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.

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2. The work under consideration for publication.

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5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jadwiga

2. Surname (Last Name)  
   Wedzicha

3. Date  
   09-June-2016

4. Are you the corresponding author?  
   [ ] Yes  [x] No

5. Manuscript Title  
   Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Lung Disease 2017 Report: GOLD Executive Summary

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  [x] No

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[ ] Yes  [x] No

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<th>Name of Entity</th>
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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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**Section 6. Disclosure Statement**

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Dr. Wedzicha reports non-financial support from Novartis, during the conduct of the study; personal fees and non-financial support from Novartis, grants, personal fees and non-financial support from GlaxoSmithKline, personal fees from Pfizer, grants, personal fees and non-financial support from Takeda, personal fees and non-financial support from AstraZeneca, personal fees and non-financial support from Boehringer Ingelheim, grants and personal fees from Johnson and Johnson, grants and personal fees from Vifor Pharma, personal fees from Bayer, personal fees from Chiesi, personal fees from Napp, outside the submitted work;
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Evaluation and Feedback

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**Royalties:** Funds are coming in to you or your institution due to your patent

Celli
Section 1. Identifying Information

1. Given Name (First Name)  
   Bartolome

2. Surname (Last Name)  
   Celli

3. Date  
   26-January-2017

4. Are you the corresponding author?  
   Yes ☐  No ☑  
   Corresponding Author’s Name  
   Claus Vogelmeier

5. Manuscript Title  
   GOLD document

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 ☑

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   Yes ☑  No ☐

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Dr. Celli reports personal fees from Glaxo Smith Kline, personal fees from Boehringer Ingelheim, grants and personal fees from Astra Zeneca, personal fees from Medimmune, 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)  
   Alvar

2. Surname (Last Name)  
   Agusti

3. Date  
   27-January-2017

4. Are you the corresponding author?  
   Yes [ ]  No [x]

   Corresponding Author’s Name  
   Claus Vogelmeier

5. Manuscript Title  
   Global Initiative for the Diagnosis, Management and Prevention of Chronic Obstructive Lung Disease (GOLD) 2017 Report

6. Manuscript Identifying Number (if you know it)  
   not known

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Are there any relevant conflicts of interest?  
   Yes [ ]  No [x]

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Dr. Agusti reports grants and personal fees from Astra-Zeneca, grants and personal fees from GSK, grants from MSD, grants and personal fees from Menarini, personal fees from Novartis, personal fees from TEVA, personal fees from Chiesi, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name) Antonio
2. Surname (Last Name) Anzueto
3. Date 17-January-2017
4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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

Dr. Anzueto reports grants from GSK, personal fees from GSK, personal fees from AstraZeneca, personal fees from Novartis, personal fees from BI, outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   Barnes

3. Date  
   26-January-2017

4. Are you the corresponding author?  
   Yes ☐  No ☑

5. Manuscript Title  
   Global Initiative for the Diagnosis, Management and Prevention of Chronic Obstructive Lung Disease (GOLD) 2017 Report

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Are there any relevant conflicts of interest?  
   Yes ☐  No ☑

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   Yes ☑  No ☐

If yes, please fill out the appropriate information below.

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Dr. Barnes reports grants and personal fees from AstraZeneca, personal fees from Zambon, grants and personal fees from Boehringer Ingelheim, grants and personal fees from Chiesi, personal fees from Novartis, personal fees from GSK, 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) Jean
2. Surname (Last Name) Bourbeau
3. Date 27-January-2017
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title 2017 GOLD Executive Summary
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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Bourbeau reports grants from Research Chair COPD McGill University, grants from Research Institute of the McGill University Health Centre, grants from Research Chair COPD from GlaxoSmithKline, grants from CanCOLD consortium grant by Aerocrine, Almirall, AstraZeneca, Boehringer-Ingelheim, GlaxoSmithKline, Novartis, grants from Canadian Respiratory Research Network (CRRN) - Canadian Institute of Health Research (CIHR), outside the submitted work; .

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Criner
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Gerard

2. Surname (Last Name)  
   Criner

3. Date  
   26-January-2017

4. Are you the corresponding author?  
   Yes  [ ]  No  [x]

5. Manuscript Title  
   (Provide title of submitted work)

6. Manuscript Identifying Number (if you know it)
   (Provide manuscript number or code)

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

If you are a co-author of this manuscript, you are required to complete this form to disclose any potential conflicts of interest, including financial, non-financial, and 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 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

- [x] Yes
- [ ] No

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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

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**Corresponding Author’s Name**
Claus F. Vogelmeier

5. **Manuscript Title**
Global Initiative for the Diagnosis, Management and Prevention of Chronic Obstructive Lung Disease (GOLD) 2017 Report

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? ☑ 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? ☑ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Leonardo
2. Surname (Last Name) Fabbri
3. Date 18-January-2017
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.)?

Are there any relevant conflicts of interest? Yes ☐ No ☑

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes ☑ No ☐

If yes, please fill out the appropriate information below.

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Martinez
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Fernando
2. Surname (Last Name) Martinez
3. Date 30-January-2017
4. Are you the corresponding author? No ✔
5. Manuscript Title Serum Immunoglobulin G and Risk of Exacerbations and Hospitalizations in Chronic Obstructive Pulmonary Disease
6. Manuscript Identifying Number (if you know it) JACI-D-16-01358R2

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Are there any relevant conflicts of interest? Yes ✔ No

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Martinez
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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COPD CME program
COPD CME programs
ACO CME program
COPD CME presentations
COPD CME presentations

**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?

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Section 6. Disclosure Statement

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Dr. Martinez reports grants from NHLBI, during the conduct of the study; grants from National Institutes of Health, personal fees from Continuing Education, personal fees from Forest Laboratories, other from Janssen, personal fees from GlaxoSmithKline, personal fees from Nycomed/Takeda, personal fees from AstraZeneca, personal fees from Boehringer Ingelheim, personal fees from Bellerophon (formerly Ikaria), personal fees from Genentech, personal fees from Novartis, personal fees from Pearl, personal fees from Roche, personal fees from Sunovion, personal fees from Theravance, personal fees from CME Incite, personal fees from Annenberg Center for Health Sciences at Eisenhower, personal fees from Integritas, personal fees from InThought, personal fees from National Association for Continuing Education, personal fees from Paradigm Medical Communications, LLC, personal fees from PeerVoice, personal fees from UpToDate, personal fees from Haymarket Communications, personal fees from Western Society of Allergy and Immunology, from Proterixbio (formerly Bioscale), personal fees from Unity Biotechnology, personal fees from ConCert Pharmaceuticals, personal fees from Lucid, personal fees from Methodist Hospital, personal fees from Columbia University, personal fees from Prime Healthcare Ltd, personal fees from WebMD, personal fees from PeerView Network, personal fees from California Society of Allergy and Immunology, personal fees from Chiesi, personal fees from Puerto Rico Thoracic Society, outside the submitted work;

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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)          Peter
2. Surname (Last Name)             Frith
3. Date                              27-January-2017
4. Are you the corresponding author?  Yes ☐  No ☑
Corresponding Author’s Name
Claus F. Vogelmeier

5. Manuscript Title
Global Initiative for the Diagnosis, Management and Prevention of Chronic Obstructive Lung Disease (GOLD) 2017 Report

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 ☐
If yes, please fill out the appropriate information below.

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Frith
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Frith reports non-financial support and other from Lung Foundation Australia, personal fees and other from AstraZeneca, personal fees and other from Boehringer Ingelheim, personal fees and other from Menarini, personal fees and other from Novartis, personal fees and other from MundiPharma, personal fees and other from CSL-Behring, personal fees and other from GlaxoSmithKline, 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)  David
2. Surname (Last Name)  Halpin
3. Date

4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name  Claus Vogemeier

5. Manuscript Title
Global Initiative for the Diagnosis, Management and Prevention of Chronic Obstructive Lung Disease (GOLD) 2017 Report
Executive Summary

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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Dr. Halpin reports personal fees and non-financial support from AstraZeneca, personal fees and non-financial support from Boehringer Ingelheim, personal fees from GlaxoSmithKline, personal fees and non-financial support from Novartis, personal fees from Pfizer, personal fees from Chiesi, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
Nicolas

2. Surname (Last Name)  
Roche

3. Date  
25-January-2017

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author’s Name  
Francesco Blasi

5. Manuscript Title  
Pneumococcal vaccination and chronic respiratory diseases

6. Manuscript Identifying Number (if you know it)

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✔ Yes  ☐ 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?  ☐ 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

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. Roche reports personal fees from Pfizer, during the conduct of the study; grants and personal fees from Boehringer Ingelheim, grants and personal fees from Novartis, personal fees from Teva, personal fees from GSK, personal fees from AstraZeneca, personal fees from Chiesi, personal fees from Mundipharma, personal fees from Cipla, grants and personal fees from Pfizer, personal fees from Sanofi, personal fees from Sandoz, personal fees from 3M, personal fees from Zambon, 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)  
   Roberto

2. Surname (Last Name)  
   Rodriguez-Roisin

3. Date  
   30-January-2017

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Claus Vogelmeier

5. Manuscript Title  
   Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Lung Disease 2017 Report

6. Manuscript Identifying Number (if you know it)  
   ERJ-00214-2017

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.)?  
Yes

Are there any relevant conflicts of interest?  
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.

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Dr. RODRIGUEZ-ROISIN reports personal fees from AstraZeneca, personal fees from Boehringer Ingelheim, grants from Menarini, personal fees from Novartis, personal fees from Pearl Therapeutics, and personal fees from TEVA during the conduct writing this report, all related to COPD. He is member of the GOLD Board of Directors and of the Scientific Committee.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Rongchang

2. **Surname (Last Name)**
   - Chen

3. **Date**
   - 30-January-2017

4. **Are you the corresponding author?**
   - [ ] Yes   [X] No

   **Corresponding Author's Name**
   - Claus F. Vogelmeier

5. **Manuscript Title**
   - Global Initiative for the Diagnosis, Management and Prevention of Chronic Obstructive Lung Disease (GOLD) 2017 Report

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

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

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Chen
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Dr. Chen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Don
2. Surname (Last Name)  Sin
3. Date  25-January-2017
4. Are you the corresponding author?  Yes  ☑  No
   Corresponding Author’s Name  C. Volgelmeier
5. Manuscript Title
   Global Initiative for the Diagnosis, Management and Prevention of Chronic Obstructive Lung Disease (GOLD) 2017 Report
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I have served on AZ’s international COPD advisory board since 2013 and have received research funding for a study on the airway microbiota in COPD patients. I have received honoraria for speaking engagements and organizing inhaler education for general practitioners.
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<td>✔️</td>
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<td>I have received honorarium for organizing a scientific meeting to discuss asthma-COPD Overlap Syndrome in the American Thoracic Society meeting in Denver (May 2015) and received research funding for investigator-initiated study. I have also served on the COPD advisory board.</td>
</tr>
<tr>
<td>Merck Frosst</td>
<td>✔️</td>
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<td>I have received research funding from Merck for an investigator-initiated study to translate genetic signals to druggable targets.</td>
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<tr>
<td>Novartis</td>
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<td>✔️</td>
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<td>I received honorarium for serving on its COPD advisory board.</td>
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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   Dave

2. Surname (Last Name)  
   Singh

3. Date  
   17-January-2017

4. Are you the corresponding author?  
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   ✔ No

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   Claus Vogelmeier

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Stockley

3. Date  
   31-January-2017

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Claus Vogelmeier

5. Manuscript Title  
   Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Lung Disease 2017 Report

6. Manuscript Identifying Number (if you know it)  
   ERJ-00214-2017

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jørgen

2. Surname (Last Name)  
   Vestbo

3. Date  
   26-January-2017

4. Are you the corresponding author?  
   ☑ Yes   ☐ No

   Corresponding Author’s Name  
   Claus F Vogelmeier

5. Manuscript Title  
   Global Initiative for the Diagnosis, Management and Prevention of Chronic Obstructive Lung Disease (GOLD) 2017 Report

6. Manuscript Identifying Number (if you know it)  

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Are there any relevant conflicts of interest?  
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1. Given Name (First Name)  M. VICTORINA
2. Surname (Last Name)  LOPEZ VARELA
3. Date  17-January-2017
4. Are you the corresponding author?  ✔ Yes  ☐ No

5. Manuscript Title
Global Initiative for the Diagnosis, Management and Prevention of Chronic Obstructive Lung Disease (GOLD) 2017 Report

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Royalties: Funds are coming in to you or your institution due to your patent

Vogelmeier
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Claus
2. Surname (Last Name) Vogelmeier
3. Date 17-January-2017
4. Are you the corresponding author? ✓ Yes □ No

5. Manuscript Title
   Global Initiative for the Diagnosis, Management and Prevention of Chronic Obstructive Lung Disease (GOLD) 2017 Report - Executive Summary
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

If yes, please fill out the appropriate information below.

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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

**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.

Dr. Vogelmeier reports personal fees from Almirall, personal fees from AstraZeneca, personal fees from Boehringer Ingelheim, personal fees from Chiesi, grants and personal fees from GlaxoSmithKline, grants and personal fees from Grifols, personal fees from Mundipharma, personal fees from Novartis, personal fees from Takeda, personal fees from Cipla, personal fees from Berlin Chemie/Menarini, outside the submitted work; .

Vogelmeier
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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Masaharu

2. Surname (Last Name)  
Nishimura

3. Date  
02-February-2017

4. Are you the corresponding author?  

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Corresponding Author’s Name

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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.

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Evaluation and Feedback

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