

#### Instructions

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Section 1.	Identifying Inform	nation	
1. Given Name (Fi Chung Yin	rst Name)	2. Surname (Last Name) Kong	3. Date 27-November-2013
4. Are you the cor	responding author?	Yes 🖌 No Corresponding	Author's Name
5. Manuscript Title Benefits and har Task Force		creening strategies: a comparative modeli	ng study for the U.S. Preventive Services
6. Manuscript Ider M13-2316	ntifying Number (if you k	now it)	

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🖌 No

Are there any relevant conflicts of interest?		Yes
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Are there any relevant conflicts of interest?		Yes	$\checkmark$	No
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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	ΓY	′es	✓ No	
	1 1		•	



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Dr. Kong has nothing to disclose.

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4. Are you the cor	responding author?	Yes	✓ No	Corresponding Author's Na Harry DeKoning	me
5. Manuscript Title	e				

Benefits and harms of computed tomography lung cancer screening programs for high risk populations using evidence from the two largest randomized controlled trials on lung cancer screening; analyses initiated to inform the U.S. Preventive

6. Manuscript Identifying Number (if you know it)

M13-2316

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Are there any relevant conflicts of interest? Yes

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5 Manuscript Titl	٩				

5. Manuscript Litle

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Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? Yes 🖌 No

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



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Dr. Jeon has nothing to disclose.

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1. Given Name (Fin Harry	rst Name)	2. Surname (Last Name) de Koning	3. Date 28-November-2013
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Benefits and har		eening; modeling strategies for the U.S.	Preventive Services Task Force

6. Manuscript Identifying Number (if you know it)

M13-2316

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Are there any relevant conflicts of interest?  $\checkmark$  Yes  $\square$  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 <mark>?</mark>	Other?	Comments	
National Cancer Institute / National Institutes of Health	✓				Report based on research conducted by the National Cancer Institute's Cancer Intervention and Surveillance Modeling Network (CISNET) through support from Interagency Agreement with the Agency for Healthcare Research and Quality (AHRQ), Rockville, MD (Administrative Supplement to U01 CA152956)	
The Agency for Healthcare Research and Quality, Rockville	$\checkmark$					

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If yes, please fill out the appropriate information below.



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Sunnybrook Health Sciences, Toronto, Canada	$\checkmark$				Project name:Health technology assessment for CT lung screening including MISCAN modelling of outcomes and cost-effectiveness	

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Dr. de Koning reports grants from National Cancer Institute / National Institutes of Health, grants from The Agency for Healthcare Research and Quality, Rockville, during the conduct of the study; grants from Sunnybrook Health Sciences, Toronto, Canada, outside the submitted work; .



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Are there any relevant conflicts of interest?		Yes	$\checkmark$	1
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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



Section 1.	Identifying Infor	mation		
1. Given Name (Fi William	rst Name)	2. Surname (Last Name) Hazelton	3. Date 30-November-2013	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Harry J. Koning de	
5. Manuscript Title Benefits and har Task Force		screening strategies: a con	nparative modeling study for the U.S. Preventive Services	
6. Manuscript Ider M13-2316	ntifying 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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
---	--	-----

# Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest?		Yes	$\checkmark$	1
---	--	-----	--------------	---

## 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

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## Section 6. Disclosure Statement

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Dr. Hazelton has nothing to disclose.

#### **Evaluation and Feedback**



#### 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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Section 1.	Identifying Infor	mation			
1. Given Name (F Christine	irst Name)	2. Surnar Berg	ne (Last Name)		3. Date 02-December-2013
4. Are you the co	rresponding author?	Yes	✓ No	Corresponding Author's H. J. De Koning	Name

5. Manuscript Title

Benefits and harms of computed tomography lung cancer screening programs for high risk populations using evidence from the two largest randomized controlled trials on lung cancer screening; analyses initiated to inform the U.S. Preventive

6. Manuscript Identifying Number (if you know it)

M13-2316

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✓ No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest?  $\checkmark$  Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Roche Diagnostics Advisory Board meeting			$\checkmark$		Two day meeting March 2012	
Terry Fox Research Institute Lung Cancer Screening Advisory Board			$\checkmark$			

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

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## Section 6. Disclosure Statement

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Dr. Berg reports non-financial support from Roche Diagnostics Advisory Board meeting, non-financial support from Terry Fox Research Institute Lung Cancer Screening Advisory Board, outside the submitted work; .

#### **Evaluation and Feedback**



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Section 1.	Identifying Inform	ation	
1. Given Name (Fii Sung Eun	rst Name)	2. Surname (Last Name) Choi	3. Date 03-December-2013
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name HJ de Koning
5. Manuscript Title Benefits and harr Task Force		reening strategies. A cor	mparative modeling study for the U.S. Preventive Services
6. Manuscript Ider	ntifying Number (if you kr	low it)	
			—

## Section 2. The Work Under Consideration for Publication

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✓ No

Are there any relevant conflicts of interest? Yes

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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. Choi has nothing to disclose.

#### **Evaluation and Feedback**



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Section 1.	Identifying Infor	mation	
1. Given Name (Fin William	rst Name)	2. Surname (Last Name) Black	3. Date 27-November-2013
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Harry J de Koning, MD PhD

5. Manuscript Title

Benefits and harms of computed tomography lung cancer screening programs for high risk populations using evidence from the two largest randomized controlled trials on lung cancer screening; analyses initiated to inform the U.S. Preventive

6. Manuscript Identifying Number (if you know it)

M13-2316

#### 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? No ✓ Yes

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 <mark>?</mark>	Other?	Comments	
National Institutes of Health	$\checkmark$				Consulting contract	

#### 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



## Section 5. Relationships not covered above

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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. Black reports grants from National Institutes of Health, during the conduct of the study; .

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Section 1.	Identifying Infor	mation		
1. Given Name (F Martin	irst Name)	2. Surname (Last Name) Tammemagi		3. Effective Date (07-August-2008) 16-December-2013
4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Na Dr. Harry de Koning	ime
	rms of computed tom	ography lung cancer scree trolled trials on lung cance	5. 5	populations using evidence

6. Manuscript Identifying Number (if you know it)

M13-2316

# Section 2. The Work Under Consideration for Publication

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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	$\checkmark$					×	
						ADD	
2. Consulting fee or honorarium	$\checkmark$					×	
						ADD	
3. Support for travel to meetings for the study or other purposes	$\checkmark$					×	
						ADD	
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	$\checkmark$					×	
						ADD	
5. Payment for writing or reviewing the manuscript	$\checkmark$					×	
						ADD	
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	$\checkmark$					×	



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	$\checkmark$					×	
						ADD	

\* This means money that your institution received for your efforts on this study.

\*\* Use this section to provide any needed explanation.

## Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	$\checkmark$					×	
						ADD	
2. Consultancy	$\checkmark$					×	
						ADD	
3. Employment	$\checkmark$					×	
						ADD	
4. Expert testimony	$\checkmark$					×	
						ADD	
5. Grants/grants pending	$\checkmark$					×	
						ADD	
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	$\checkmark$					×	
						ADD	
7. Payment for manuscript preparation	$\checkmark$					×	



Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
						ADD		
<ol> <li>Patents (planned, pending or issued)</li> </ol>	$\checkmark$					×		
						ADD		
9. Royalties	$\checkmark$					×		
						ADD		
10. Payment for development of educational presentations	$\checkmark$					×		
						ADD		
11. Stock/stock options	$\checkmark$					×		
						ADD		
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	$\checkmark$					×		
						ADD		
13. Other (err on the side of full disclosure)	$\checkmark$					×		
						ADD		

\* This means money that your institution received for your efforts.

\*\* For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

#### Section 4.

Other relationships

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Hide All Table Rows Checked 'No'

SAVE



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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Eric	rst Name)	2. Surname (Last Name) Feuer	3. Effective Date (07-August-2008) 16-February-2011
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Harry de Koning, Ph.D.
5. Manuscript Title Benefits and har Task Force		screening strategies. A co	mparative modeling study for the U.S. Preventive Services
6 Manuscript Ide	ntifving Number (if you	know it)	

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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	$\checkmark$					×		
						ADD		
2. Consulting fee or honorarium	$\checkmark$					×		
						ADD		
3. Support for travel to meetings for the study or other purposes	$\checkmark$					×		
						ADD		
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	$\checkmark$					×		
						ADD		
5. Payment for writing or reviewing the manuscript	$\checkmark$					×		
						ADD		
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	$\checkmark$					×		



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	$\checkmark$					×	
						ADD	

\* This means money that your institution received for your efforts on this study.

\*\* Use this section to provide any needed explanation.

## 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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	$\checkmark$					×	
						ADD	
2. Consultancy	$\checkmark$					×	
						ADD	
3. Employment	$\checkmark$					×	
						ADD	
4. Expert testimony	$\checkmark$					×	
						ADD	
5. Grants/grants pending	$\checkmark$					×	
						ADD	
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	$\checkmark$					×	
						ADD	
7. Payment for manuscript preparation	$\checkmark$					×	



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
						ADD	
<ol> <li>Patents (planned, pending or issued)</li> </ol>	$\checkmark$					×	
						ADD	
9. Royalties	$\checkmark$					×	
						ADD	
10. Payment for development of educational presentations	$\checkmark$					×	
						ADD	
11. Stock/stock options	$\checkmark$					×	
						ADD	
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	$\checkmark$					×	
						ADD	
13. Other (err on the side of full disclosure)	$\checkmark$					×	
						ADD	

\* This means money that your institution received for your efforts.

\*\* For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

#### Section 4.

Other relationships

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?

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

Yes, the following relationships/conditions/circumstances are present (explain below):

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Hide All Table Rows Checked 'No'

SAVE



**Evaluation and Feedback** 



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Section 1.	Identifying Infor	mation		
1. Given Name (Fin Vidit	rst Name)	2. Surname (Last Name) Munshi		3. Date 09-December-2013
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Na Harry J de Koning	ame

5. Manuscript Title

Benefits and harms of computed tomography lung cancer screening programs for high risk populations using evidence from the two largest randomized controlled trials on lung cancer screening; analyses initiated to inform the U.S. Preventive

6. Manuscript Identifying Number (if you know it)

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🖌 No

Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	$\checkmark$	
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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\;[$	Yes	🖌 No	
bo you have any patents, whether planned, penaing of issued, broadly relevant to the work.	1.05		



## Section 5. Relationships not covered above

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Amy	rst Name)	2. Surname (Last Nan Berrington de Gonz	
4. Are you the corresponding author? Yes 🖌		Yes 🖌 No	Corresponding Author's Name Koning
5. Manuscript Title Benefits and har Task Force.		screening strategies: a	comparative modeling study for the U.S. Preventive Services
6. Manuscript Ide M13-2316	ntifying Number (if you l	know it)	

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🖌 No

Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	$\checkmark$	1
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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether pla	ned, pending or issued, broad	v relevant to the work?	Yes	🖌 No



## Section 5. Relationships not covered above

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Dr. Berrington de Gonzalez has nothing to disclose.

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Section 1.	Identifying Infor	mation			
1. Given Name (Fi SAADET AYCA	rst Name)	2. Surnar ERDOGA	ne (Last Name) N		3. Date 27-November-2013
4. Are you the cor	responding author?	Yes	✓ No	Corresponding Author's Na Harry J. de Koning	ime
5. Manuscript Title	e				

Benefits and harms of computed tomography lung cancer screening programs for high risk populations using evidence from the two largest randomized controlled trials on lung cancer screening; analyses initiated to inform the U.S. Preventive

6. Manuscript Identifying Number (if you know it)

M13-2316

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🖌 No

Are there any relevant conflicts of interest?		Yes	
---	--	-----	--

#### 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



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Dr. ERDOGAN has nothing to disclose.

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Section 1.	Identifying Infor	mation	
1. Given Name (F Kevin	rst Name)	2. Surname (Last Name ten Haaf	3. Date 29-November-2013
4. Are you the co	responding author?	Yes 🖌 No	Corresponding Author's Name Harry de Koning
5. Manuscript Titl Benefits and haı Task Force		screening strategies: a cc	mparative modeling study for the U.S. Preventive Services
6. Manuscript Ide	ntifying Number (if you	(now it)	

M13-2316

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Are there any relevant conflicts of interest?  $\checkmark$  Yes  $\square$  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 <mark>?</mark>	Other?	Comments	
National Cancer Institute / National Institutes of Health	✓				Report based on research conducted by the National Cancer Institute's Cancer Intervention and Surveillance Modeling Network (CISNET) through support from Interagency Agreement with the Agency for Healthcare Research and Quality (AHRQ), Rockville, MD (Administrative Supplement to U01 CA152956)	
The Agency for Healthcare Research and Quality, Rockville	$\checkmark$					

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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 <b>?</b>	Non-Financial Support?	Other?	Comments	
Sunnybrook Health Sciences, Toronto, Canada	$\checkmark$				Project name:Health technology assessment for CT lung screening including MISCAN modelling of outcomes and cost-effectiveness	
NELSON-Netherlands-Leuven Lung Cancer Screening	✓		<		supported by: 'Zorg Onderzoek Nederland-Medische Wetenschappen'(ZonMw), 'KWF Kankerbestrijding', 'Stichting Centraal Fonds Reserves van Voormalig Vrijwillige Ziekenfondsverzekeringen' (RVVZ). Roche Diagnostics provided a grant for the performance of proteomics- research. Siemens Germany provided 4 digital workstations and LungCARE for the performance of 3D measurements. Roche Diagnostics Medical Advisory Board (Erasmus MC, Dept of Public Health received € 1500).	

## 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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Mr. ten Haaf reports grants from National Cancer Institute / National Institutes of Health, grants from The Agency for Healthcare Research and Quality, Rockville, during the conduct of the study; grants from Sunnybrook Health Sciences, Toronto, Canada, grants and non-financial support from NELSON-Netherlands-Leuven Lung Cancer Screening, 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.

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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 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



Section 1.	Identifying Infor	mation	
1. Given Name (Fi Pamela	rst Name)	2. Surname (Last Name) McMahon	3. Date 29-November-2013
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Harry de Koning
5. Manuscript Title Benefits and har Task Force.		screening strategies: a co	mparative modeling study for the U.S. Preventive Services
6. Manuscript Ide M13-2316	ntifying 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?  $\checkmark$  Yes  $\square$  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 <mark>?</mark>	Other?	Comments	
AHRQ, to MGH	$\checkmark$				Administrative Supplement to U01 CA152956	
NCI, to MGH	$\checkmark$				U01 CA152956	

## 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

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?

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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. McMahon reports grants from AHRQ, to MGH, grants from NCI, to MGH, during the conduct of the study; .

#### **Evaluation and Feedback**



#### Instructions

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Section 1.	Identifying Infor	mation			
1. Given Name (F Summer	irst Name)	2. Surnam Han	ne (Last Name)		3. Date 18-December-2013
4. Are you the co	rresponding author?	Yes	✓ No	Corresponding Author's Harry de Koning	Name

5. Manuscript Title

Benefits and harms of computed tomography lung cancer screening programs for high risk populations using evidence from the two largest randomized controlled trials on lung cancer screening; analyses initiated to inform the U.S. Preventive

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.)?

No

# Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest?		Yes	$\checkmark$	
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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	$\checkmark$	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):

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#### 1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

#### 2. The work under consideration for publication.

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### Other relationships.

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.



Section 1. Id	entifying Infor	mation			
1. Given Name (First Na Sylvia	ame)	2. Surnaı Plevritis	me (Last Name)		3. Effective Date (07-August-2008) 26-December-2013
4. Are you the correspo	onding author?	Yes	Vo No	Corresponding Author's Na Harry de Koning, MD	ame
5. Manuscript Title Benefits and harms c	of Computed Tom	ography lui	ng cancer scre	ening programs for high risl	k populations

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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant			$\checkmark$	NIH 5U01CA152956		×			
						ADD			
2. Consulting fee or honorarium	$\checkmark$					×			
						ADD			
3. Support for travel to meetings for the study or other purposes			$\checkmark$	NIH 5U01CA152956		×			
						ADD			
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	$\checkmark$					×			
						ADD			
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	$\checkmark$					×			
						ADD			
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	$\checkmark$					×			



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
						ADD		
7. Other	$\checkmark$					×		
						ADD		

\* This means money that your institution received for your efforts on this study.

\*\* Use this section to provide any needed explanation.

## Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	$\checkmark$					×
						ADD
2. Consultancy	$\checkmark$					×
						ADD
3. Employment	$\checkmark$					×
						ADD
4. Expert testimony	$\checkmark$					×
						ADD
5. Grants/grants pending			$\checkmark$	NIH 5U01CA152956		×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	$\checkmark$					×
						ADD
7. Payment for manuscript preparation	$\checkmark$					×



Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol> <li>Patents (planned, pending or issued)</li> </ol>	$\checkmark$					×
						ADD
9. Royalties	$\checkmark$					×
						ADD
10. Payment for development of educational presentations	$\checkmark$					×
						ADD
11. Stock/stock options	$\checkmark$					×
						ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	$\checkmark$					×
						ADD
13. Other (err on the side of full disclosure)	$\checkmark$					×
						ADD

\* This means money that your institution received for your efforts.

\*\* For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

#### Section 4.

Other relationships

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Hide All Table Rows Checked 'No'

SAVE



**Evaluation and Feedback** 



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Section 1.	Identifying Infor	mation	
1. Given Name (Fir Rafael	st Name)	2. Surname (Last Name) Meza	3. Date 30-November-2013
4. Are you the corr	esponding author?	Yes 🖌 No	Corresponding Author's Name Harry de Koning
5. Manuscript Title Benefits and harı Task Force		screening strategies. A co	mparative modeling study for the U.S. Preventive Services
6. Manuscript Ider M13-2316	tifying Number (if you l	know it)	

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🖌 No

Are there any relevant conflicts of interest?	Yes
---	-----

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No

Are there any relevant conflicts of interest?		Yes	$\checkmark$	1
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## Section 4. Intellectual Property -- Patents & Copyrights

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



## Section 5. Relationships not covered above

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Dr. Meza has nothing to disclose.

#### **Evaluation and Feedback**