## ICMJE DISCLOSURE FORM

	TOTAL DISC	CLOSONE I ONIVI
Date:18.08.	2021	
Your Name:Ekaterina	a S. Kuligina	
Manuscript Title: Integr	ration of the blood test into the	low-dose computed tomography lung cancer screening: reliable
	malignant and non-malignant r	
In the interest of transp	arency, we ask you to disclose a	Il relationships/activities/interests listed below that are
		eans any relation with for-profit or not-for-profit third
		of the manuscript. Disclosure represents a commitment
		s. If you are in doubt about whether to list a
	terest, it is preferable that you d	
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The following questions	apply to the author's relationsh	nips/activities/interests as they relate to the current
manuscript only.		· · · · · · · · · · · · · · · · · · ·
		ži.
The author's relationshi	ps/activities/interests should be	e defined broadly. For example, if your manuscript pertains
to the epidemiology of I	hypertension, you should declar	e all relationships with manufacturers of antihypertensive
medication, even if that	medication is not mentioned in	the manuscript.
In item #1 below, report	t all support for the work report	ed in this manuscript without time limit. For all other items,
the time frame for discl	osure is the past 36 months.	
	Name all entities with	Specifications/Comments
	whom you have this	(e.g., if payments were made to you or to your
	relationship or indicate	institution)
10.001	none (add rows as	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	_x_None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	X_None	

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
5	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	None	
3	Patents planned, issued or pending	None	
)	Participation on a Data	<sub>X</sub> None	
	Safety Monitoring Board or		
	Advisory Board	Y .	
LO	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
l1	Stock or stock options	X_None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non-	None	
	financial interests		

Please summarize t	he above conflict	of interest in	the following box:
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Please place an "X"	next to the following statement to indicate your agreement:
<u> </u>	I certify that I have answered every question and have not altered the wording of any of the
questions on this fo	1/

## ICMJE DISCLOSURE FORM

Date:	18.08.2021	
Your Name:	Aglaya G. Iyevleva	
Manuscript 1	Γitle: Integration of the	plood test into the low-dose computed tomography lung cancer screening: reliable
		nd non-malignant radiographic findings
Manuscript r	number (if known):	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	THE PERSON LAND WE	Time frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Russian Science Foundation grant #20- 15-00244	
No.	THE RESERVE AND DESCRIPTIONS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS N	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	X_None	
4	Consulting fees	None	
5	Payment or honoraria for	X_None	

	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	x_None	
9	Participation on a Data Safety Monitoring Board or	X_None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None	
11	Stock or stock options	X_None	
.2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
13	Other financial or non- financial interests	None	

Please	summarize	the above	conflict	of interest	in the	following	box:
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date:	18.08.2021
Your Name:	Evgeny N. Imyanitov
Manuscript 1	le: Integration of the blood test into the low-dose computed tomography lung cancer screening: reliable
	between malignant and non-malignant radiographic findings
	mber (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	X_None	
A.	TE TRANSPORT ALL DESIGNATION	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	
3	Royalties or licenses	X_None	
4	Consulting fees	_x_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	x_None	I HILLIO ANTERSA LA CINCILI DE TOTA PER SA CINTERIO VICTORIO DE
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	_x_None	
	financial interests ease summarize the above c		lowing box:
	None		
			dicate your agreement: uestion and have not altered the wording of any of th
qu	estions on this form.		Shu