

# ICMJE DISCLOSURE FORM

**Date:** 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

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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**Date:** 2/14/2023

**Your Name:** David Nichols

**Manuscript Title:** Pharmacologic Improvement of CFTR Function Rapidly Decreases Sputum Pathogen Density but Lung Infections Generally Persist

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## ICMJE DISCLOSURE FORM

**Date:** 2/9/2023

**Your Name:** 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

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**Your Name:** Wendy Ni

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**Your Name:** Kailee McGeer

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

# ICMJE DISCLOSURE FORM

**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

**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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	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>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> Click the tab key to add additional rows.						
<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						



		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	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		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	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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# ICMJE DISCLOSURE 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 current manuscript only.

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Vertex Pharmaceuticals	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
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Novartis	Grant support for clinical trial conducted through University grants/contracts. Ended 2020.

		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
		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	
4	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 clinical trials. Ended 2020.
		Cystetic Medicines	Consulting services on the design and conduct of clinical trials. Ended 2022.
		Arcturus	Consulting services on the design and conduct of clinical trials. Ended 2021.
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	Vertex Pharmaceuticals	Support for travel to attend meetings. Ended 2021.

8	Patents planned, issued or pending	<u>  x  </u>	Co-inventor on a patent submitted regarding the possible activity of chloride secretagogues for therapy of sinus disease (Provisional Patent Application Under 35 U.S.C. §111(b) and 37 C.F.R. § 1.53(c) in the United States Patent and Trademark Office).
			Inventor of a patent on the use of $\mu$ OCT 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; <a href="https://www.google.com/patents/WO2013029047A1?cl=en&amp;dq=61/527,446&amp;hl=en&amp;sa=X&amp;ei=ZJ4ZVO7alcHJggTMsIDIBg&amp;ved=0CB0Q6AEwAA">https://www.google.com/patents/WO2013029047A1?cl=en&amp;dq=61/527,446&amp;hl=en&amp;sa=X&amp;ei=ZJ4ZVO7alcHJggTMsIDIBg&amp;ved=0CB0Q6AEwAA</a>
			Co-inventor of a patent using structural-based mapping of the CFTR molecule to identify agents that modulate CFTR processing. Patent number pending.
			Inventor of a patent to provide supernormal mucociliary clearance to combat human disease. PCT/US2013/032268 "Methods for Increasing CFTR Activity." National Phase Entry (August 2014) – filed in US, Canada, EU and Australia (awaiting serial numbers for each filing)
			Inventor of a patent to use a medicinal agent to 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 Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society,	Vertex Pharmaceuticals	For the role as Co-Chair of the Next Generation Steering 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, materials, drugs, medical writing, gifts or other services	Vertex Pharmaceuticals	Providing research product for investigator initiated research
		Renovion	Providing research product for investigator initiated research
13	Other financial or non-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.

# ICMJE DISCLOSURE FORM

**Date:** 2/9/2023

**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.

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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)
<b>Time frame: Since the initial planning of the work</b>		
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div> Click the tab key to add additional rows.
<b>Time frame: past 36 months</b>		
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>

		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	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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# ICMJE DISCLOSURE FORM

**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

**Manuscript Number (if known):** 167957-JCI-CMED-1

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None <table border="1"> <tr> <td>NIH</td> <td>To the institution</td> </tr> <tr> <td>CF Foundation</td> <td>To the institution</td> </tr> <tr> <td colspan="2">Click the tab key to add additional rows.</td> </tr> </table>	NIH	To the institution	CF Foundation	To the institution	Click the tab key to add additional rows.	
NIH	To the institution							
CF Foundation	To the institution							
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<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>NIH</td> <td>Payment to the institution</td> </tr> <tr> <td>CFF</td> <td>Payment to the institution</td> </tr> <tr> <td></td> <td></td> </tr> </table>	NIH	Payment to the institution	CFF	Payment to the institution					
NIH	Payment to the institution										
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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## ICMJE DISCLOSURE FORM

**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):** 167957-JCI-CMED-1

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">NIH Grants</td><td>Paid to institution</td></tr> <tr> <td>CF Foundation Grants</td><td>Paid to institution</td></tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>	NIH Grants	Paid to institution	CF Foundation Grants	Paid to institution	Click the tab key to add additional rows.		
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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.

## ICMJE DISCLOSURE FORM

**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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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>							
<b>Time frame: past 36 months</b>									
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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# ICMJE DISCLOSURE FORM

**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

**Manuscript Number (if known):** 167957-JCI-CMED-1

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<b>Time frame: Since the initial planning of the work</b>		
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None <div> <div>The research in this manuscript was funded by CFF</div> <div>I am a Cystic Fibrosis Foundation employee</div> <div>Click the tab key to add additional rows.</div> </div>
<b>Time frame: past 36 months</b>		
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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## ICMJE DISCLOSURE FORM

**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

**Manuscript Number (if known):** 167957-JCI-CMED-1

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<b>1</b>	<div style="display: flex;"> <div style="flex: 1;">All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b></div> <div style="flex: 1;"> <input checked="" type="checkbox"/> <b>None</b> </div> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td></tr> <tr><td></td></tr> </table> <p style="font-size: small; text-align: right;">Click the tab key to add additional rows.</p>		
<b>Time frame: past 36 months</b>										
<b>2</b>	<div style="display: flex;"> <div style="flex: 1;">Grants or contracts from any entity (if not indicated in item #1 above).</div> <div style="flex: 1;"> <input type="checkbox"/> <b>None</b> </div> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">Gilead Sciences, Inc.</td> <td style="width: 40%;">Investigator Sponsored Research, payments made to institution</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Gilead Sciences, Inc.	Investigator Sponsored Research, payments made to institution							
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>Cystic Fibrosis Foundation</td> <td>Travel/registration fee paid for NACFC – paid to institution</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Cystic Fibrosis Foundation	Travel/registration fee paid for NACFC – paid to institution						
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## ICMJE DISCLOSURE FORM

**Date:** 2/9/2023

**Your Name:** Sonya Heltshe

**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

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# ICMJE DISCLOSURE FORM

**Date:** 2/14/2023

**Your Name:** David Nichols

**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

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Peptilogics</td> <td>Consulting fees</td> </tr> <tr> <td>Nabriva</td> <td>Consulting fees</td> </tr> <tr> <td>Celtaxys</td> <td>Consulting fees</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Peptilogics	Consulting fees	Nabriva	Consulting fees	Celtaxys	Consulting fees			
Peptilogics	Consulting fees										
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>Vertex</td> <td>Advisory Board participant</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Vertex	Advisory Board participant							
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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# ICMJE DISCLOSURE FORM

**Date:** 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

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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.

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## ICMJE DISCLOSURE FORM

**Date:** 2/9/2023

**Your Name:** 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

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# ICMJE DISCLOSURE FORM

**Date:** 2/9/2023

**Your Name:** Wendy Ni

**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

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# ICMJE DISCLOSURE 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

**Manuscript Number (if known):** 167957-JCI-CMED-1

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# ICMJJE DISCLOSURE FORM

**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

**Manuscript Number (if known):** 167957-JCI-CMED-1

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<b>Time frame: past 36 months</b>		
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>
<b>3</b>	Royalties or licenses	<input type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>

		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	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

# ICMJE DISCLOSURE 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 current manuscript only.

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Vertex Pharmaceuticals	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
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Novartis	Grant support for clinical trial conducted through University grants/contracts. Ended 2020.

		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
		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	
4	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 clinical trials. Ended 2020.
		Cystetic Medicines	Consulting services on the design and conduct of clinical trials. Ended 2022.
		Arcturus	Consulting services on the design and conduct of clinical trials. Ended 2021.
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	Vertex Pharmaceuticals	Support for travel to attend meetings. Ended 2021.

8	Patents planned, issued or pending	<u>  x  </u>	Co-inventor on a patent submitted regarding the possible activity of chloride secretagogues for therapy of sinus disease (Provisional Patent Application Under 35 U.S.C. §111(b) and 37 C.F.R. § 1.53(c) in the United States Patent and Trademark Office).
			Inventor of a patent on the use of $\mu$ OCT 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; <a href="https://www.google.com/patents/WO2013029047A1?cl=en&amp;dq=61/527,446&amp;hl=en&amp;sa=X&amp;ei=ZJ4ZVO7alcHJggTMsIDIBg&amp;ved=0CB0Q6AEwAA">https://www.google.com/patents/WO2013029047A1?cl=en&amp;dq=61/527,446&amp;hl=en&amp;sa=X&amp;ei=ZJ4ZVO7alcHJggTMsIDIBg&amp;ved=0CB0Q6AEwAA</a>
			Co-inventor of a patent using structural-based mapping of the CFTR molecule to identify agents that modulate CFTR processing. Patent number pending.
			Inventor of a patent to provide supernormal mucociliary clearance to combat human disease. PCT/US2013/032268 "Methods for Increasing CFTR Activity." National Phase Entry (August 2014) – filed in US, Canada, EU and Australia (awaiting serial numbers for each filing)
			Inventor of a patent to use a medicinal agent to 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 Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society,	Vertex Pharmaceuticals	For the role as Co-Chair of the Next Generation Steering 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, materials, drugs, medical writing, gifts or other services	Vertex Pharmaceuticals	Providing research product for investigator initiated research
		Renovion	Providing research product for investigator initiated research
13	Other financial or non-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.

## ICMJE DISCLOSURE FORM

**Date:** 2/9/2023

**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.

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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)						
<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>						
<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>						
<b>3</b>	Royalties or licenses	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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.

## ICMJE DISCLOSURE FORM

**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

**Manuscript Number (if known):** 167957-JCI-CMED-1

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<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  <b>No time limit for this item.</b> </div> <div style="flex: 1; border: 1px solid black; padding: 5px;"> <input type="checkbox"/> None </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">NIH</td> <td>To the institution</td> </tr> <tr> <td>CF Foundation</td> <td>To the institution</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	NIH	To the institution	CF Foundation	To the institution	Click the tab key to add additional rows.		
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CF Foundation	To the institution							
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11	Stock or stock options	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	

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# ICMJE DISCLOSURE FORM

**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):** 167957-JCI-CMED-1

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None <table border="1"> <tr> <td>NIH Grants</td> <td>Paid to institution</td> </tr> <tr> <td>CF Foundation Grants</td> <td>Paid to institution</td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	NIH Grants	Paid to institution	CF Foundation Grants	Paid to institution		Click the tab key to add additional rows.
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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## ICMJE DISCLOSURE FORM

**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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<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>						
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>						
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# ICMJE DISCLOSURE FORM

**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

**Manuscript Number (if known):** 167957-JCI-CMED-1

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None <div> <div>The research in this manuscript was funded by CFF</div> <div>I am a Cystic Fibrosis Foundation employee</div> </div> <div>Click the tab key to add additional rows.</div>
<b>Time frame: past 36 months</b>		
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>

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# ICMJE DISCLOSURE FORM

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

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

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<b>Time frame: past 36 months</b>		
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <div> <div>Gilead Sciences, Inc.</div> <div>Investigator Sponsored Research, payments made to institution</div> </div>
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>

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