

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Lederer

3. Date
20-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Nadine Al-Naamani

5. Manuscript Title

Thoracic visceral adipose tissue area and pulmonary hypertension in lung transplant candidates: The Lung Transplant Body Composition

6. Manuscript Identifying Number (if you know it)

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Dr. Lederer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Drew

2. Surname (Last Name)
Torigian

3. Date
20-March-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Nadine Al-Naamani

5. Manuscript Title
Thoracic visceral adipose tissue area and pulmonary hypertension in lung transplant candidates: The Lung Transplant Body Composition

6. Manuscript Identifying Number (if you know it)

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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
Quantitative Radiology Solutions LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	co-founder

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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Dr. Torigian reports other from Quantitative Radiology Solutions LLC, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Hao-Min

2. Surname (Last Name)
Pan

3. Date
20-March-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Nadine Al-Naamani

5. Manuscript Title
Thoracic visceral adipose tissue area and pulmonary hypertension in lung transplant candidates: The Lung Transplant Body Composition

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Jason

2. Surname (Last Name)

Christie

3. Date

20-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Nadine Al-Naamani

5. Manuscript Title

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Dr. Christie has nothing to disclose.

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Section 1. Identifying Information

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Joshua

2. Surname (Last Name)

Diamond

3. Date

20-March-2020

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Yes No

Corresponding Author's Name

Nadine Al-Naamani

5. Manuscript Title

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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) Jayram	2. Surname (Last Name) Udupa	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nadine Al-Naamani
5. Manuscript Title Thoracic visceral adipose tissue area and pulmonary hypertension in lung transplant candidates: The Lung Transplant Body Composition		
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.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Udupa 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)
Michaela

2. Surname (Last Name)
Anderson

3. Date
20-March-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Nadine Al-Naamani

5. Manuscript Title
Thoracic visceral adipose tissue area and pulmonary hypertension in lung transplant candidates: The Lung Transplant Body Composition

6. Manuscript Identifying Number (if you know it)

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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

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

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Dr. Anderson has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Michelle

2. Surname (Last Name)
Oyster

3. Date
20-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Nadine Al-Naamani

5. Manuscript Title

Thoracic visceral adipose tissue area and pulmonary hypertension in lung transplant candidates: The Lung Transplant Body Composition

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Oyster has nothing to disclose.

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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)
Mary

2. Surname (Last Name)
Porteous

3. Date
20-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Nadine Al-Naamani

5. Manuscript Title

Thoracic visceral adipose tissue area and pulmonary hypertension in lung transplant candidates: The Lung Transplant Body Composition

6. Manuscript Identifying Number (if you know it)

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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

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

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Section 6. Disclosure Statement

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Dr. Porteous 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)

Nadine

2. Surname (Last Name)

Al-Naamani

3. Date

20-March-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Thoracic visceral adipose tissue area and pulmonary hypertension in lung transplant candidates: The Lung Transplant Body Composition

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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
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
American Thoracic Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kynett-FOCUS Junior Faculty Investigator Award for Research in Women's Cardiovascular Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Entelligence Young Investigator Award	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Al-Naamani reports grants from National Institutes of Health, grants from American Thoracic Society, grants from Kynett –FOCUS Junior Faculty Investigator Award for Research in Women's Cardiovascular Health, grants from Entelligence Young Investigator Award, during the conduct of the study .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Selim

2. Surname (Last Name)
Arcasoy

3. Date
20-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Nadine Al-Naamani

5. Manuscript Title

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Are there any relevant conflicts of interest? Yes No

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Dr. Arcasoy has nothing to disclose.

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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.

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Other: Anything not covered under the previous three boxes

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

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Section 1. Identifying Information

1. Given Name (First Name) Steven

2. Surname (Last Name) Kawut

3. Date 20-March-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Nadine Al-Naamani

5. Manuscript Title Thoracic visceral adipose tissue area and pulmonary hypertension in lung transplant candidates: The Lung Transplant Body Composition

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

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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
ATS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Travel
Actelion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CME course
United Therapeutics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CME course

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Gilead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CME course
Lung Biotech	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CME course
Bayer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CME course
Cardiovascular Medical Research and Education Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pulmonary Hypertension Association	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Travel
Mallinkrodt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CME course

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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Dr. Kawut has served in an advisory capacity (for grant review and other purposes) for United Therapeutics, Akros Pharmaceuticals, Glaxo SmithKline, and Complexa, Inc. without financial support or in-kind benefits.

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Dr. Kawut reports grants from NIH, non-financial support from ATS, and grants from Actelion, United Therapeutics, Gilead, Lung Biotech, Bayer, and Mallinkrodt to the Perelman School of Medicine for CME courses. Dr. Kawut reports grants and non-financial support from Cardiovascular Medical Research and Education Fund and non-financial support from Pulmonary Hypertension Association. Dr. Kawut has served in an advisory capacity (for grant review and other purposes) for United Therapeutics, Akros Pharmaceuticals, Glaxo SmithKline, and Complexa, Inc. without financial support or in-kind benefits.

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Section 1. Identifying Information

1. Given Name (First Name)
Scott

2. Surname (Last Name)
Palmer

3. Date
20-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Nadine Al-Naamani

5. Manuscript Title

Thoracic visceral adipose tissue area and pulmonary hypertension in lung transplant candidates: The Lung Transplant Body Composition

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Dr. Palmer has nothing to disclose.

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Yubing

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