| Date:                         | 4/12/2022   |
|-------------------------------|---|
| Your Name:                    | Raja Flores   |
| Manuscript Title:             | Shift in lung cancer stage at diagnosis during the COVID-19 pandemic in New York City |
| Manuscript Number (if known): | TLCR-22-191   |

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

|   |   | e all entities with whom you have this ionship 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 initial 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. | None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or licenses   | None   |   |

|    |   | 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) |
|----|---|--|---|
| 4  | Consulting fees   | None   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None None  |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None   |   |

|        |  | 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) |  |
|--------|--|--|---|--|
| 11     | Stock or stock<br>options  | None   |   |  |
| 12     | Receipt of equipment, materials, drugs, medical writing, gifts or other services   | None   |   |  |
| 13     | Other financial or<br>non-financial<br>interests   | None   |   |  |
| Plea 🖂 | 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. |  |   |  |

| Date:                         | 4/19/2022   |
|-------------------------------|---|
| Your Name:                    | Naomi Alpert  |
| Manuscript Title:             | Shift in lung cancer stage at diagnosis during the COVID-19 pandemic in New York City |
| Manuscript Number (if known): | TLCR-22-191   |

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

|   |   | 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 initial 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. | [⊠] None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month  | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | [⊠] None   |   |
| 3 | Royalties or<br>licenses  | None None  |   |

|    |  | 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) |
|----|--|---|---|
| 4  | Consulting fees  | None     Non |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None  |   |
| 6  | Payment for expert testimony   | [⊠] None  |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel  | [⊠] None  |   |
| 8  | Patents planned,<br>issued or<br>pending   | [⊠] None  |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | [⊠] None  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | [⊠] None  |   |

|        |  | 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) |
|--------|--|---|---|
| 11     | Stock or stock<br>options  | [⊠] None  |   |
| 12     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None  |   |
| 13     | Other financial or<br>non-financial<br>interests                                 | [⊠] None  |   |
| Plea 🖂 | •  | t to the following statement to indicate your agreeme answered every question and have not altered the wo |   |

3 12/13/2021 ICMJE Disclosure Form

| Date:                         | April 10, 2022  |
|-------------------------------|---|
| Your Name:Ken                 | Ken McCardle  |
| Manuscript Title:             | Shift in lung cancer stage at diagnosis during the COVID-19 pandemic in New York City |
| Manuscript Number (if known): | TLCR-22-191   |

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

|  |   | 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 initial planni   | ng of the work  |
| 11 11 11 11 11 11 11 11 11 11 11 11 11 | 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. |  | Click the tab key to add additional rows.   |
| - !                                    | uns item.   | Time frame: past 36 mon  | the   |
| 2                                      | Grants or   | A I  | luis  |
|  | contracts from<br>any entity (if not<br>indicated in item   | <b>None</b> None   |   |
|  | #1 above).  |  |   |
|  | "I ubove).  |  |   |
|  |   |  |   |
| 3                                      | Royalties or licenses   | ⊟ None   |   |
|  |   |  |   |
|  |   |  |   |
| 112/13                                 | 3/2021ICMJE Disclosure F  | orm  |   |

| 4      | Consulting fees  |        | None |   |
|--------|--|--------|------|---|
|        | J  |        |      |   |
|        |  |        |      |   |
|        |  |        |      |   |
|        |  |        |      |   |
|        |  |        |      |   |
|        |  |        |      |   |
|        |  |        |      |   |
|        |  |        |      |   |
|        |  |        |      |   |
| 5      | Payment or   | $\Box$ | None |   |
|        | honoraria for  |        |      |   |
|        | lectures,  |        |      |   |
|        | presentations,   |        |      |   |
|        | speakers bureaus,  |        |      |   |
|        | manuscript   |        |      |   |
|        | writing or<br>educational                                    |        |      |   |
|        | events   |        |      |   |
|        |  |        |      |   |
|        | Payment for  | $\Box$ | None |   |
|        | expert testimony   |        |      |   |
|        |  |        |      | Г |
|        |  |        |      |   |
|        |  |        |      |   |
|        |  |        |      |   |
|        |  |        |      |   |
|        |  |        |      |   |
| 7      | Support for  | $\Box$ | None |   |
|        | attending  |        |      |   |
|        | meetings and/or<br>travel                                    |        |      | T |
|        | travei   |        |      |   |
|        |  |        |      |   |
|        |  |        |      |   |
|        |  |        |      |   |
| _      |  |        |      |   |
|        | Patents planned,   | $\Box$ | None |   |
|        | issued or pending  |        |      |   |
|        |  |        |      | T |
|        |  |        |      |   |
|        |  |        |      |   |
|        |  |        |      |   |
|        |  |        |      |   |
|        |  |        |      |   |
| 9      | Participation on a   |        | None |   |
|        | Data Safety  |        |      |   |
|        | Monitoring   |        |      |   |
|        | Board or   |        |      |   |
|        | Advisory Board   |        |      |   |
|        |  |        |      |   |
|        |  |        |      |   |
|        |  |        |      |   |
| 10     | Leadership or  |        | None |   |
| 212/12 | fiduciary role in<br>/2021ICMJE Disclosure F<br>other board, | hrm    |      |   |
|        |  | 7111   |      | , |
|        | society,   |        |      |   |
| 1      |  |        |      |   |

|     | committee or                            |             |  |  |   |
|-----|---|-------------|--|--|---|
|     | advocacy group,                         |             |  |  |   |
|     | paid or unpaid                          |             |  |  |   |
|     |   |             |  |  |   |
| 11  | Stock or stock options                  | ⊟           | None                                       |  |   |
|     |   |             |  |  |   |
|     |   |             |  |  |   |
|     |   |             |  |  |   |
|     |   |             |  |  |   |
| 12  | Receipt of equipment, materials, drugs, | <del></del> | None                                       |  |   |
|     | medical writing,                        |             |  |  |   |
|     | gifts or other<br>services              |             |  |  |   |
|     |   |             |  |  |   |
| 13  | Other financial or non-financial        | ×           | None                                       |  |   |
|     | interests                               |             |  |  |   |
|     |   |             |  |  |   |
|     |   |             |  |  |   |
|     |   |             |  |  |   |
|     |   |             |  |  |   |
| Ple |   |             | t to the following statement to indicate y |  |   |
| .,  |   | ve a        | inswered every question and have not alt   | tered the wording of any of the questions or | 1 |
| Х   | this form.                              |             |  |  |   |

| Date:                         | 4/12/2022   |
|-------------------------------|---|
| Your Name:                    | Emanuela Taioli   |
| Manuscript Title:             | Shift in lung cancer stage at diagnosis during the COVID-19 pandemic in New York City |
| Manuscript Number (if known): | TLCR-22-191   |

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

|   |   |  | e all entities with whom you have this ionship 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 initial planning of the work  |  |  |   |  |  |
|   | 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. |  | None  Time frame, seet 26 months   | Click the tab key to add additional rows.   |  |  |
|   |   |  | Time frame: past 36 month  | S   |  |  |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |  | None   |   |  |  |
| 3 | Royalties or<br>licenses  |  | None   |   |  |  |

|    |  | 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) |
|----|--|---|
| 4  | Consulting fees  | None None   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None   |
| 6  | Payment for expert testimony   | None  |
| 7  | Support for attending meetings and/or travel   | None  |
| 8  | Patents planned,<br>issued or<br>pending   | None  |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None None   |

|  |   |  | e all entities with whom you have this ionship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |  |
|--|---|--|--|---|--|
| 11   | Stock or stock<br>options   |  | None   |   |  |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services |  | None   |   |  |
| 13   | Other financial or<br>non-financial<br>interests  |  | None   |   |  |
| 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. |   |  |  |   |  |

3 12/13/2021 ICMJE Disclosure Form