

## 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.

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#### 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.

#### Definitions.

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Josh

2. Surname (Last Name)

Ostrenga

3. Date

27-January-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Exploring the 10-year gap in median age of survival between Canadian and American cystic fibrosis patients

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

### 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 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 1. Identifying Information

1. Given Name (First Name)  
Alex

2. Surname (Last Name)

3. Date

4. Are you the corresponding author?

Yes  No

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.)?

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|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Bradley  | 2. Surname (Last Name)<br>Quon                                      | 3. Date<br>28-January-2017                   |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Stephenson AL |
| 5. Manuscript Title<br>Exploring the 10-year gap in median age of survival between Canadian and American cystic fibrosis patients: a population-based cohort study |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>M16-0858  |   |  |

### 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.)?

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Dr. Quon is supported by a CF Canada Clinician-Scientist Award but CF Canada played no role in the study design or preparation of this manuscript.

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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.

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### Section 1. Identifying Information

|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>Christopher  | 2. Surname (Last Name)<br>Goss                                      | 3. Effective Date (07-August-2008)<br>28-January-2017 |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Dr. Ann Stephenson     |
| 5. Manuscript Title<br>Exploring the 10-year gap in median age of survival between Canadian and American cystic fibrosis patients: a population-based cohort study |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>M16-0858  |   |   |

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#### The Work Under Consideration for Publication

| Type  | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
|---|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| 1. Grant  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 2. Consulting fee or honorarium   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 3. Support for travel to meetings for the study or other purposes   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 5. Payment for writing or reviewing the manuscript  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |

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| The Work Under Consideration for Publication |                                     |                          |                            |                |            |     |
|--|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type   | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
|  |                                     |                          |                            |                |            | ADD |
| 7. Other                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|  |                                     |                          |                            |                |            | ADD |

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

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

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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                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | KaloBios Pharmaceuticals                  | Fee donated to CF Clinical Research   | X   |
| 1. Board membership                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Boehringer Ingelheim Pharma GmbH & Co. KG | Attended a meeting related to a novel product program for CF  | X   |
|  |                                     |                                     |                                     |   |   | ADD |
| 2. Consultancy   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Vertex Pharmaceuticals                    | Consulting on the development of a novel patient reported outcome measure   | X   |
| 2. Consultancy   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Novartis                                  | Serve as a DSMB Chair for a combined European Union and Novartis supported clinical trial and receive an honorarium for this activity | X   |
|  |                                     |                                     |                                     |   |   | ADD |
| 3. Employment  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |   |   | X   |

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| Type of Relationship (in alphabetical order)                  | No                                  | Money Paid to You                   | Money to Your Institution*          | Entity                           | Comments  |            |
|   |                                     |                                     |                                     |                                  |   | <b>ADD</b> |
| 4. Expert testimony   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                  |   | <b>X</b>   |
|   |                                     |                                     |                                     |                                  |   | <b>ADD</b> |
| 5. Grants/grants pending                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Vertex Pharmaceuticals           | Grant to perform analysis using multiple existing data sets and a grant to study a chronic Pseudomonas eradication protocol                           | <b>X</b>   |
| 5. Grants/grants pending                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Cystic Fibrosis Foundation       | Grants to conduct clinical trials in MRSA eradication, home monitoring and use of IV Gallium all in CF. Grant to Chair CFF Patient Registry Committee | <b>X</b>   |
| 5. Grants/grants pending                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | NIH                              | Grant to conduct clinical trials in home monitoring in CF   | <b>X</b>   |
| 5. Grants/grants pending                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | FDA                              | Grant to conduct a clinical trial involving the use of IV Gallium in CF   | <b>X</b>   |
|   |                                     |                                     |                                     |                                  |   | <b>ADD</b> |
| 6. Payment for lectures including service on speakers bureaus | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | F. Hoffmann-La Roche Ltd         | Honoraria for preparing and giving symposium Talk   | <b>X</b>   |
| 6. Payment for lectures including service on speakers bureaus | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Johns Hopkins University         | Honoraria for preparing and giving CME talks  | <b>X</b>   |
| 6. Payment for lectures including service on speakers bureaus | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | European Cystic Fibrosis Society | Honoraria for preparing and giving CME talk   | <b>X</b>   |
| 6. Payment for lectures including service on speakers bureaus | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | MedScope                         | Honoraria for commentary on NACFC and European CF Society abstracts   | <b>X</b>   |
|   |                                     |                                     |                                     |                                  |   | <b>ADD</b> |
| 7. Payment for manuscript preparation                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                  |   | <b>X</b>   |
|   |                                     |                                     |                                     |                                  |   | <b>ADD</b> |
| 8. Patents (planned, pending or issued)                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                  |   | <b>X</b>   |

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|---|-------------------------------------|-------------------------------------|--------------------------|-----------------|--|------------|
|   |                                     |                                     |                          |                 |  | <b>ADD</b> |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                 |  | <b>X</b>   |
|   |                                     |                                     |                          |                 |  | <b>ADD</b> |
| 10. Payment for development of educational presentations                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                 |  | <b>X</b>   |
|   |                                     |                                     |                          |                 |  | <b>ADD</b> |
| 11. Stock/stock options   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                 |  | <b>X</b>   |
|   |                                     |                                     |                          |                 |  | <b>ADD</b> |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                 |  | <b>X</b>   |
|   |                                     |                                     |                          |                 |  | <b>ADD</b> |
| 13. Other (err on the side of full disclosure)                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Gilead Sciences | Given honorarium to participate in Giliad Scientific Scholars Grant Review Panel | <b>X</b>   |
|   |                                     |                                     |                          |                 |  | <b>ADD</b> |

\* 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):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

**Hide All Table Rows Checked 'No'**

**SAVE**

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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#### Definitions.

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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)  
Jenna

2. Surname (Last Name)  
Sykes

3. Date  
30-January-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Anne L. Stephenson

5. Manuscript Title  
Exploring the 10-year gap in median age of survival between Canadian and American cystic fibrosis patients: a population-based cohort study

6. Manuscript Identifying Number (if you know it)  
M16-0858

### 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 |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| Cystic Fibrosis Foundation  | <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

### 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

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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.

Ms. Sykes reports grants from Cystic Fibrosis Foundation, during the conduct of the study; .

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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)

Aliza

2. Surname (Last Name)

Fink

3. Date

02-February-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Anne Stephenson

5. Manuscript Title

Exploring the 10-year gap in median age of survival between Canadian and American cystic fibrosis patients: a population-based study

6. Manuscript Identifying Number (if you know it)

M16-0858

### 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

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

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### 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. Fink has nothing to disclose.

### Evaluation and Feedback

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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) Anne      2. Surname (Last Name) Stephenson      3. Date 27-January-2017

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Exploring the 10-year gap in median age of survival between Canadian and American cystic fibrosis patients: a population-based cohort study

6. Manuscript Identifying Number (if you know it)  
M16-0858

### 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  |
|-------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| US Cystic Fibrosis Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The US CFF provided grant money to conduct this study |

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

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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   |
|------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| Cystic Fibrosis Canada | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | As Medical Director of the Canadian Cystic Fibrosis Registry, I receive a stipend for my work overseeing the registry and producing the annual CF Report |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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

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Dr. Stephenson reports grants from US Cystic Fibrosis Foundation, during the conduct of the study; personal fees from Cystic Fibrosis Canada, outside the submitted work.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Sanja

2. Surname (Last Name)

Stanojevic

3. Date

30-January-2017

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Anne L Stephenson

5. Manuscript Title

Exploring the 10-year gap in median age of survival between Canadian and American cystic fibrosis patients: a population-based cohort study

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.

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

### Section 5. Relationships not covered above

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Dr. Stanojevic has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Identifying Information

1. Given Name (First Name)

Bruce

2. Surname (Last Name)

Marshall

3. Date

27-January-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Anne Stephenson

5. Manuscript Title

"Exploring the 10-year gap in median age of survival between Canadian and American cystic fibrosis patients: a population-based cohort study."

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

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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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### Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Marshall has nothing to disclose.

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

## 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.

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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**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 patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Kristofer   | 2. Surname (Last Name)<br>Petren                                    | 3. Date<br>03-February-2017                    |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Anne Stephenson |
| 5. Manuscript Title<br>Exploring the 10-year gap in median age of survival between Canadian and American cystic fibrosis patients: a population-based cohort study. |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>M16-0858   |   |  |

### 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

### 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

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### 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

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mr. Petren has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.