



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1 Identifying Information

1. Given Name (First Name)
Leonard
2. Surname (Last Name)
Altman
3. Date
15-November-2016
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Parameswaren Nair
5. Manuscript Title
A Pilot Randomized Clinical Trial of mepolizumab in COPD with Eosinophilic Bronchitis
6. Manuscript Identifying Number (If you know it)
ERJ-02250-2016

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

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. Altman 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) Angira 2. Surname (Last Name) Dasgupta 3. Date 16-November-2016
4. Are you the corresponding author? Yes No Corresponding Author's Name
Parameswaran Nair
5. Manuscript Title
A pilot randomized clinical trial of mepolizumab in COPD with eosinophilic bronchitis
6. Manuscript Identifying Number (if you know it)
ERJ-02250-2016

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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



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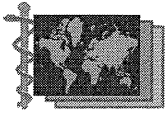
Section 6. Disclosure Statement

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

Dr. Dasgupta 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)

Thomas

2. Surname (Last Name)

Wight

3. Date

15-November-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Parameswaran Nair

5. Manuscript Title

A pilot randomized clinical trial of mepolizumab in COPD with eosinophilic bronchitis

6. Manuscript Identifying Number (if you know it)

ERJ-02250-2016

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

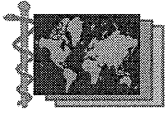
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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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



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Dr. Wight 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)

Fernando

2. Surname (Last Name)

Aleman Paramo

3. Date

15-November-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Professor Parameswaran Nair

5. Manuscript Title

A pilot randomized clinical trial of mepolizumab in COPD with eosinophilic bronchitis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

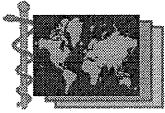
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Dr. Aleman Paramo has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Grace
2. Surname (Last Name)
Parraga
3. Date
15-November-2016
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Param Nair
5. Manuscript Title
ERJ-02250-2016
6. Manuscript Identifying Number (if you know it)
ERJ-02250-2016

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Are there any relevant conflicts of interest? Yes No

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Dr. Parraga 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) Colm	2. Surname (Last Name) Boylan	3. Date 15-November-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Parameswaran Nair
5. Manuscript Title A pilot randomized clinical trial of mepolizumab in COPD with eosinophilic bronchitis		
6. Manuscript Identifying Number (if you know it) ERJ-02250-2016		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Boylan 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)

Dante

2. Surname (Last Name)

Capaldi

3. Date

15-November-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Dr Parameswaran Nair

5. Manuscript Title

A pilot randomized clinical trial of mepolizumab in COPD with eosinophilic bronchitis

6. Manuscript Identifying Number (if you know it)

ERJ-02250-2016

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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

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D. Capaldi 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)
Katherine
2. Surname (Last Name)
Radford
3. Date
21-November-2016
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Parameswaran Nair
5. Manuscript Title
A pilot randomized clinical trial of mepolizumab in COPD with eosinophilic bronchitis
6. Manuscript Identifying Number (if you know it)
ERJ-02250-2016

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

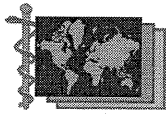
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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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



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Section 6. Disclosure Statement

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Ms. Radford 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)
Melanie

2. Surname (Last Name)
Kjarsgaard

3. Date
21-November-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Parameswaran Nair

5. Manuscript Title

A pilot randomized clinical trial of mepolizumab in COPD with eosinophilic bronchitis

6. Manuscript Identifying Number (if you know it)

ERJ-02250-2016

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Are there any relevant conflicts of interest? Yes No

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Ms. Kjarsgaard 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)
Parameswaran

2. Surname (Last Name)
Nair

3. Date
19-November-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
A pilot randomized clinical trial of mepolizumab in COPD with eosinophilic bronchitis

6. Manuscript Identifying Number (if you know it)
ERJ-02250-2016

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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
GSK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as a study investigator for expenses related to the conduct of the study

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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
AZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for 3 clinical trials
Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for 1 clinical trial
Teva	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for 1 clinical trial



ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for 1 clinical trial
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultation
Teva	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultation
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honorarium for lecture

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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I have provided consultation to a university spin off company, Cellometrics, that has a sputum filtration device

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Dr. Nair reports grants from GSK during the conduct of the study; grants from AZ, grants from Novartis, grants from Teva, grants from Sanofi, personal fees from Roche, personal fees from Teva, personal fees from Novartis, outside the submitted work; and I have provided consultation to a university spin off company, Cellometrics, that has a sputum filtration device.

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)
Paul

2. Surname (Last Name)
O'Byrne

3. Date
15-November-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Param Nair

5. Manuscript Title
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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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy fees; research funding
Chiesi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy and lecture fees
Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research funding



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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board participation
GSK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board participation
MedImmune	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board participation
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board participation
Amgen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research funding
Genentech	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research funding
Axican	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research funding

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Dr. O'Byrne reports grants and personal fees from AstraZeneca, personal fees from Chiesi, grants from Novartis, personal fees from Boehringer Ingelheim, personal fees from GSK, personal fees from MedImmune, personal fees from Merck, grants from Amgen, grants from Genentech, grants from Axican, outside the submitted work; .

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