

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Eleanor

2. Surname (Last Name)  
Dunican

3. Date  
27-September-2017

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
John V Fahy

5. Manuscript Title  
LINKS BETWEEN MUCUS PLUGS, EOSINOPHILIA AND AIRFLOW OBSTRUCTION IN ASTHMA

6. Manuscript Identifying Number (if you know it)  
95693-JCI-CMED-RV-2

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company   | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |
|-------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| National Institutes of Health | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

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

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Patent?        | Pending?                            | Issued?                  | Licensed?                | Royalties?               | Licensee? | Comments |
|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------|----------|
| 48536-587001WO | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |          |

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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

### Section 6. Disclosure Statement

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

Dr. Dunican reports grants from National Institutes of Health, during the conduct of the study; In addition, Dr. Dunican has a patent 48536-587001WO pending.

### Evaluation and Feedback

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Brett
2. Surname (Last Name)  
Elicker
3. Date  
29-September-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
John Fahy
5. Manuscript Title  
LINK BETWEEN MUCUS PLUGS, EOSINOPHILIA AND AIRFLOW OBSTRUCTION IN ASTHMA
6. Manuscript Identifying Number (if you know it)  
95693-JCI-CMED-RV-2

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

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

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

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments |
|---------|----------|---------|-----------|------------|-----------|----------|
|---------|----------|---------|-----------|------------|-----------|----------|

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Patent?                             | Pending?                            | Issued?                  | Licensed?                | Royalties?               | Licensee? | Comments  |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------|---|
| MDCT mucous plugging scoring system | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           | Named inventor on a patent describing a mucus plug scoring system in MDCT lung images as a method for quantifying mucus plugs in asthma and other airway diseases |

### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Elicker reports In addition, Dr. Elicker has a patent MDCT mucous plugging scoring system pending.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
David
2. Surname (Last Name)  
Gierada
3. Date  
29-September-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
John Fahy
5. Manuscript Title  
Link between mucus plugs, eosinophilia and airflow obstruction in asthma
6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company   | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |
|-------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| National Institutes of Health | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

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

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

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Patent?        | Pending?                            | Issued?                  | Licensed?                | Royalties?               | Licensee? | Comments  |
|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------|---|
| CT mucus score | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           | Named inventor on a patent describing a mucus plug scoring system in MDCT lung images as a method for quantifying mucus plugs in asthma and other airway diseases |

### Section 5. Relationships not covered above

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- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
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### Section 6. Disclosure Statement

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

Dr. Gierada reports grants from National Institutes of Health, during the conduct of the study; In addition, Dr. Gierada has a patent CT mucus score pending.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Scott
2. Surname (Last Name)  
Nagle
3. Date  
27-September-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
John V. Fahy
5. Manuscript Title  
Link between mucus plugs, eosinophilia and airflow obstruction in asthma
6. Manuscript Identifying Number (if you know it)  
95693-JCI-CMED-RV-2

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

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

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

If yes, please fill out the appropriate information below.

| Name of Entity         | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                              | Comments                      |
|------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------|
| Vertex Pharmaceuticals | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Consultant                    |
| Merck Pharmaceuticals  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Consultant                    |
| GE Healthcare          | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Departmental research support |

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

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Patent?   | Pending?                            | Issued?                  | Licensed?                | Royalties?               | Licensee? | Comments |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------|----------|
| Named inventor on a patent describing a mucus plug scoring system in MDCT lung images as a method for quantifying mucus plugs in asthma and other airway diseases | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |          |

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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### Section 6. Disclosure Statement

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

Dr. Nagle reports personal fees from Vertex Pharmaceuticals, personal fees from Merck Pharmaceuticals, other from GE Healthcare, outside the submitted work; In addition, Dr. Nagle is a named inventor on a patent describing a mucus plug scoring system in MDCT lung images as a method for quantifying mucus plugs in asthma and other airway diseases pending.

### Evaluation and Feedback

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Mark
2. Surname (Last Name)  
Schiebler
3. Date  
09-October-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
John Fahy
5. Manuscript Title  
LINK BETWEEN MUCUS PLUGS, EOSINOPHILIA AND AIRFLOW OBSTRUCTION IN ASTHMA
6. Manuscript Identifying Number (if you know it)  
95693-JCI-CMED-RV-2

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

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

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

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

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☒ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☐ No other relationships/conditions/circumstances that present a potential conflict of interest

Stockholder:

1. Stemina Biomarkers, Inc, Madison, WI
2. Healthmyne, Inc, Madison, WI

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

### Section 6. Disclosure Statement

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

Dr. Schiebler reports and

Stockholder:

1. Stemina Biomarkers, Inc, Madison, WI
2. Healthmyne, Inc, Madison, WI.

### Evaluation and Feedback

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
John
2. Surname (Last Name)  
Newell
3. Date  
03-October-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
Eleanor Dunican
5. Manuscript Title  
Links between Mucus Plugs, Eosinophilia and Airflow Obstruction in Asthma
6. Manuscript Identifying Number (if you know it)  
95693-JCI-CMED-RV-2

### Section 2. The Work Under Consideration for Publication

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments       |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------------|
| University of Iowa          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SARP NIH Grant |

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

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

If yes, please fill out the appropriate information below.

| Name of Entity       | Grant?                              | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments                       |
|----------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------------|
| VIDA Diagnostics Inc | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paid Consultant. Stock Options |
| Siemens Healthcare   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Research Grant                 |



# ICMJE

INTERNATIONAL COMMITTEE of  
MEDICAL JOURNAL EDITORS

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 4.

#### Intellectual Property -- Patents & Copyrights

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Patent?  | Pending?                            | Issued?                  | Licensed?                | Royalties?               | Licensee? | Comments   |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------|--|
| Named inventor on a patent describing a mucus plug scoring system in MDCT lung images as a method for quantifying mucus plugs in asthma and other airway diseases. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           | Patent is being applied for in connection to the submitted work. |

### Section 5.

#### Relationships not covered above

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### Section 6.

#### Disclosure Statement

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

Dr. Newell reports grants from University of Iowa, during the conduct of the study; personal fees from VIDA Diagnostics Inc, grants from Siemens Healthcare, outside the submitted work; In addition, Dr. Newell has a patent Imaging Assessment of Mucus Plugs in Asthma (working title) pending.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Wilfred
2. Surname (Last Name)  
Raymond
3. Date  
09-October-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
John V. Fahy
5. Manuscript Title  
LINK BETWEEN MUCUS PLUGS, EOSINOPHILIA AND AIRFLOW OBSTRUCTION IN ASTHMA
6. Manuscript Identifying Number (if you know it)  
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### Section 6. Disclosure Statement

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

Dr. Raymond has nothing to disclose.

### Evaluation and Feedback

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

- |                                      |   |                              |
|--------------------------------------|---|------------------------------|
| 1. Given Name (First Name)<br>Marrah | 2. Surname (Last Name)<br>Lachowicz-Scrogings | 3. Date<br>27-September-2017 |
|--------------------------------------|---|------------------------------|
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
John V. Fahy
5. Manuscript Title  
Link between mucus plugs, eosinophilia and airflow obstruction in asthma
6. Manuscript Identifying Number (if you know it)  
95693-JCI-CMED-RV-2

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

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

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





ICMJE

INTERNATIONAL COMMITTEE *of*  
MEDICAL JOURNAL EDITORS

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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#### Relationships not covered above

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### Section 6.

#### Disclosure Statement

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Dr. Lachowicz-Scrogings has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Selena

2. Surname (Last Name)  
Di Maio

3. Date  
28-September-2017

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
John V. Fahy

5. Manuscript Title  
LINK BETWEEN EOSINOPHILIA AND MUCUS PLUGS IN THE PATHOGENESIS OF AIRFLOW OBSTRUCTION IN SEVERE ASTHMA

6. Manuscript Identifying Number (if you know it)  
95693-JCI-CMED-RV-2

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Dr. Di Maio has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Eric

2. Surname (Last Name)  
Hoffman

3. Date  
28-September-2017

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
John V. Fahy

5. Manuscript Title  
LINK BETWEEN MUCUS PLUGS, EOSINOPHILIA AND AIRFLOW OBSTRUCTION IN ASTHMA

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| Name of Institution/Company | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NIH                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

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

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☒ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☐ No other relationships/conditions/circumstances that present a potential conflict of interest

Eric Hoffman is a founder and shareholder of VIDA Diagnostics, a company commercializing lung image analysis software developed, in part, at the University of Iowa

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

### Section 6. Disclosure Statement

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

Dr. Hoffman reports grants from NIH, during the conduct of the study; and Eric Hoffman is a founder and shareholder of VIDA Diagnostics, a company commercializing lung image analysis software developed, in part, at the University of Iowa.

### Evaluation and Feedback

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mario  
 2. Surname (Last Name) Castro  
 3. Date 27-September-2017

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name John V. Fahy

5. Manuscript Title  
 LINKS BETWEEN MUCUS PLUGS, EOSINOPHILIA AND AIRFLOW OBSTRUCTION IN ASTHMA

6. Manuscript Identifying Number (if you know it)  
 95693-JCI-CMED-RV-2

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NIH                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

If yes, please fill out the appropriate information below.

| Name of Entity    | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments             |
|-------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|----------------------|
| Boston Scientific | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultancy, speaker |
| Holaira           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultancy          |
| Genentech         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speaker, Consultancy |



## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity       | Grant?                              | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments   |
|----------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|
| Amgen                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Industry-Sponsored Studies                                   |
| Teva                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Industry-Sponsored Studies, Speaker, Consultant              |
| GSK                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Industry-Sponsored Studies, Data Safety Monitoring Committee |
| Sanofi-Aventis       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Industry-Sponsored Studies, consultant                       |
| Vectura              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Industry-Sponsored Studies                                   |
| Boehringer-Ingelheim | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Industry-Sponsored Studies, Speaker                          |
| Elsevier             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Royalties  |
| Medimmune            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Industry-Sponsored Studies                                   |
| Invision             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Industry-Sponsored Studies                                   |
| Aviragen             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant   |
| Astra Zeneca         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Industry-Sponsored Studies, Speaker                          |
| Gilead               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Industry-Sponsored Studies                                   |

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

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

### Section 5. Relationships not covered above

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sean

2. Surname (Last Name)  
Fain

3. Date  
27-September-2017

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
John V. Fahy

5. Manuscript Title  
Link between mucus plugs, eosinophilia and airflow obstruction in asthma

6. Manuscript Identifying Number (if you know it)  
95693-JCI-CMED-RV-2

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company   | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments                             |
|-------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| National Institutes of Health | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NHLBI Severe Asthma Research Program |

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

If yes, please fill out the appropriate information below.

| Name of Entity | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments  |
|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| GE Healthcare  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Work statement for development of novel pulmonary imaging |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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

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

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### Section 6. Disclosure Statement

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

Dr. Fain reports grants from National Institutes of Health, during the conduct of the study; grants from GE Healthcare, outside the submitted work; .

### Evaluation and Feedback

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  2. Surname (Last Name)  3. Date

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

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant?                              | Personal                 | Non-Financial            | Other?                   | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NIH                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

If yes, please fill out the appropriate information below.

| Name of Entity | Grant?                   | Personal                 | Non-Financial            | Other?                   | Comments |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|
|                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Patent? | Pending?                 | Issued?                  | Licensed?                | Royalties                | Licensee? | Comments |
|---------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|----------|
|         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |          |

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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### Section 6. Disclosure Statement

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Dr. Jarjour reports grants from NIH, from null, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Elliot

2. Surname (Last Name)  
Israel

3. Date  
02-October-2017

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
John V. Fahy

5. Manuscript Title  
Links between mucus plugs, eosinophilia and airflow obstruction in asthma

6. Manuscript Identifying Number (if you know it)  
95693-JCI-CMED-RV-2

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

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

If yes, please fill out the appropriate information below.

| Name of Entity                 | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                              | Comments   |
|--------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--|
| AstraZeneca                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Consultant   |
| Novartis                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Consultant-Paid & DSMB Member: Unpaid and Paid                           |
| Philips Respironics            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Consultant   |
| Regeneron Pharmaceuticals      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Consultant   |
| Research in Real Life (RiRL)   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Travel/Meeting Expenses Only   |
| TEVA Specialty Pharmaceuticals | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Current Consultant-Paid & Previous Travel/Meeting Expenses Only (Unpaid) |



## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity                 | Grant?                              | Personal Fees?                      | Non-Financial Support?              | Other?                   | Comments   |
|--------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--|
| Genentech                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Research Grant: Multi-Center Study   |
| Boehringer Ingelheim           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Research Grant: Drug contributed to NIH AsthmaNet SIENA Study                        |
| GlaxoSmithKline                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Research Grant: Drug contributed to NIH AsthmaNet BARD, Microbiome, & INFANT Studies |
| Merck                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Research Grant: Drug contributed to NIH AsthmaNet INFANT & SIENA Studies             |
| Sunovion                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Research Grant: Drug contributed to NIH AsthmaNet VIDA Study                         |
| TEVA                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Research Grant: Drug contributed to NIH AsthmaNet SIENA Study                        |
| Sanofi                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Research Grant: Multi-Center Study   |
| Bird Rock Bio                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Consultant   |
| Nuvelution Pharmaceuticals     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Consultant   |
| Vitaeris, Inc                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Consultant   |
| Boehringer Ingelheim           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Research Grant: Multi-Center Study   |
| TEVA Specialty Pharmaceuticals | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Research Grant: Drug contributed to PCORI-PREPARE Study                              |
| Sanofi                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Consultant   |
| Merck                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Consultant   |

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

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6. Disclosure Statement

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

Dr. Israel reports personal fees from AstraZeneca, personal fees and other from Novartis, personal fees from Philips Respironics, personal fees from Regeneron Pharmaceuticals, other from Research in Real Life (RiRL), personal fees and other from TEVA Specialty Pharmaceuticals, grants from Genentech, non-financial support from Boehringer Ingelheim, non-financial support from GlaxoSmithKline, non-financial support from Merck, non-financial support from Sunovion, non-financial support from TEVA, grants from Sanofi, personal fees from Bird Rock Bio, personal fees from Nuvelution Pharmaceuticals, personal fees from Vitaeris, Inc, grants from Boehringer Ingelheim, non-financial support from TEVA Specialty Pharmaceuticals, personal fees from Sanofi, personal fees from Merck, outside the submitted work; .

### Evaluation and Feedback

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Bruce
2. Surname (Last Name)  
Levy
3. Date  
29-September-2017
4. Are you the corresponding author? ☐ Yes ☒ No  
Corresponding Author's Name  
John V. Fahy
5. Manuscript Title  
LINK BETWEEN MUCUS PLUGS, EOSINOPHILIA AND AIRFLOW OBSTRUCTION IN ASTHMA
6. Manuscript Identifying Number (if you know it)  
95693-JCI-CMED-RV-2

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NIH                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

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

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





## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 5.

#### Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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### Section 6.

#### Disclosure Statement

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

Dr. Levy reports grants from NIH, during the conduct of the study; .

### Evaluation and Feedback

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Serpil
2. Surname (Last Name)  
Erzurum
3. Date  
29-September-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
John Fahy
5. Manuscript Title  
Link between mucus plugs, eosinophilia and airflow obstruction in asthma
6. Manuscript Identifying Number (if you know it)  
95693-JCI-CMED-RV-2

### Section 2. The Work Under Consideration for Publication

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company   | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |
|-------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| National Institutes of Health | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

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

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

Chair of the ABIM Pulmonary Disease Board.

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### Section 6. Disclosure Statement

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

Dr. Erzurum reports grants from National Institutes of Health, during the conduct of the study; and Chair of the ABIM Pulmonary Disease Board..

### Evaluation and Feedback

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sally
2. Surname (Last Name)  
Wenzel
3. Date  
27-September-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
John Fahy MD
5. Manuscript Title  
LINKS BETWEEN MUCUS PLUGS, EOSINOPHILIA AND AIRFLOW OBSTRUCTION IN ASTHMA
6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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| Name of Institution/Company | Grant?                              | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments              |
|-----------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------|
| AstraZeneca                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anti IL-5R            |
| GSK                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anti-IL5              |
| Sanofi Aventis              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anti-IL4Ra            |
| Novartis                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | anti-CRTH2            |
| Genentech                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | general and anti-IL13 |

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

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

If yes, please fill out the appropriate information below.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity       | Grant?                              | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments           |
|----------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------|
| Merck                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | general consulting |
| Boehringer Ingelheim | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anti IL23          |

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

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

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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

### Section 6. Disclosure Statement

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

Dr. Wenzel reports grants and personal fees from AstraZeneca , grants and personal fees from GSK, grants and personal fees from Sanofi Aventis , grants and personal fees from Novartis , grants and personal fees from Genentech , during the conduct of the study; personal fees from Merck , grants and personal fees from Boehringer Ingelheim , outside the submitted work; .

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Deborah
2. Surname (Last Name)  
Meyers
3. Date  
29-September-2017
4. Are you the corresponding author? ☒ Yes ☐ No
5. Manuscript Title  
LINK BETWEEN MUCUS PLUGS, EOSINOPHILIA AND AIRFLOW OBSTRUCTION IN ASTHMA
6. Manuscript Identifying Number (if you know it)  
95693-JCI-CMED-RV-2

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

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

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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

### Section 6. Disclosure Statement

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

Dr. Meyers has nothing to disclose.

### Evaluation and Feedback

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Eugene
2. Surname (Last Name)  
Bleecker
3. Date  
29-September-2017
4. Are you the corresponding author? ☒ Yes ☐ No
5. Manuscript Title  
LINK BETWEEN MUCUS PLUGS, EOSINOPHILIA AND AIRFLOW OBSTRUCTION IN ASTHMA
6. Manuscript Identifying Number (if you know it)  
95693-JCI-CMED-RV-2

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

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

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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

### Section 6. Disclosure Statement

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

Dr. Bleecker has nothing to disclose.

### Evaluation and Feedback

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Brenda
2. Surname (Last Name)  
Phillips
3. Date  
02-October-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
John V. Fahy
5. Manuscript Title  
LINK BETWEEN MUCUS PLUGS, EOSINOPHILIA AND AIRFLOW OBSTRUCTION IN ASTHMA
6. Manuscript Identifying Number (if you know it)  
95693-JCI-CMED-RV-2

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

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

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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

### Section 6. Disclosure Statement

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

Ms. Phillips has nothing to disclose.

### Evaluation and Feedback

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
david
2. Surname (Last Name)  
Mauger
3. Date  
27-September-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
John Fahy
5. Manuscript Title  
LINK BETWEEN MUCUS PLUGS, EOSINOPHILIA AND AIRFLOW OBSTRUCTION IN ASTHMA
6. Manuscript Identifying Number (if you know it)  
95693-JCI-CMED-RV-2

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments             |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| NHLBI                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NHLBI funds the SARP |

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

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

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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

### Section 6. Disclosure Statement

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

Dr. Mauger reports grants from NHLBI, during the conduct of the study; .

### Evaluation and Feedback

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Erin
2. Surname (Last Name)  
Gordon
3. Date  
27-September-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
John Fahy
5. Manuscript Title  
Link between mucus plugs, eosinophilia and airflow obstruction in asthma
6. Manuscript Identifying Number (if you know it)  
95693-JCI-CMED-RV-2

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

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

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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

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

### Section 6. Disclosure Statement

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

Dr. Gordon has nothing to disclose.

### Evaluation and Feedback

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Prescott  
 2. Surname (Last Name) Woodruff  
 3. Date 29-September-2017

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name John V. Fahy

5. Manuscript Title  
 LINK BETWEEN MUCUS PLUGS, EOSINOPHILIA AND AIRFLOW OBSTRUCTION IN ASTHMA

6. Manuscript Identifying Number (if you know it)  
 95693-JCI-CMED-RV-2

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

If yes, please fill out the appropriate information below.

| Name of Entity | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments   |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|------------|
| Theravance     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting |
| Astra Zeneca   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting |
| Sanofi         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting |
| Regeneron      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting |
| Genentech      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting |
| Novartis       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting |
| Janssen        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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

### Section 6. Disclosure Statement

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

Dr. Woodruff reports personal fees from Theravance, personal fees from Astra Zeneca, personal fees from Sanofi, personal fees from Regeneron, personal fees from Genentech, personal fees from Novartis, personal fees from Janssen, outside the submitted work; .

### Evaluation and Feedback

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Peters

3. Date  
29-September-2017

4. Are you the corresponding author? ☐ Yes ☒ No  
Corresponding Author's Name  
John Fahy

5. Manuscript Title  
LINK BETWEEN MUCUS PLUGS, EOSINOPHILIA AND AIRFLOW OBSTRUCTION IN ASTHMA

6. Manuscript Identifying Number (if you know it)  
95693-JCI-CMED-RV-2

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

If yes, please fill out the appropriate information below.

| Name of Entity | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments       |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|----------------|
| Merck          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advisory Board |
| Genentech      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speaker        |
| Amgen          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speaker        |

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

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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

### Section 6. Disclosure Statement

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

Dr. Peters reports personal fees from Merck, personal fees from Genentech, personal fees from Amgen, outside the submitted work; .

### Evaluation and Feedback

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

**The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.**

#### 1. Identifying information.

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

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

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
John

2. Surname (Last Name)  
Fahy

3. Effective Date (07-August-2008)  
28-September-2017

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

5. Manuscript Title  
Links between mucus plugs, eosinophilia and airflow obstruction in asthma  
I

6. Manuscript Identifying Number (if you know it)  
95693-JCI-CMED-RV-2

### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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

#### The Work Under Consideration for Publication

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### The Work Under Consideration for Publication

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

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

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

### Section 3.

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

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

### Relevant financial activities outside the submitted work

| Type of Relationship (in alphabetical order) | No                                  | Money Paid to You                   | Money to Your Institution* | Entity                     | Comments           |     |
|--|-------------------------------------|-------------------------------------|----------------------------|----------------------------|--------------------|-----|
| 1. Board membership                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |                            |                    | X   |
|  |                                     |                                     |                            |                            |                    | ADD |
| 2. Consultancy                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Boehringer Ingelheim       | Consulting, <5000  | X   |
| 2. Consultancy                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Dynavax                    | Consulting, < 5000 | X   |
| 2. Consultancy                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Medimmune                  | Consulting, < 5000 | X   |
| 2. Consultancy                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Theravance                 | Consulting < 5000  | X   |
| 2. Consultancy                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Pieris                     | Consulting < 5000  | X   |
| 2. Consultancy                               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | Entrinsic Health Solutions | Consulting < 5000  | X   |
|  |                                     |                                     |                            |                            |                    | ADD |
| 3. Employment                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |                            |                    | X   |
|  |                                     |                                     |                            |                            |                    | ADD |
| 4. Expert testimony                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |                            |                    | X   |
|  |                                     |                                     |                            |                            |                    | ADD |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work      |                                     |                          |                                     |  |                      |     |
|---|-------------------------------------|--------------------------|-------------------------------------|--|----------------------|-----|
| Type of Relationship (in alphabetical order)                  | No                                  | Money Paid to You        | Money to Your Institution*          | Entity   | Comments             |     |
| 5. Grants/grants pending                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | NHLBI  | ~ \$2MM annually     | X   |
| 5. Grants/grants pending                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pfizer   | ~ \$300,000 annually | X   |
| 5. Grants/grants pending                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Genentech  | ~50,000 annually     | X   |
| 5. Grants/grants pending                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Vitaeris   | ~\$50,000            | X   |
|   |                                     |                          |                                     |  |                      | ADD |
| 6. Payment for lectures including service on speakers bureaus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |                      | X   |
|   |                                     |                          |                                     |  |                      | ADD |
| 7. Payment for manuscript preparation                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |                      | X   |
|   |                                     |                          |                                     |  |                      | ADD |
| 8. Patents (planned, pending or issued)                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Named inventor on a patent describing biomarkers of Th2 high asthma  | No income            | X   |
| 8. Patents (planned, pending or issued)                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Named inventor on a patent describing thiol modified carbohydrate compounds as novel mucolytic drugs.  | No income            | X   |
| 8. Patents (planned, pending or issued)                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Named inventor on a patent describing a mucus plug scoring system in MDCT lung images as a method for quantifying mucus plugs in asthma and other airway diseases. |                      | X   |
|   |                                     |                          |                                     |  |                      | ADD |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |                      | X   |
|   |                                     |                          |                                     |  |                      | ADD |
| 10. Payment for development of educational presentations      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |                      | X   |
|   |                                     |                          |                                     |  |                      | ADD |
| 11. Stock/stock options                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |                      | X   |
|   |                                     |                          |                                     |  |                      | ADD |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

12. Travel/accommodations/  
meeting expenses unrelated to  
activities listed\*\* ☒ ☐ ☐

X

ADD

13. Other (err on the side of full  
disclosure) ☒ ☐ ☐

X

ADD

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

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

### Section 4.

#### Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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

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

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

Hide All Table Rows Checked 'No'

SAVE

### Evaluation and Feedback

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