of company, Quantitative Imaging Solutions, the performs image analysis work in lung cancer.

Evaluation and Feedback

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Raul

2. Surname (Last Name)
San Jose Estepar

3. Date
19-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Matthew Kinsey

5. Manuscript Title
Measures of Tumor Density Are Associated with Response to Endobronchial Ultrasound-Guided Transbronchial Needle Injection of Cisplatin

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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 publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| NHLBI | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chiesi | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| LeukoLabs | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Boehringer Ingelheim | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Eolo Medical | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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

he is also a founder and co-owner of Quantitative Imaging Solutions which is a company that provides image based consulting and develops software to enable data sharing.

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Dr. San Jose Estepar reports grants from NHLBI, personal fees from Chiesi, personal fees from LeukoLabs, grants and personal fees from Boehringer Ingelheim, personal fees from Eolo Medical, outside the submitted work; and he is also a founder and co-owner of Quantitative Imaging Solutions which is a company that provides image based consulting and develops software to enable data sharing..

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---------------------------------|--|
| 1. Given Name (First Name) Jason | 2. Surname (Last Name) Bates | 3. Date 21-April-2020 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name C. Matthew Kinsey |
| 5. Manuscript Title Tumor Density is Associated with Response to Endobronchial Ultrasound-Guided Transbronchial Needle Injection of Cisplatin | | |
| 6. Manuscript Identifying Number (if you know it) JTD-20-674 | | |

Section 2. The Work Under Consideration for 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 No

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------|
| Johnson and Johnson | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project consultant |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------|----------|
| Methods for computational modeling to guide intratumoral therapy." U.S. Patent Application No. 62/542,623. Filed: August 8, 2017 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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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?

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Dr. Bates reports personal fees from Johnson and Johnson, outside the submitted work; In addition, Dr. Bates has a patent Methods for computational modeling to guide intratumoral therapy." U.S. Patent Application No. 62/542,623. Filed: August 8, 2017 pending.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Bernard

2. Surname (Last Name)
Cole

3. Date
23-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
C. Matthew Kinsey

5. Manuscript Title
Tumor Density is Associated with Response to Endobronchial Ultrasound-Guided Transbronchial Needle Injection of Cisplatin

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Dr. Cole has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____
George

2. Surname (Last Name) _____
Washko

3. Date _____
17-March-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name _____

5. Manuscript Title _____

6. Manuscript Identifying Number (if you know it) _____

Section 2. The Work Under Consideration for 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 No

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 publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| NIH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grant Receptient |
| Boehringer Ingelheim | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Consultant, Advisory Board, Grant Receptient |
| Quantitative Imaging Solutions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | GW is a founder and co-owner. This company provides image based consulting and develops software to enable data sharing |
| PulmonX | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Consulting, Chair of DSMB |
| BTG Interventional Medicine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grant Receptient |
| Janssen Pharmaceuticals | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Receptient, Consultant |

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------|
| GlaxoSmithKline | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Consultant |
| Novartis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Consultant |
| Vertex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Advisory board and consultant |
| CSL Behring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Consultant, Advisory board |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
 No other relationships/conditions/circumstances that present a potential conflict of interest

Dr. Washko's spouse works for Biogen

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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. Washko reports grants from NIH, grants and other from Boehringer Ingelheim, other from Quantitative Imaging Solutions, other from PulmonX, grants from BTG Interventional Medicine, grants and other from Janssen Pharmaceuticals, other from GlaxoSmithKline, other from Novartis, other from Vertex, outside the submitted work; and Dr. Washko's spouse works for Biogen .

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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

4. Intellectual Property.

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

5. 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.

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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

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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

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Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
Jantz

3. Date
23-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Matthew Kinsey

5. Manuscript Title

Tumor Density is Associated with Response to Endobronchial

Tumor Density is Associated with Response to Endobronchial Ultrasound-Guided Transbronchial Needle Injection of

6. Manuscript Identifying Number (if you know it)

JTD-20-674

Section 2. The Work Under Consideration for 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 No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Jantz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Hiren

2. Surname (Last Name)
Mehta

3. Date
19-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title
Tumor Density is Associated with Response to Endobronchial Ultrasound-Guided Transbronchial Needle Injection of Cisplatin

6. Manuscript Identifying Number (if you know it)
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