Dat	e:	2/14/2023			
Pradep		Pradeep SIngh	Pradeep SIngh		
Manuscript Title:		Pharmacologic Improvement of CFTR Function but Lung Infections Generally Persist	Pharmacologic Improvement of CFTR Function Rapidly Decreases Sputum Pathogen Density but Lung Infections Generally Persist		
Ma	nuscript Number (if kno	wn): 167957-JCI-CMED-1	,		
con affe	tent of your manuscript ected by the content of t	ncy, we ask you to disclose all relationships/activities "Related" means any relation with for-profit or no- ne manuscript. Disclosure represents a commitmen doubt about whether to list a relationship/activity/	t-for-profit third parties whose interests may be at to transparency and does not necessarily		
epi	demiology of hypertensi	ctivities/interests should be defined broadly. For exon, you should declare all relationships with manufationed in the manuscript.	xample, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	tem #1 below, report all me for disclosure is the p	support for the work reported in this manuscript wi ast 36 months.	ithout time limit. For all other items, the time		
		ame all entities with whom you have this lationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	of the work		
1	All support for the present	□ None			
1	present manuscript (e.g.,	IIH Grants	Paid to institution		
1	present manuscript (e.g., funding, provision	1	Paid to institution		
1	present manuscript (e.g., funding, provision of study materials,	IIH Grants			
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1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	IIH Grants	Paid to institution		
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2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH Grants  F Foundation Grants	Paid to institution  Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH Grants  F Foundation Grants  Time frame: past 36 month	Paid to institution  Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	Time frame: past 36 month  None	Paid to institution  Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	Time frame: past 36 month  None  Vertex, INC (investigator initiated grant)	Paid to institution  Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	NIH Grants  F Foundation Grants  Time frame: past 36 month  None  Vertex, INC (investigator initiated grant)  Gilead, INC (investigator initiated grant)	Paid to institution  Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month  None  Vertex, INC (investigator initiated grant)	Paid to institution  Click the tab key to add additional rows.		
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2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	NIH Grants  F Foundation Grants  Time frame: past 36 month  None  Vertex, INC (investigator initiated grant)  Gilead, INC (investigator initiated grant)	Paid to institution  Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	NIH Grants  F Foundation Grants  Time frame: past 36 month  None  Vertex, INC (investigator initiated grant)  Gilead, INC (investigator initiated grant)	Paid to institution  Click the tab key to add additional rows.		

		Name all entities with whom you have this relationship or indicate none (add rows as needed) made	ifications/Comments (e.g., if payments were e to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None □	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
11	Stock or stock options	[⊠] None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None			
13	Other financial or non-financial interests	None			
Ple	Please place an "X" next to the following statement to indicate your agreement:				

2/14/2023

Your Name:			David Nichols		
Manuscript Title:			Pharmacologic Improvement of CFTR Function Rapidly Decreases Sputum Pathogen Density but Lung Infections Generally Persist		
Mai	nuscript Number (if kn	nown):	167957-JCI-CMED-1		
con	tent of your manuscrip	pt. "Rela f the ma	e ask you to disclose all relationships/activitie ated" means any relation with for-profit or no nuscript. Disclosure represents a commitmer t about whether to list a relationship/activity,	s/interests listed below that are related to the it-for-profit third parties whose interests may be it to transparency and does not necessarily /interest, it is preferable that you do so.	
epi	e author's relationships demiology of hyperten t medication is not me	nsion, yo	es/interests should be defined broadly. For e u should declare all relationships with manufa in the manuscript.	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report a me for disclosure is the			ithout time limit. For all other items, the time	
			Il entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	NIH Gr	rants Indation Grants	Paid to institution  Paid to institution  Click the tab key to add additional rows.	
			Time frame: past 36 month	ns	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[X] I	None		
3	Royalties or licenses		None		

Date:

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None	<b>₹</b>
		Peptilogics Nabriva Celtaxys	Consulting fees Consulting fees Consulting fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	[X] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	Image: square of the square o	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	Advisory Board participant
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[□] None	
Ple		xt to the following statement to indicate your agreement to answered every question and have not altered the wo	

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Date:			2/9/2023		
Your N	Name:		Pradeep Singh		
Manus	script Title:		Pharmacologic Improvement of CFTR Functions Lung Infections Generally Persist	on Rapidly Decreases Sputum Pathogen Density	
Manu	script Number (if kr	nown):	167957-JCI-CMED-1		
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epide that n	miology of hyperter nedication is not me	nsion, yo entioned	in the manuscript.	acturers of antinypertensive medication, even in	
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		Name a	ll entities with whom you have this aship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
r f c	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	NIH	Fibrosis Foundation	Click the tab key to add additional rows.	
		1	Time frame: past 36 mont	hs	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Verte	None  x Inc. Investigator-Initiated Research d Inc. Investigator-Initiated Research		
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		ame all entities with whom you have this lationship or indicate none (add rows as needed)  Specifications/Comme made to you or to you	ents (e.g., if payments were r institution)
4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel  Patents planned,	None     None	
	issued or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)			
11	Stock or stock options	[⊠] None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None				
13	Other financial or non-financial interests	[⊠] None				
Ple	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.					

			CIVISE DISCESSORE : C.		
Date:			2/9/2023		
Your Na	me:		Wendy Ni		
Manusci	ript Title:		Pharmacologic Improvement of CFTR Function Rapidly Decreases Sputum Pathogen Density but Lung Infections Generally Persist		
Manusc	ript Number (if kr	nown):	167957-JCI-CMED-1		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if				it to transparency and does not necessarily interest, it is preferable that you do so.	
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In item frame f	#1 below, report of disclosure is the	all suppo e past 36	ort for the work reported in this manuscript wis months.	ithout time limit. For all other items, the time	
		Name a	ll entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
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		f 1	Time frame: past 36 monti	15	
c a ii	Grants or contracts from any entity (if not ndicated in item #1 above).		None		
1	Royalties or licenses		None		
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11 Å V N.		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

	v v	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
11	Stock or stock options	[⊠] None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None			
13	Other financial or non-financial interests	None	ent:		
	the Control of the superiors on this form				

Date:			2/9/2023			
Your Name:			Kailee McGeer			
Manuscript Title:			Pharmacologic Improvement of CFTR Function Rapidly Decreases Sputum Pathogen Density but Lung Infections Generally Persist			
Manu	script Number (if k	nown):	167957-JCI-CMED-1	1		
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		Name a	ll entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if paym made to you or to your institution)	ients were	
			Time frame: Since the initial planning	of the work		
r f c	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		lone	Click the tab key to add additional rows.		
			Time frame: past 36 mont	S		
2	Grants or contracts from any entity (if not indicated in item #1 above).		None			
3	Royalties or licenses		None			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Image: square of the property o	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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Date:			2/9/2023			
Your Name:			Sarah Morgan			
Manu	script Title:		Pharmacologic Improvement of CFTR Function but Lung Infections Generally Persist	on Rapidly Decreases Sputum Pathogen Density	-	
Manu	script Number (if k	nown):	167957-JCI-CMED-1		-	
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In ite	m #1 below, report e for disclosure is th	all suppo ne past 36	ort for the work reported in this manuscript wi 5 months.	thout time limit. For all other items, the time		
		Name a	ll entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			Time frame: Since the initial planning	of the work		
i d	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		lone	Click the tab key to add additional rows.		
			Time frame: past 36 month	ns		
2	Grants or contracts from any entity (if not indicated in item #1 above).		None			
3	Royalties or licenses		None			
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	,

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
11	Stock or stock options	[⊠] None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None			
13	Other financial or non-financial interests	None			
Ple	Please place an "X" next to the following statement to indicate your agreement:  I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date: February 13 2023 Name: Steven M. Rowe

Manuscript Title: Pharmacologic improvement of CFTR function rapidly decreases sputum pathogen density but lung

infections generally persist

Manuscript number (if known): 167957-JCI-CMED-1\_

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)  I planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Vertex Pharmaceuţicals  Time frame: pas	Support for clinical trial conduct through University grants/contracts. For the role as Co-Chair of the Next Generation Steering Committee, ended 2022. Providing research product for investigator initiated research
		· · · · · · · · · · · · · · · · · · ·	
2	Grants or contracts from any entity (if not indicated	Novartis	Grant support for clinical trial conducted through University grants/contracts. Ended 2020.
	in item #1 above).		

	Т	ranslateBio	Grant support for clinical trial conducted through University grants/contracts. Ended 2022.
		Galapagos/Abbvie	Grant support for clinical trial conducted through University grants/contracts. Ended 2020/
	3	Synedgen/Synspira	Research grant through University grants/contracts
	<b> </b>	Eloxx	Research contract through University grants/contracts
	· ·	Vertex Pharmaceuticals	Support for clinical trial conduct through University grants/contracts
		Ionis	Research contract through University grants/contracts
		Astra Zenica	Research contract through University grants/contracts. Ended 2022.
-	Royalties or licenses	None	
	Consulting fees	Novartis	Consulting services on the design and conduct of clinical trials. Ended 2019.
		Galapagos/Abbvie	Consulting services on the design and conduct of clinical trials. Ended 2021.
		Synedgen/Synspira	Consulting services on the design and conduct of clinical trials including stock options. Ended 2022.
		Vertex Pharmaceuticals	Consulting services on the design and conduct of clinical trials. Ended 2022.
		Renovion	Consulting services on the design and conduct of clinica trials. Ended 2022.
		Ionis	Consulting services on the design and conduct of clinica trials. Ended 2020.
		Cystetic Medicines	Consulting services on the design and conduct of clinica trials. Ended 2022.
		Arcturus	Consulting services on the design and conduct of clinica trials. Ended 2021.
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Vertex Pharmaceuticals	Support for travel to attend meetings. Ended 2021.

A second second

$\perp$		V	Co-inventor on a patent submitted regarding
1		_X	the possible activity of chloride secretagogues
F	pending		for therapy of sinus disease (Provisional Patent
			Application Under 35 U.S.C. §111(b) and 37
			Application onder 33 0.0.0. § 111(b) and 31
			C.F.R. § 1.53(c) in the United States Patent
			and Trademark Office).
			Inventor of a patent on the use of µOCT
			towards the functional imaging of respiratory
			mucosa, including for the use of high-
			throughput screening, estimation of rheology,
			and functional anatomy (e.g. cilia beating,
			airway surface liquid depth, and mucociliary
			transport). "Methods, Systems, arrangements
			and Computer-Accessible Medium for
			Providing Micro-Optical Coherence
			Tomography Procedures." U.S. Patent
			Application No. 14/240,938; PCT Application
			No PCT/US2012/052553;
-			https://www.google.com/patents/WO20130290
			47A1?cl=en&dq=61/527,446&hl=en&sa=X&ei=
			4/A1/cl=en&uq=61/527,440&m=en&sa /x&s=
			ZJ4ZVO7alcHJggTMsIDIBg&ved=0CB0Q6AE wAA
			Co-inventor of a patent using structural-based
	}		mapping of the CFTR molecule to identify
			agents that modulate CFTR processing. Paten
			number pending.
	ŀ		Inventor of a patent to provide supernormal
			mucociliary clearance to combat human
	·		disease. PCT/US2013/032268 "Methods for
			Increasing CFTR Activity." National Phase
1			Entry (August 2014) – filed in US, Canada, EU
			and Australia (awaiting serial numbers for eac
			filing)
			Inventor of a patent to use a medicinal agent t
			treat nonsense mutations by translational
			readthrough PCT/US62/323,045 "Methods
			and compounds for stimulating Read-through
			of premature termination codons."
			Co-inventor on a patent "Potentiator-Corrector
			combinations useful in the treatment of cystic
			fibrosis." PCT15/288,249. Filed 7/10/16.
			USP201562239667.
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board  Leadership or fiduciary role	Vertex Pharmaceuticals	For the role as Co-Chair of the Next Generation Steeri
111	Legacistip of Hadday Fold	1	Committee, ended 2022

And the second s

	committee or advocacy group, paid or unpaid		Consulting services on the design and conduct of clinical
11	Stock or stock options	Synedgen/Synspira	trials including stock options.
		Renovion	Consulting services on the design and conduct of clinical trials including stock options.
12	Receipt of equipment, materials, drugs, medical	Vertex Pharmaceuticals	Providing research product for investigator initiated research
	writing, gifts or other services	Renovion	Providing research product for investigator initiated research
13	Other financial or non-		
13	financial interests	Galapagos/Abbvie	MTA agreements for investigator initiated and externally funded research efforts. Ended 2021.
		Synedgen/Synspira	MTA agreements for investigator initiated and externally funded research efforts
		Ionis	MTA agreements for investigator initiated and externally funded research efforts

Please place an "X" next to the following statement to indicate your agreement:

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

Date:		2/9/2023			
Your N	lame:	Anh Vo			
Manus	script Title:	Pharmacologic Improvement of CFTR Function Rapidly Decreases Sputum Pathogen Density but Lung Infections Generally Persist			
Manu	script Number (if knov	167957-JCI-CMED-1			
conte affect indica	nt of your manuscript. ed by the content of th te a bias. If you are in	ve ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily bt about whether to list a relationship/activity/interest, it is preferable that you do so.  ties/interests should be defined broadly. For example, if your manuscript pertains to the ou should declare all relationships with manufacturers of antihypertensive medication, even if			
epide that n	miology of hypertension nedication is not ment	d in the manuscript.			
		port for the work reported in this manuscript without time limit. For all other items, the time			
frame	e for disclosure is the p	36 months.			
	Na re	all entities with whom you have this onship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)			
		Time frame: Since the initial planning of the work			
1 /	All support for the	None			
F	present				
	manuscript (e.g.,				
1 1	of study materials,	Click the tab key to add additional rows.			
1	medical writing,				
1 1	article processing charges, etc.)				
	No time limit for				
	this item.				
		Time frame: past 36 months			
2	Grants or	None			
	contracts from any entity (if not				
	indicated in item				
	#1 above).				
3	Royalties or	None			
	licenses				

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	,
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	⊠  None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date	:		2/9/2023		
Your Name:			Lucas Hoffman		
Manuscript Title:			Pharmacologic Improvement of CFTR Function Rapidly Decreases Sputum Pathogen Density but Lung Infections Generally Persist		
Mar	uscript Number (if k	nown):	167957-JCI-CMED-1		
cont	ent of your manuscr	ipt. "Rel of the ma	e ask you to disclose all relationships/activitie ated" means any relation with for-profit or no anuscript. Disclosure represents a commitmer ot about whether to list a relationship/activity,	s/interests listed below that are related to the t-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so.	
epic	author's relationship lemiology of hyperte medication is not m	nsion, yo	ies/interests should be defined broadly. For e ou should declare all relationships with manufa d in the manuscript.	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
In it frar	em #1 below, report ne for disclosure is th	all suppo ne past 30	ort for the work reported in this manuscript w 6 months.	ithout time limit. For all other items, the time	
		Name a	all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning of the work		
1	All support for the	[ ] !	None		
1	present	f. 1			
1	present manuscript (e.g.,	NIH	None	To the institution  To the institution	
1	present manuscript (e.g., funding, provision	NIH		To the institution	
1	present manuscript (e.g.,	NIH	None	To the institution  To the institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	NIH	None	To the institution  To the institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	NIH	None	To the institution  To the institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH	None	To the institution  To the institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	NIH	undation	To the institution To the institution Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH CF Fo	undation  Time frame: past 36 mont	To the institution To the institution Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH CF Fo	undation	To the institution To the institution Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	NIH CF Fo	undation  Time frame: past 36 mont	To the institution To the institution Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH CF Fo	undation  Time frame: past 36 mont	To the institution To the institution Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	NIH CF Fo	undation  Time frame: past 36 mont	To the institution To the institution Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	NIH CF Fo	undation  Time frame: past 36 mont	To the institution To the institution Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or	NIH CF FO	undation  Time frame: past 36 mont	To the institution To the institution Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	NIH CF FO	undation  Time frame: past 36 mont  None	To the institution To the institution Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or	NIH CF FO	undation  Time frame: past 36 mont  None	To the institution To the institution Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or	NIH CF FO	undation  Time frame: past 36 mont  None	To the institution To the institution Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None   NIH   CFF	Payment to the institution Payment to the institution
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	None		
	Please place an "X" next to the following statement to indicate your agreement:			

2/9/2023

Michelle Skalland

Manuscript Title:			Pharmacologic Improvement of CFTR Functions Lung Infections Generally Persist	ion Rapidly Decreases Sputum Pathogen Density	
Manuscript Number (if known):		nown):	167957-JCI-CMED-1		
In the interest of transparency, we content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned.			rt for the work reported in this manuscript without time limit. For all other items, the time		
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	NIH Gr	one ants ndation Grants	Paid to institution Paid to institution Click the tab key to add additional rows.	
			Time frame: past 36 mont	hs	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[X] N	lone		
3	Royalties or licenses	⊠ <b>N</b>	lone		

Date:

Your Name:

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	□ None		
Ple	Please place an "X" next to the following statement to indicate your agreement:			

Date:	2/9/2023
Your Name:	Jill VanDalfsen
Manuscript Title:	Pharmacologic Improvement of CFTR Function Rapidly Decreases Sputum Pathogen Density but Lung Infections Generally Persist
Manuscript Number (if known):	167957-JCI-CMED-1

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

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

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	1.	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None     Non	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name relati	e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Ple	Please place an "X" next to the following statement to indicate your agreement:			

		CIVIDE DISCLOSSIVE FORMS
Date:		2/9/2023
Your Name:		JP Clancy
Manuscript Title:		Pharmacologic Improvement of CFTR Function Rapidly Decreases Sputum Pathogen Density but Lung Infections Generally Persist
Manu	script Number (if kno	vn): _167957-JCI-CMED-1
conte affect indica	ent of your manuscript ted by the content of t ate a bias. If you are ir	cy, we ask you to disclose all relationships/activities/interests listed below that are related to the "Related" means any relation with for-profit or not-for-profit third parties whose interests may be manuscript. Disclosure represents a commitment to transparency and does not necessarily doubt about whether to list a relationship/activity/interest, it is preferable that you do so.
epide that i	emiology of hypertensi medication is not men m #1 below, report all	ctivities/interests should be defined broadly. For example, if your manuscript pertains to the on, you should declare all relationships with manufacturers of antihypertensive medication, even if oned in the manuscript.  Support for the work reported in this manuscript without time limit. For all other items, the time
fram	e for disclosure is the p	ast 36 months.
	N	Ime all entities with whom you have this ationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of the work
1	All support for the	None
	present manuscript (e.g.,	The research in this manuscript was funded by CFF
	funding, provision	Click the tab key to add additional rows.
1 1	of study materials, [ medical writing,	
	article processing charges, etc.)	
	No time limit for	
	this item.	Time frame: past 36 months
	Cuantaga	None None
2	Grants or contracts from	A Notice
	any entity (if not indicated in item	
	#1 above).	
3	Royalties or	None     Non
	licenses	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	None		
Ple	Please place an "X" next to the following statement to indicate your agreement:			

					, comme
Date:			2/9/2023		
Your Name:			Sachinkumar Singh		
Manuscript Title:			Pharmacologic Improvement of CFTR Function Rapidly Decreases Sputum Pathogen Density but Lung Infections Generally Persist		
Manuso	cript Number (if kı	nown):	167957-JCI-CMED-1		
In the interest of transparency, we content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activite epidemiology of hypertension, you that medication is not mentioned.			nated" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity/es/interests should be defined broadly. For eushould declare all relationships with manufain the manuscript.	interest, it is preferable that you do so.	
		Name a	ll entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments wer made to you or to your institution)	е
			Time frame: Since the initial planning	of the work	
pr mi fu of m ar ch	I support for the resent anuscript (e.g., nding, provision study materials, edical writing, ticle processing parges, etc.) o time limit for his item.	N [X]	lone	Click the tab key to add additional rows.	
			Time frame: past 36 monti	ns	
i	Grants or contracts from any entity (if not indicated in item #1 above).		None d Sciences, Inc.	Investigator Sponsored Research, payments made to institution	
1 1	Royalties or licenses		None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Cystic Fibrosis Foundation	Member of Protocol Review Committee, payments made to me
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	Cystic Fibrosis Foundation	Travel/registration fee paid for NACFC – paid to institution
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Ple	•	kt to the following statement to indicate your agreem e answered every question and have not altered the w	

Date: Your Name: Manuscript Title:		2/9/2023			
		Sonya Heltshe	Sonya Heltshe  [Pharmacologic Improvement of CFTR Function Rapidly Decreases Sputum Pathogen Density but Lung Infections Generally Persist		
		Pharmacologic Improvement of CFTR Fur but Lung Infections Generally Persist			
Mar	uscript Number (if kn	wn): _167957-JCI-CMED-1			
cont affe indi	tent of your manuscrip cted by the content of cate a bias. If you are	<ul> <li>"Related" means any relation with for-profit or the manuscript. Disclosure represents a commitre n doubt about whether to list a relationship/active</li> </ul>	we ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily be about whether to list a relationship/activity/interest, it is preferable that you do so.  ties/interests should be defined broadly. For example, if your manuscript pertains to the ou should declare all relationships with manufacturers of antihypertensive medication, even if d in the manuscript.		
epic	lemiology of hyperten	activities/interests should be defined broadly. For ion, you should declare all relationships with man tioned in the manuscript.			
In it frar	em #1 below, report a ne for disclosure is the	I support for the work reported in this manuscrip past 36 months.	without time limit. For all other items, the time		
,,,,,		lame all entities with whom you have this elationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial plann	ng of the work		
	All aumort for the	None			
1	All support for the	□ None			
1	present		Paid to institution		
1	present manuscript (e.g.,	NIH Grants	Paid to institution Paid to institution		
1	present				
1	present manuscript (e.g., funding, provision of study materials, medical writing,	NIH Grants	Paid to institution		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	NIH Grants	Paid to institution		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	NIH Grants	Paid to institution		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	NIH Grants	Paid to institution		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH Grants	Paid to institution  Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH Grants CF Foundation Grants	Paid to institution  Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	NIH Grants  CF Foundation Grants  Time frame: past 36 mo	Paid to institution  Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	NIH Grants  CF Foundation Grants  Time frame: past 36 mo	Paid to institution  Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	NIH Grants  CF Foundation Grants  Time frame: past 36 mo	Paid to institution  Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	NIH Grants  CF Foundation Grants  Time frame: past 36 mo	Paid to institution  Click the tab key to add additional rows.		
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	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	NIH Grants  CF Foundation Grants  Time frame: past 36 mo	Paid to institution  Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or	NIH Grants  CF Foundation Grants  Time frame: past 36 mo	Paid to institution  Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or	NIH Grants  CF Foundation Grants  Time frame: past 36 mo	Paid to institution  Click the tab key to add additional rows.		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
11	Stock or stock options	[⊠] None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None			
13	Other financial or non-financial interests	□ None			
Ple	Please place an "X" next to the following statement to indicate your agreement:				

2/14/2023

Your Name:			David Nichols		
Manuscript Title:			Pharmacologic Improvement of CFTR Function Rapidly Decreases Sputum Pathogen Density but Lung Infections Generally Persist		
Man	uscript Number (if kı	nown):	167957-JCI-CMED-1		
In the interest of transparency, w content of your manuscript. "Relianted by the content of the ma			e ask you to disclose all relationships/activities ated" means any relation with for-profit or no nuscript. Disclosure represents a commitmer t about whether to list a relationship/activity/	s/interests listed below that are related to the t-for-profit third parties whose interests may be to transparency and does not necessarily interest, it is preferable that you do so.	
epid	author's relationship lemiology of hyperter medication is not me	nsion, yo	es/interests should be defined broadly. For e u should declare all relationships with manufa in the manuscript.	xample, if your manuscript pertains to the acturers of antihypertensive medication, even if	
In it fran	em #1 below, report ne for disclosure is th	all suppo e past 36	ort for the work reported in this manuscript wis months.	ithout time limit. For all other items, the time	
			ll entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	NIH G	undation Grants	Paid to institution Paid to institution Click the tab key to add additional rows.	
			Time frame: past 36 month	ns	
2	Grants or contracts from any entity (if not indicated in item #1 above).		None		
3	Royalties or licenses		None		

Date:

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
Consulting fees	□ None			
	Peptilogics	Consulting fees		
		Consulting fees		
		Consulting fees		
1				
Payment or honoraria for	None     ■			
1				
Payment for	[⊠] None			
expert testimony				
Support for attending	[⊠] None			
travel				
Patents planned,	[⊠] None			
issued or				
pending				
Participation on a Data Safety	□ None			
Monitoring	Vertex	Advisory Board participant		
Board or				
Advisory Board				
Leadership or fiduciary role in	[⊠] None			
other board,				
committee or				
advocacy group, paid or unpaid				
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group,	Consulting fees    None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Ple [⊠]	Please place an "X" next to the following statement to indicate your agreement:  I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

2/14/2023

Pradep			Pradeep SIngh			
Manuscript Title:			Pharmacologic Improvement of CFTR Function Rapidly Decreases Sputum Pathogen Density but Lung Infections Generally Persist			
Manuscript Number (if known):			167957-JCI-CMED-1			
cont	ent of your manuscri	pt. "Reli	e ask you to disclose all relationships/activities ated" means any relation with for-profit or not nuscript. Disclosure represents a commitmen t about whether to list a relationship/activity/	t to transparency and does not necessarily		
epid that	emiology of hyperter medication is not me	nsion, yo entioned	l in the manuscript.	ecturers of antinypertensive medication, even in		
In ite fran	em #1 below, report ne for disclosure is th	all suppo e past 30	ort for the work reported in this manuscript wi 5 months.	thout time limit. For all other items, the time		
		Name a	all entities with whom you have this aship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			Time frame: Since the initial planning	of the work		
1	All support for the present manuscript (e.g.,	NIH G	<b>None</b>	Paid to institution		
funding, provision of study materials, medical writing, article processing		CF Fo	undation Grants	Paid to institution  Click the tab key to add additional rows.		
	charges, etc.)  No time limit for					
	this item.		Time frame; post 26 month	36		
		[]	Time frame: past 36 month	13		
2	Grants or contracts from		None			
	any entity (if not Ve		ex, INC (investigator initiated grant) d, INC (investigator initiated grant)			
3	3 Royalties or licenses		None			

Date:

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None  None
6	Payment for expert testimony	None  None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None    Output
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None  None

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)	<b>a</b>
11	Stock or stock options	None  None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None  I I I I I I I I I I I I I I I I I I I	
13	Other financial or non-financial interests	None	
	Please place an "X" next to the following statement to indicate your agreement:		

		ICMJE DISCLOSURE FO	NIVI
Date:	1	2/9/2023	
Your	Name:	Pradeep Singh	
Manuscript Title:		Pharmacologic Improvement of CFTR Funct but Lung Infections Generally Persist	ion Rapidly Decreases Sputum Pathogen Density
Man	uscript Number (if kı	nown):167957-JCI-CMED-1	
affectindic	ent of your manuscrited by the content of ate a bias. If you are	rency, we ask you to disclose all relationships/activition pt. "Related" means any relation with for-profit or now fithe manuscript. Disclosure represents a commitmed in doubt about whether to list a relationship/activity s/activities/interests should be defined broadly. For a sion, you should declare all relationships with manusers.	ent to transparency and does not necessarily interest, it is preferable that you do so.  example, if your manuscript pertains to the
that	medication is not me	entioned in the manuscript.	
In ite	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript verset says.	without time limit. For all other items, the time
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	1	Time frame: Since the initial planning	g of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	NIH Cystic Fibrosis Foundation	Click the tab key to add additional rows.
	medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 mon	ths
2	Grants or contracts from	None Page 201	
	any entity (if not indicated in item #1 above).	Vertex Inc. Investigator-Initiated Research Gilead Inc. Investigator-Initiated Research	
3	Royalties or licenses	None	
		University of Iowa (gallium as an antimicrobial agent)	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None □	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Ple	Please place an "X" next to the following statement to indicate your agreement:		

Date:	2/9/2023	
Your Name:	Wendy Ni	
Manuscript Title:	Pharmacologic Improvement of CFTR Fue but Lung Infections Generally Persist	nction Rapidly Decreases Sputum Pathogen Density
Manuscript Number (if k	wn): _167957-JCI-CMED-1	
content of your manuscri affected by the content of indicate a bias. If you are The author's relationship epidemiology of hyperter that medication is not me	. "Related" means any relation with for-profit of the manuscript. Disclosure represents a commi- in doubt about whether to list a relationship/act activities/interests should be defined broadly. It ion, you should declare all relationships with ma tioned in the manuscript.  support for the work reported in this manuscri	
	ame all entities with whom you have this elationship or indicate none (add rows as need	
	Time frame: Since the initial plan	ning of the work
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
this restiti	Time frame: past 36 m	onths
Grants or contracts from any entity (if not indicated in item #1 above).	None	
3 Royalties or licenses	⊠ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None  None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None  None
13	Other financial or non-financial interests	None    None
Ple		et to the following statement to indicate your agreement:

		ICMJE DISCLOSURE FOR	:M	
Date:	:	2/9/2023	(	
Your	Your Name: Kailee McGeer			
Manı	uscript Title:	Pharmacologic Improvement of CFTR Function but Lung Infections Generally Persist	on Rapidly Decreases Sputum Pathogen Density	
Man	uscript Number (if kn	own):167957-JCI-CMED-1		
contraffectindic	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.  In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.			
	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)			
	Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g.,	None		

funding, provision Click the tab key to add additional rows. of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months  $\boxtimes$ None Grants or contracts from any entity (if not indicated in item #1 above).  $\boxtimes$ None Royalties or 3 licenses

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments made to you or to your institution)	were
4	Consulting fees	None     Non	, <b>k</b>
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None  None	
6	Payment for expert testimony	None  None	
7	Support for attending meetings and/or travel	None  None	
8	Patents planned, issued or pending	None  None	
9	Participation on a Data Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group paid or unpaid	ip,	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	
Ple		kt to the following statement to indicate your agreem e answered every question and have not altered the w	

Date:			2/9/2023		
Your Name:			Sarah Morgan		
Manuscript Title:			Pharmacologic Improvement of CFTR Function Rapidly Decreases Sputum Pathogen Density but Lung Infections Generally Persist		
Manu	script Number (if k	nown):	167957-JCI-CMED-1		
In the interest of transparency, we content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doubter to the maindicate a bias."			re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of about whether to list a relationship/activity/interest, it is preferable that you do so.  ies/interests should be defined broadly. For example, if your manuscript pertains to the bushould declare all relationships with manufacturers of antihypertensive medication, even if		
that r	nedication is not m	entioned	in the manuscript.		
In itei frame	m #1 below, report e for disclosure is th	all suppo e past 30	ort for the work reported in this manuscript without time limit. For all other items, the time 6 months.		
		Name a	All entities with whom you have this specifications/Comments (e.g., if payments were made to you or to your institution)		
	·		Time frame: Since the initial planning of the work		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		Click the tab key to add additional rows.		
			Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).		None		
Royalties or licenses None		None			

		Name all entities with whom you have this selationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
6	Payment for expert testimony	None None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None  None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None  None

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Ple		kt to the following statement to indicate your agreem e answered every question and have not altered the w	

Date: February 13 2023 Name: Steven M. Rowe

Manuscript Title: Pharmacologic improvement of CFTR function rapidly decreases sputum pathogen density but lung

infections generally persist

Manuscript number (if known): 167957-JCI-CMED-1

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Vertex Pharmaceuticals  Time frame: pass	Support for clinical trial conduct through University grants/contracts. For the role as Co-Chair of the Next Generation Steering Committee, ended 2022. Providing research product for investigator initiated research
			Count country art for alinical trial conducted through
2	Grants or contracts from any entity (if not indicated	Novartis	Grant support for clinical trial conducted through University grants/contracts. Ended 2020.
	in item #1 above).		

		TranslateBio	Grant support for clinical trial conducted through University grants/contracts. Ended 2022.
		Galapagos/Abbvie	Grant support for clinical trial conducted through University grants/contracts. Ended 2020/
		Synedgen/Synspira	Research grant through University grants/contracts
		Eloxx	Research contract through University grants/contracts
1		,	
		Vertex Pharmaceuticals	Support for clinical trial conduct through University grants/contracts
		Ionis	Research contract through University grants/contracts
		Astra Zenica	Research contract through University grants/contracts. Ended 2022.
3	Royalties or licenses	None	
1	Consulting fees	Novartis	Consulting services on the design and conduct of clinical trials. Ended 2019.
,		Galapagos/Abbvie	Consulting services on the design and conduct of clinical trials. Ended 2021.
		Synedgen/Synspira	Consulting services on the design and conduct of clinical trials including stock options. Ended 2022.
		Vertex Pharmaceuticals	Consulting services on the design and conduct of clinical trials. Ended 2022.
		Renovion	Consulting services on the design and conduct of clinical trials. Ended 2022.
		Ionis	Consulting services on the design and conduct of clinica trials. Ended 2020.
		Cystetic Medicines	Consulting services on the design and conduct of clinica trials. Ended 2022.
		Arcturus	Consulting services on the design and conduct of clinica trials. Ended 2021.
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Vertex Pharmaceuticals	Support for travel to attend meetings. Ended 2021.

_		·	Co-inventor on a patent submitted regarding
- 1	,	X	the possible activity of chloride secretagogues
pe	ending		for therapy of sinus disease (Provisional Paten
			Application Under 35 U.S.C. §111(b) and 37
			Application onder 33 0.0.0. grints) and or
			C.F.R. § 1.53(c) in the United States Patent
			and Trademark Office).
			Inventor of a patent on the use of µOCT
			towards the functional imaging of respiratory
			mucosa, including for the use of high-
			throughput screening, estimation of rheology,
ļ			and functional anatomy (e.g. cilia beating,
			airway surface liquid depth, and mucociliary
			transport). "Methods, Systems, arrangements
			and Computer-Accessible Medium for
			Providing Micro-Optical Coherence
			Tomography Procedures." U.S. Patent
			Application No. 14/240,938; PCT Application
			No PCT/US2012/052553;
			https://www.google.com/patents/WO20130290
			47A1?cl=en&dq=61/527,446&hl=en&sa=X&ei
	İ		ZJ4ZVO7alcHJggTMsIDIBg&ved=0CB0Q6AE
			wAA
	}		Co-inventor of a patent using structural-based
			mapping of the CFTR molecule to identify
			agents that modulate CFTR processing. Pater
			number pending.
			Inventor of a patent to provide supernormal
			mucociliary clearance to combat human
			disease. PCT/US2013/032268 "Methods for
ļ			Increasing CFTR Activity." National Phase
			Entry (August 2014) – filed in US, Canada, E
			and Australia (awaiting serial numbers for each
			filing)
			Inventor of a patent to use a medicinal agent
			treat nonsense mutations by translational
			readthrough, PCT/US62/323,045 "Methods
			and compounds for stimulating Read-through
			of premature termination codons."
			Co-inventor on a patent "Potentiator-Corrector
		,	combinations useful in the treatment of cystic
			fibrosis." PCT15/288,249. Filed 7/10/16.
			USP201562239667.
	Participation on a Data	None	1
	Safety Monitoring Board or Advisory Board		
	Leadership or fiduciary role in other board, society,	Vertex Pharmaceuticals	For the role as Co-Chair of the Next Generation Steeri Committee, ended 2022

	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	Synedgen/Synspira	Consulting services on the design and conduct of clinical trials including stock options.
		Renovion	Consulting services on the design and conduct of clinical trials including stock options.
12	Receipt of equipment,	Vertex Pharmaceuticals	Providing research product for investigator initiated
	materials, drugs, medical		research
	writing, gifts or other	Renovion	Providing research product for investigator initiated research
	Services		
13	Other financial or non-		
13	financial interests	Galapagos/Abbvie	MTA agreements for investigator initiated and externally funded research efforts. Ended 2021.
		Synedgen/Synspira	MTA agreements for investigator initiated and externally funded research efforts
		Ionis	MTA agreements for investigator initiated and externally funded research efforts

Please place an "X" next to the following statement to indicate your agreement:

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

Your Name: Anh Vo	
Manuscript Title: Pharmacologic Improvement of CFTR Function Rapidly Decreases Sputum Pathogen Density but Lung Infections Generally Persist	
Manuscript Number (if known): 167957-JCI-CMED-1	

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

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

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None □	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

10,00		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Ple		et to the following statement to indicate your agreen  e answered every question and have not altered the w	

Date	<b>:</b> :	_2/9,	2023			<u> </u>	
Your Name:		Luca	Lucas Hoffman				
Manuscript Title:		Pha but	Pharmacologic Improvement of CFTR Function Rapidly Decreases Sputum Pathogen Density but Lung Infections Generally Persist				
Mar	nuscript Number (if k	nown): _167	957-JCI-CMED-1				
cont affe indi	tent of your manuscr cted by the content o cate a bias. If you are	ipt. "Related" of the manusci e in doubt abo	we ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily be about whether to list a relationship/activity/interest, it is preferable that you do so.				
epic	author's relationship demiology of hyperte t medication is not m	nsion, you sho	ies/interests should be defined broadly. For example, if your manuscript pertains to the out should declare all relationships with manufacturers of antihypertensive medication, even if I in the manuscript.				
In it fran	em #1 below, report ne for disclosure is th	all support fo ne past 36 mor	the work reported in this raths.	manuscript w	thout time limit. For all other items, the time		
		Name all ent	ities with whom you have or indicate none (add rows	this as needed)	Specifications/Comments (e.g., if payments water to you or to your institution)	vere	
			Time frame: Since the initial planning of the work				
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1	present manuscript (e.g.,	NIH		ida pidiiiiig	To the institution To the institution		
1	present			, including	To the institution		
1	present manuscript (e.g., funding, provision of study materials, medical writing,	NIH			To the institution To the institution		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	NIH			To the institution To the institution		
1	present manuscript (e.g., funding, provision of study materials, medical writing,	NIH			To the institution To the institution		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	NIH			To the institution To the institution		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH			To the institution To the institution Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH	ion Time frame: p		To the institution To the institution Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	NIH CF Foundat	ion Time frame: p		To the institution To the institution Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	NIH CF Foundat	ion Time frame: p		To the institution To the institution Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	NIH CF Foundat	ion Time frame: p		To the institution To the institution Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	NIH CF Foundat	ion Time frame: p		To the institution To the institution Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	NIH CF Foundat	Time frame:		To the institution To the institution Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	NIH CF Foundat	Time frame:		To the institution To the institution Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	NIH CF Foundat	Time frame:		To the institution To the institution Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	NIH CF Foundat	Time frame:		To the institution To the institution Click the tab key to add additional rows.		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None   NIH   CFF	Payment to the institution Payment to the institution
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

· · · · · · · · · · · · · · · · · · ·		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None     Non	
	¥ <sup>1</sup>		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Ple		kt to the following statement to indicate your agreem e answered every question and have not altered the w	

Date:			2/9/2023		
Your Name:			Michelle Skalland		
Manuscript Title:			Pharmacologic Improvement of CFTR Function Rapidly Decreases Sputum Pathogen Density but Lung Infections Generally Persist		
Manuscript Number (if known):		nown):	167957-JCI-CMED-1		
conta	ent of your manuscri	pt. "Rela of the ma	e ask you to disclose all relationships/activitie ited" means any relation with for-profit or no nuscript. Disclosure represents a commitmer t about whether to list a relationship/activity,	s/interests listed below that are related to the ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.	
epid	author's relationship emiology of hyperter medication is not me	nsion, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
Time frame: Since the initial planning of the work					
			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	NIH Gr	one	Paid to institution Paid to institution Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH Gr CF Fou	one	Paid to institution Paid to institution Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH Gr CF Fou	one ants ndation Grants	Paid to institution Paid to institution Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	□ None	
Plea 🖂		et to the following statement to indicate your agreem	

Date:	2/9/2023
Your Name:	Jill VanDalfsen
Manuscript Title:	Pharmacologic Improvement of CFTR Function Rapidly Decreases Sputum Pathogen Density but Lung Infections Generally Persist
Manuscript Number (if known):	167957-JCI-CMED-1

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

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			pecifications/Comments (e.g., if payments were nade to you or to your institution)
		Time frame: Since the initial planning of t	the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None  Cli  Time frame: past 36 months	ick the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

		Name all entities with whom you have this specifical relationship or indicate none (add rows as needed) made to	tions/Comments (e.g., if payments were you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Ple		kt to the following statement to indicate your agreen e answered every question and have not altered the v	

		ICIVITE DISCLOSURE I G.	· · · · · · · · · · · · · · · · · · ·
Date:		2/9/2023	
Your Name:		JP Clancy	
Manuscript Title:		Pharmacologic Improvement of CFTR Functi but Lung Infections Generally Persist	ion Rapidly Decreases Sputum Pathogen Density
Manuscript Number (if known):		vn): _167957-JCI-CMED-1	
conte affect indica The a	ent of your manuscript.  ted by the content of the  ate a bias. If you are in  author's relationships/a  emiology of hypertensic	cy, we ask you to disclose all relationships/activities "Related" means any relation with for-profit or not be manuscript. Disclosure represents a commitment doubt about whether to list a relationship/activity ctivities/interests should be defined broadly. For each, you should declare all relationships with manufacted in the manuscript.	nt to transparency and does not necessarily /interest, it is preferable that you do so.
In ite	m #1 below, report all s e for disclosure is the p		
	Na rel	me all entities with whom you have this ationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1 /	All support for the	□ None	
1 1	present manuscript (e.g.,	he research in this manuscript was funded by CFF	I am a Cystic Fibrosis Foundation employee
.	funding, provision		Click the tab key to add additional rows.
	of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		
		Time frame: past 36 mont	hs
2	contracts from	⊠ None	
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3	Royalties or licenses	⊠ None	
1			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	⊠ None	
Plea		at to the following statement to indicate your agreem e answered every question and have not altered the w	

Date:		2/9/2023	
Your Name:		Sachinkumar Singh	
Manuscript Title:		Pharmacologic Improvement of CFTR Funct but Lung Infections Generally Persist	ion Rapidly Decreases Sputum Pathogen Density
Manu	script Number (if knov	n): 167957-JCI-CMED-1	
conte affect indica	ent of your manuscript. Ted by the content of thate a bias. If you are in	e manuscript.  Disclosure represents a commitme doubt about whether to list a relationship/activity	nt to transparency and does not necessarily /interest, it is preferable that you do so.
epide that r	emiology of hypertension medication is not menti	ctivities/interests should be defined broadly. For n, you should declare all relationships with manu oned in the manuscript.	acturers of antinypertensive medication, even in
In ite frame	m #1 below, report all s e for disclosure is the p	upport for the work reported in this manuscript vast 36 months.	vithout time limit. For all other items, the time
	Na re	me all entities with whom you have this ationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	All support for the present	None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		Click the tab key to add additional rows.
	funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Time frame: past 36 mon	
	funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from	Time frame: past 36 mon  None  Gilead Sciences, Inc.	
	funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item	None	ths Investigator Sponsored Research, payments
2	funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	None Gilead Sciences, Inc.	ths Investigator Sponsored Research, payments

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Cystic Fibrosis Foundation	Member of Protocol Review Committee, payments made to me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Cystic Fibrosis Foundation	Travel/registration fee paid for NACFC – paid to institution
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Ple		e answered every question and have not altered the v	

2/9/2023

Sonya Heltshe

Manuscript Title:		Pharmacologic Improvement of CFTR Fundations but Lung Infections Generally Persist	Pharmacologic Improvement of CFTR Function Rapidly Decreases Sputum Pathogen Density but Lung Infections Generally Persist		
Manuscript Number (if known):		nown): _ 167957-JCI-CMED-1	167957-JCI-CMED-1		
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		Time frame: past 36 mor	ths		
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None			
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Date:

Your Name:

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None □	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	