Impact and Associations of Eosinophilic Inflammation in COPD: Analysis of the AERIS Cohort

**Conflict of interest:** TMAW has received reimbursement for travel and meeting attendance from Boehringer Ingelheim and AstraZeneca, outside of the submitted work. KJS received grants from Asthma UK (08/026) and BMA HC Roscoe Award outside of the submitted work, and he has a patent PCT/GB2010/050821 "Ex Vivo Modelling of Therapeutic Interventions" pending. EA, JMD are employees of the GSK group of companies. SCC received grants from Pfizer. EA, JMD hold shares/restricted shares in the GSK group of companies. KJS, VK, NPW, KKO, SAW, SCC, and TMAW received an institutional grant from the GSK group of companies to conduct this study. ACT, NAC, and SCB declare no conflict of interest.
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Royalties: Funds are coming in to you or your institution due to your patent

Coombs
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Ngaire

2. Surname (Last Name)  
   Coombs

3. Date  
   20-April-2017

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

5. Manuscript Title  
   AERIS publications

6. Manuscript Identifying Number (if you know it)

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Coombs 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)  Andrew
2. Surname (Last Name)  Tuck
3. Date  18-December-2015

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  TBD

5. Manuscript Title

publications related to the EPI-CHIP-001 study

6. Manuscript Identifying Number (if you know it)

Not known

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Emmanuel
2. Surname (Last Name)  ARIS
3. Date  29-October-2015
4. Are you the corresponding author?  ☑ Yes  ☐ No  
   Corresponding Author’s Name

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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If yes, please fill out the appropriate information below.

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Section 1. Identifying Information

1. Given Name (First Name)  Jeanne-Marie
2. Surname (Last Name)  Devaster
3. Date  24-November-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  AERIS publications (114378)

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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<table>
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<td>shares and restricted shares</td>
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Dr. Devaster reports personal fees from GSK, other from GSK, during the conduct of the study.

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<th>2. Surname (Last Name)</th>
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<tr>
<td>Kristoffer</td>
<td>Ostridge</td>
<td>10-November-2015</td>
</tr>
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4. Are you the corresponding author?  
   - Yes  
   - No  

5. Manuscript Title  
   EPI-HIP 001 study

6. Manuscript Identifying Number (if you know it)

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

   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.

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**Other:** Anything not covered under the previous three boxes

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

Williams
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Nicholas  

2. Surname (Last Name)  
   Williams  

3. Date  
   06-November-2015  

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

5. Manuscript Title  
   AERIS study publications  

6. Manuscript Identifying Number (if you know it)  

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

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

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

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

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

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

**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. Nicholas 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)  Simon
2. Surname (Last Name)  Bourne
3. Date  16-December-2015

4. Are you the corresponding author?  □ Yes  ✔ No
   Corresponding Author’s Name
   Dr. Tom Wilkinson

5. Manuscript Title
   AERIS Manuscript

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest?  □ Yes  ✔ No

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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

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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. Bourne has nothing to disclose.

Evaluation and Feedback

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name) Stuart
2. Surname (Last Name) Clarke
3. Date 22-December-2015
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Dr. Jeanne-Marie Devaster
5. Manuscript Title publications related to the EPI-HIP-001 study
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.

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Section 3. Relevant financial activities outside the submitted work.
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “ADD +” box. You should report relationships that were present during the 36 months prior to publication.
Are there any relevant conflicts of interest? ☑ Yes ☐ No
If yes, please fill out the appropriate information below.

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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?

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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. Clarke reports grants from GSK, during the conduct of the study; grants from Pfizer, 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

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1. Identifying information.
2. The work under consideration for publication.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.
6. Definitions.

Wootton
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1.** Identifying Information

1. Given Name (First Name)  
   Stephen

2. Surname (Last Name)  
   Wootton

3. Date  
   18-November-2015

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

5. Manuscript Title  
   EPI-HP-001

6. Manuscript Identifying Number (if you know it)

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**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.

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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

Wootton
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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Dr. Wootton reports grants and non-financial support from GSK, during the conduct of the study.

Evaluation and Feedback

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Wilkinson
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Tom

2. Surname (Last Name)  
   Wilkinson

3. Date  
   22-February-2016

4. Are you the corresponding author?  
   Yes ☑ No

Corresponding Author’s Name  
TBD

5. Manuscript Title
   publications related to the EPI-HIP-001 study

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.

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Wilkinson
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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Dr. Wilkinson reports grants and non-financial support from GSK, during the conduct of the study; other from Boehringer Ingelheim, grants and other from Astra Zeneca, outside the submitted work.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Definitions.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent

Kim
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Viktoriya
2. Surname (Last Name) Kim
3. Date 02-November-2015
4. Are you the corresponding author? ☑ Yes ☐ No
5. Manuscript Title EPI-HIP-001 publications
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.

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<td>funded and supported AERIS study</td>
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Section 3. Relevant financial activities outside the submitted work.

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

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

If yes, please fill out the appropriate information below.

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Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Kim reports grants from GSK Biologicals SA, during the conduct of the study; other from GSK Biologicals SA, 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 six parts.

1. Identifying information.

2. The work under consideration for publication.

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

3. Relevant financial activities outside the submitted work.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Karl
2. Surname (Last Name)  Staples
3. Date  24-April-2017
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  Impact and Associations of Eosinophilic Inflammation in COPD: Analysis of the AERIS Cohort
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.)?  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.

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Collaborative Research & Development Agreement (CRADA). No restrictions were placed on authors regarding the statements made in the manuscript.

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Evaluation and Feedback

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