ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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Section 1. Identifying Information

1. Given Name (First Name)  
Leonard

2. Surname (Last Name)  
Bacharier

3. Date  
15-April-2019

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

Corresponding Author’s Name  
Michael E Wechsler

5. Manuscript Title  
Step-Up Therapy in Blacks with Inadequately Controlled Asthma

6. Manuscript Identifying Number (if you know it)  
19-05560

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<td>provided study drugs</td>
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1. Given Name (First Name) 
   Avraham

2. Surname (Last Name) 
   Beigelman

3. Date 
   15-April-2019

4. Are you the corresponding author?  
   Yes ☑ No

Corresponding Author’s Name 
   Michael E Wechsler

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<tr>
<td>Merck</td>
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Kathryn

2. **Surname (Last Name)**
   - Blake

3. **Date**
   - 15-April-2019

4. **Are you the corresponding author?**
   - Yes √ No

   **Corresponding Author’s Name**
   - Michael E Wechsler

5. **Manuscript Title**
   - Step-Up Therapy in Blacks with Inadequately Controlled Asthma

6. **Manuscript Identifying Number (if you know it)**
   - 19-05560

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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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---|---|---|---|---|---
TEVA | | | ✔ | | provided study drugs for a different AsthmaNet trial (SIENA)

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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  
   17-April-2019

4. Are you the corresponding author?  
   Yes ☒ No

   Corresponding Author’s Name  
   Michael E Wechsler

5. Manuscript Title  
   Step-Up Therapy in Blacks with Inadequately Controlled Asthma

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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

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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. Bleecker reports he has undertaken clinical trials through his employer, Wake Forest School of Medicine and the University of Arizona, for AstraZeneca, MedImmune, Boehringer Ingelheim, Cephalon/Teva, Genentech, Glaxo Smith Kline, Johnson & Johnson (Janssen), Novartis, and Sanofi Regeneron,

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1. Given Name (First Name)
   - Michael

2. Surname (Last Name)
   - Cabana

3. Date
   - 15-April-2019

4. Are you the corresponding author?
   - ☑ Yes

   Corresponding Author’s Name
   - Michael E Wechsler

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   Juan Carlos

2. Surname (Last Name)
   
   Cardet

3. Date
   
   15-April-2019

4. Are you the corresponding author?  
   
   Yes  ✔  No

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   Michael E Wechsler

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

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1. **Given Name (First Name)**
   - Mario

2. **Surname (Last Name)**
   - Castro

3. **Date**
   - 15-April-2019

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Step-Up Therapy in Blacks with Inadequately Controlled Asthma

6. **Manuscript Identifying Number (if you know it)**
   - 19-05560

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   James

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   Chmiel

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   Michael E Wechsler

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Ronina

2. Surname (Last Name)  
   Covar

3. Date  
   03-May-2019

4. Are you the corresponding author?  
   ☑ Yes  
   No

   Corresponding Author’s Name  
   Michael E Wechsler

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  
Loren

2. Surname (Last Name)  
Denlinger

3. Date  
09-May-2019

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

Corresponding Author’s Name  
Michael E Wechsler

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  
Emily

2. Surname (Last Name)  
DiMango

3. Date  
18-April-2019

4. Are you the corresponding author?  
[ ] Yes  
☑️ No

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☑️ Yes  
[ ] No

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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?

- 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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Dr. DiMango reports grants from NIH and non-financial support from GlaxoSmithKline during the conduct of the study; non-financial support from Boehringer-Ingelheim, non-financial support from Merck, non-financial support from TEVA, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Anne

2. Surname (Last Name)  
   Fitzpatrick

3. Date  
   16-April-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

Corresponding Author’s Name  
Michael E Wechsler

5. Manuscript Title  
Step-Up Therapy in Blacks with Inadequately Controlled Asthma

6. Manuscript Identifying Number (if you know it)  
19-05560

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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1. **Given Name (First Name)**
   Deborah

2. **Surname (Last Name)**
   Gentile

3. **Date**
   23-April-2019

4. **Are you the corresponding author?**
   
   - [ ] Yes
   - [x] No

   **Corresponding Author’s Name**
   Michael E Wechsler

5. **Manuscript Title**
   Step-Up Therapy in Blacks with Inadequately Controlled Asthma

6. **Manuscript Identifying Number (if you know it)**
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1. Given Name (First Name) Nicole
2. Surname (Last Name) Grossman
3. Date 18-April-2019
4. Are you the corresponding author? ☑ No
5. Manuscript Title
Step-Up Therapy in Blacks with Inadequately Controlled Asthma
6. Manuscript Identifying Number (if you know it)
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Dr. Grossman has nothing to disclose.

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   Fernando

2. Surname (Last Name)  
   Holguin

3. Date  
   15-April-2019

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   Yes   ✔   No

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

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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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<td>Israel</td>
<td>17-April-2019</td>
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4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
Step-Up Therapy in Blacks with Inadequately Controlled Asthma

6. Manuscript Identifying Number (if you know it)  
18-17163

### 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.)?  
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<td>✓</td>
<td>☐</td>
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1. Given Name (First Name)  
   Daniel
2. Surname (Last Name)  
   Jackson
3. Date  
   05-May-2019
4. Are you the corresponding author?  
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5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   19-05560

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Monica
2. Surname (Last Name)  Kraft
3. Date  15-April-2019
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Michael E Wechsler
5. Manuscript Title  Step-Up Therapy in Blacks with Inadequately Controlled Asthma
6. Manuscript Identifying Number (if you know it)  19-05560

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.

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</tr>
</tbody>
</table>
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

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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. Kraft reports grants from NIH, Chiesi, and Sanofi and personal fees from Elsevier 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.
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Krishnan

1
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jerry
2. Surname (Last Name)  Krishnan
3. Date  16-April-2019
4. Are you the corresponding author?  Yes  No  ✔

Corresponding Author’s Name  Michael E Wechsler

5. Manuscript Title
   Step-Up Therapy in Blacks with Inadequately Controlled 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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Dr. Krishnan reports grants from NIH, 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)  
   Harsha Vardhan

2. Surname (Last Name)  
   Kumar

3. Date  
   23-April-2019

4. Are you the corresponding author?  
   Yes ✔  No

   Corresponding Author’s Name  
   Michael E Wechsler

5. Manuscript Title  
   Step-Up Therapy in Blacks with Inadequately Controlled Asthma

6. Manuscript Identifying Number (if you know it)  
   19-05560

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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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   Susan

2. **Surname (Last Name)**
   Kunselman

3. **Date**
   17-April-2019

4. **Are you the corresponding author?**  
   - Yes
   - No ✔

   **Corresponding Author’s Name**
   Michael E Wechsler

5. **Manuscript Title**
   Step-Up Therapy in Blacks with Inadequately Controlled Asthma

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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.

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<td>☐</td>
<td>☑️</td>
<td>☐</td>
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<td>☐</td>
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<td>own stock in Merck and Co.</td>
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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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Ms. Kunselman reports grants from NIH, non-financial support from GlaxoSmithKline, during the conduct of the study; non-financial support from Boehringer-Ingelheim, non-financial support from Merck, non-financial support from TEVA, other from Merck, outside the submitted work.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 
   Craig

2. Surname (Last Name) 
   LaForce

3. Date 
   15-April-2019

4. Are you the corresponding author? 
   Yes ☒ No

5. Manuscript Title 
   Step-Up Therapy in Blacks with Inadequately Controlled Asthma

6. Manuscript Identifying Number (if you know it) 
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jason
2. Surname (Last Name)  Lang
3. Date  03-May-2019
4. Are you the corresponding author?  
   ☑ Yes  ☐ No
   Corresponding Author’s Name  Michael E Wechsler
5. Manuscript Title  
   Step-Up Therapy in Blacks with Inadequately Controlled Asthma
6. Manuscript Identifying Number (if you know it)  19-05560

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

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Lazarus
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Stephen

2. Surname (Last Name)  
   Lazarus

3. Date  
   09-May-2019

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Michael E Wechsler

5. Manuscript Title  
   Step-Up Therapy in Blacks with Inadequately Controlled Asthma

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<td>Lemanske</td>
<td>15-April-2019</td>
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   - No

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   John  

2. Surname (Last Name)  
   Lima  

3. Date  
   10-April-2019  

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

   Corresponding Author’s Name  
   Michael E Wechsler  

5. Manuscript Title  
   Step-Up Therapy in Blacks with Inadequately Controlled Asthma  

6. Manuscript Identifying Number (if you know it)  
   19-05560  

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Are there any relevant conflicts of interest?  
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Section 1. Identifying Information

1. Given Name (First Name)  
Dayna

2. Surname (Last Name)  
Long

3. Date  
23-April-2019

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

Corresponding Author’s Name  
Michael E Wechsler

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
19-05560

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   Njira

2. Surname (Last Name)  
   Lugogo

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   09-May-2019

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- **Royalties**: Funds are coming in to you or your institution due to your patent
# Section 1. Identifying Information

1. Given Name (First Name)  
   Fernando

2. Surname (Last Name)  
   Martinez

3. Date  
   03-May-2019

4. Are you the corresponding author?  
   ✔ Yes

5. Manuscript Title  
   Step-Up Therapy in Blacks with Inadequately Controlled Asthma

6. Manuscript Identifying Number (if you know it)  
   19-05560

# 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.)?

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<td>✔</td>
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<td>☐</td>
<td>✔</td>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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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)  
   Mauger  
3. Date  
   17-April-2019  
4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Michael E Wechsler 

5. Manuscript Title  
   Step-Up Therapy in Blacks with Inadequately Controlled Asthma  

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   19-05560

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Are there any relevant conflicts of interest?  
   [x] 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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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments
--- | --- | --- | --- | --- | ---
Glaxo Smith Kline | ✔ | | ✔ | | provided study drugs for different NIH-funded studies (STICS, ORBEX, and PARK), as well as financial support for the NIH-funded SARP study
Genentech | ✔ | | | | provided study drugs for a different NIH-funded study (PARK), as well as financial support for the NIH-funded SARP study
Vifor-Pharma | ✔ | | | | provided financial support and study drugs for a different NIH-funded study (ORBEX)
Boehringer-Ingelheim | ✔ | | | | provided study drugs for a different NIH-funded study (SIENA), as well as financial support for the NIH-funded SARP study
Sanofi | ✔ | | | | provided financial support for the NIH-funded SARP study
Astra Zeneca | ✔ | | | | provided financial support for the NIH-funded SARP study
TEVA | ✔ | | | | provided study drugs for a different NIH-funded study (SIENA), as well as financial support for the NIH-funded SARP study
Novartis | | ✔ | | | for DSMB service on a Novartis study unrelated to asthma.
Merck | | | ✔ | | provided study drugs for a different NIH-funded study (SIENA)

---

**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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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Deborah  

2. Surname (Last Name)  
   Meyers  

4. Are you the corresponding author?  
   Yes ✔ No  

   Corresponding Author’s Name  
   Michael E Wechsler and Elliot Israel  

5. Manuscript Title  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Wendy

2. Surname (Last Name)  
   Moore

3. Date  
   13-May-2019

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

Corresponding Author’s Name  
Michael E Wechsler

5. Manuscript Title  
Step-Up Therapy in Blacks with Inadequately Controlled Asthma

6. Manuscript Identifying Number (if you know it)  
19-05560

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   James

2. Surname (Last Name)  
   Moy

3. Date  
   06-May-2019

4. Are you the corresponding author?  
   Yes ✔  No

   Corresponding Author’s Name  
   Michael E Wechsler

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Edward

2. **Surname (Last Name)**
   - Naureckas

3. **Date**
   - 15-April-2019

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Step-Up Therapy in Blacks with Inadequately Controlled Asthma

6. **Manuscript Identifying Number (if you know it)**
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1. **Given Name (First Name)**  
   J. Tod

2. **Surname (Last Name)**  
   Olin

3. **Date**  
   20-May-2019

4. **Are you the corresponding author?**  
   - [ ] Yes  
   - [x] No  
   
   **Corresponding Author’s Name**  
   Michael E Wechsler

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- Are there any relevant conflicts of interest?  
  - [x] Yes  
  - [ ] No  

If yes, please fill out the appropriate information below.

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Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments
--- | --- | --- | --- | --- | ---
TEVA | ☐ | ☐ | ☑ | ☐ | provided study drugs for a different AsthmaNet trial (SIENA)

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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1. Given Name (First Name)  
Victor

2. Surname (Last Name)  
Ortega

3. Date  
10-May-2019

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

Corresponding Author’s Name  
Michael E Wechsler

5. Manuscript Title  
Step-Up Therapy in Blacks with Inadequately Controlled Asthma

6. Manuscript Identifying Number (if you know it)  
19-05560

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Dr. Ortega has nothing to disclose.
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### Section 1. Identifying Information

1. Given Name (First Name)  
   Stephen

2. Surname (Last Name)  
   Peters, MD, PhD

3. Date  
   15-April-2019

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

5. Manuscript Title  
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1. Given Name (First Name)  
Wanda

2. Surname (Last Name)  
Phipatanakul

3. Date  
22-April-2019

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

Corresponding Author’s Name  
Michael E Wechsler

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**Section 1. Identifying Information**

| 1. Given Name (First Name) | Jacqueline |
| 2. Surname (Last Name)     | Pongracic  |
| 3. Date                    | 15-April-2019 |
| 4. Are you the corresponding author? | Yes □ No ✔ |
| 5. Manuscript Title        | Step-Up Therapy in Blacks with Inadequately Controlled Asthma |
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Loretta

2. **Surname (Last Name)**
   - Que

3. **Date**
   - 15-April-2019

4. **Are you the corresponding author?**
   - Yes ✔

5. **Manuscript Title**
   - Step-Up Therapy in Blacks with Inadequately Controlled Asthma

6. **Manuscript Identifying Number (if you know it)**
   - 19-05560

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   Hengameh

2. Surname (Last Name)  
   Raissy

3. Date  
   15-April-2019

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

   Corresponding Author’s Name  
   Michael E Wechsler

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   Rachel

2. Surname (Last Name) 
   Robison

3. Date 
   16-April-2019

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   Corresponding Author’s Name
   Michael E Wechsler

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Kristie

2. Surname (Last Name)  
Ross

3. Date  
26-April-2019

4. Are you the corresponding author?  
Yes ☑ No

Corresponding Author’s Name  
Michael E Wechsler

5. Manuscript Title  
Step-Up Therapy in Blacks with Inadequately Controlled Asthma

6. Manuscript Identifying Number (if you know it)  
19-05560

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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   William

2. **Surname (Last Name)**  
   Sheehan

3. **Date**  
   26-April-2019

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

5. **Manuscript Title**  
   Step-Up Therapy in Blacks with Inadequately Controlled Asthma

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   19-05560

### 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>Smith</td>
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<td>3. Date</td>
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</tr>
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<td>4. Are you the corresponding author?</td>
<td>☑ Yes  No</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Michael E Wechsler</td>
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<td>5. Manuscript Title</td>
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<td>Served on DSMB for one of four FDA mandated studies of the adverse effects of LABAs in combination with ICS for the treatment of asthma - in 2016 and 2017.</td>
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1. **Given Name (First Name)**  
   Julian

2. **Surname (Last Name)**  
   Solway

3. **Date**  
   29-August-2019

4. **Are you the corresponding author?**  
   Yes [✓]  
   No [ ]

   **Corresponding Author’s Name**  
   Michael E Wechsler

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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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Yes [✓]  
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</tr>
<tr>
<td>NIH</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>I am PI or co-investigator on multiple research or training grants from the NIH, which are administered through the University of Chicago.</td>
</tr>
<tr>
<td>PulmOne Advanced Medical Devices, Ltd, Israel</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>I have served as a member of the Scientific Advisory Board of PulmOne Advanced Medical Devices, Ltd. since January, 2011 and in such capacity have received reimbursement of certain expenses and an entitlement to a portion of the proceeds of the sale of the company or other similar event, should this occur. Total reimbursement for incurred expenses has been less than $5000 since 2011, and I have not yet received any other income from this company, though I expect to at some undetermined point in the future as described above.</td>
</tr>
<tr>
<td>Regeneron/Sanofi-Genzyme</td>
<td></td>
<td>✔</td>
<td>✔</td>
<td></td>
<td>I participated in a Scientific Advisory Board meeting in Amsterdam sponsored by Sanofi-Genzyme and Regeneron in July 2018 concerning asthma disease modification and the potential role of dupilumab therein, for which I received honorarium, travel expense and time reimbursement, and food, with total expenditure less than $12,000 for this event. I also attended a Regional Consulting meeting related to dupilumab in Chicago in October 2018 sponsored by Regeneron, and anticipate honorarium plus expenditures made on my behalf (parking, food) to total approximately $3000.</td>
</tr>
<tr>
<td>Rafael Rivera III Memorial Foundation for Asthma Research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>The Rafael Rivera III Memorial Foundation for Asthma Research has made annual gifts to the University of Chicago to support asthma research performed in my laboratory, for the last 17 years. These funds are administered by the University of Chicago.</td>
</tr>
</tbody>
</table>
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

Chicago Biomedical Consortium Accelerator Network

Markets

I am PI on a grant from the Chicago Biomedical Consortium. The funds are administered by the University of Chicago.

---

**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.

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<tbody>
<tr>
<td>US Patents #6,090,618, #6,114,311, #6,284,743, #6,291,211, #6,297,221, #6,331,527, #7,169,764</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
<td>These concern a smooth muscle specific gene promoter (SM22 alpha), which could conceivably be used for gene therapies relevant to asthma.</td>
</tr>
<tr>
<td>PCT/US2014/032186</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
<td>This concerns a method for determining respiratory physiological parameters</td>
</tr>
<tr>
<td>US preliminary patent applications submitted</td>
<td></td>
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<td></td>
<td></td>
<td>Concerning the composition of matter and use of novel small molecules called &quot;remodilins&quot; in asthma, fibrotic diseases, glaucoma, cancer, and hypoxia</td>
</tr>
<tr>
<td>62/872,980 Remodilins for Airway remodeling and organ fibrosis</td>
<td>[ ]</td>
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<tr>
<td>62/828,122 Remodilins to Prevent or Treat Cancer Metastasis, Glaucoma, and Hypoxia</td>
<td>[ ]</td>
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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):

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christine
2. Surname (Last Name) Sorkness
3. Date 16-April-2019

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

Corresponding Author’s Name Michael E Wechsler

5. Manuscript Title
Step-Up Therapy in Blacks with Inadequately Controlled Asthma

6. Manuscript Identifying Number (if you know it)
19-05560

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

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TEVA |  |  | ✔ |  | provided study drugs for a different AsthmaNet trial (SIENA)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
   Lisa  
2. Surname (Last Name)  
   Sullivan Vedder  
3. Date  
   09-May-2019  
4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Michael E Wechsler  
5. Manuscript Title  
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   Stanley

2. Surname (Last Name)  
   Szefler

3. Date  
   17-April-2019

4. Are you the corresponding author?  
   Yes ☑   No

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   Step-Up Therapy in Blacks with Inadequately Controlled Asthma

6. Manuscript Identifying Number (if you know it)  
   19-05560

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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<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>NIH</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>funded for AsthmaNet</td>
</tr>
<tr>
<td>GlaxoSmithKline</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>provided study drugs</td>
</tr>
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Section 3. Relevant financial activities outside the submitted work.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boehringer-Ingelheim</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>Consultant for development and oversight of pediatric studies to meet regulatory requirements for new medications. Oversight of global study of this new medication as well as assistance in manuscript development. Funds to my University. Provided study medication for another AsthmaNet trial (SIENA)</td>
</tr>
<tr>
<td>Genentech</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>Participated in manuscript preparation and advisory boards for the TENOR I and II studies and the EXCELS study; received in past 3 years for time and effort in project design and data analysis. Funds to my University.</td>
</tr>
<tr>
<td>GlaxoSmithKline</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>I participated in two Pediatric Asthma Summit meetings this year to discuss asthma management worldwide. I also participated in two global advisory meetings for drug development including children. All funds to my University. Over the period of 2012-2016 I managed a grant entitled Building Bridges - Advancing Education by Improving Asthma Care in the Inner City. This was a mentorship and implementation program. The University of Colorado School of Medicine was the funding center. It involved multiple sites and was designed to provide a school-centered asthma care program for implementation and dissemination. Funding ended in December 2016. Work is now completed on this grant.</td>
</tr>
<tr>
<td>Aerocrine</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td>Guidance in application of an inflammation monitoring device. Approximately three years ago. Funds to my University.</td>
</tr>
<tr>
<td>Astra Zeneca</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>For assistance in educating investigators regarding severe asthma in children and also for guidance in new product development. Approximately the past three years. Funds to my University.</td>
</tr>
</tbody>
</table>
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</thead>
<tbody>
<tr>
<td>Daiichi Sankyo</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>Advice on development of new medication, especially how it might relate to childhood asthma. Approximately three years ago. Funds to my University.</td>
</tr>
<tr>
<td>Roche</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>For assistance in designing and monitoring a pediatric asthma study for a new medication. Over two years ago. Work completed. Funds to my University.</td>
</tr>
<tr>
<td>Teva</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>Participated in an asthma advisory panel for a new medications. Approximately two years ago. Work completed. Funds go to my University. Provided study drugs for another AsthmaNet trial (SIENA)</td>
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<tr>
<td>Propeller Health</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>Discussion of research data regarding electronic monitoring of adherence and rescue therapy and potential future research studies. Funds paid to my University over the past two years.</td>
</tr>
<tr>
<td>Sanofi</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>Consultant for new drug development for childhood asthma. Funds paid to my University in the past year.</td>
</tr>
<tr>
<td>Regeneron</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>Consultant for new drug development for childhood asthma. Funds paid to my University in the past year.</td>
</tr>
<tr>
<td>Merck</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td>Provided study medication for another AsthmaNet trial (SIENA)</td>
</tr>
</tbody>
</table>

### 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. Szefler reports grants from NIH, non-financial support from GlaxoSmithKline, during the conduct of the study; non-financial support and other from Boehringer-Ingelheim, other from Genentech, other from GlaxoSmithKline, other from Aerocrine, other from Astra Zeneca, other from Daiichi Sankyo, other from Roche, other from Teva, other from Propeller Health, other from Sanofi, other from Regeneron, non-financial support 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

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".

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

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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)**
   - Michael E.

2. **Surname (Last Name)**
   - Wechsler

3. **Date**
   - 19-March-2019

4. **Are you the corresponding author?**
   - Yes ✔ No

5. **Manuscript Title**
   - Step-Up Therapy in Blacks with Inadequately Controlled Asthma

6. **Manuscript Identifying Number (if you know it)**
   - 19-05560

## 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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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>NIH</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>FUNDED THE ASTHMANET</td>
</tr>
<tr>
<td>GlaxoSmithKline</td>
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<td>☐</td>
<td>✔</td>
<td>☐</td>
<td>Provided Study drugs</td>
</tr>
</tbody>
</table>

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<th>Other?</th>
<th>Comments</th>
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<tbody>
<tr>
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<td>☐</td>
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<td>Novartis</td>
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<td>☐</td>
<td>☐</td>
<td>Research grant; Consultant 2018</td>
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<tr>
<td>Name of Entity</td>
<td>Grant?</td>
<td>Personal Fees?</td>
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<td>Other?</td>
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<tr>
<td>Sanofi</td>
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<td>✔</td>
<td></td>
<td></td>
<td>Research grant 2018; Consultant 2018</td>
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<td>Mylan</td>
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<td>Sentien</td>
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<td></td>
<td>DSMB member 2018</td>
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<td>Teva</td>
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<td>✔</td>
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<td></td>
<td>Provided Study drugs for another Asthmanet Study; research grant 2018</td>
</tr>
<tr>
<td>Boehringer Ingelheim</td>
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<td>Provided Study Drugs for another Asthmanet Study, Consultant 2018</td>
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<td>GlaxoSmithKline</td>
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<td>Consultant 2018, 2019</td>
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<td>Boston Scientific</td>
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<td></td>
<td>Consultant 2017</td>
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<tr>
<td>Merck</td>
<td></td>
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<td></td>
<td>Provided Study Drugs for another Asthmanet Study (SIENA)</td>
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<td>Genzyme</td>
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<td>Consultant 2018</td>
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<td>GALA therapeutics</td>
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<td>Consultant</td>
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<tr>
<td>Pulmatrix</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Consultant</td>
</tr>
</tbody>
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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?  
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<td>Sally</td>
<td>Wenzel</td>
<td>15-April-2019</td>
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<table>
<thead>
<tr>
<th>4. Are you the corresponding author?</th>
<th>Yes</th>
<th>No</th>
<th>Corresponding Author's Name</th>
<th>Michael E Wechsler</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>5. Manuscript Title</th>
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<tbody>
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<td>☐</td>
<td>funded the AsthmaNet</td>
</tr>
<tr>
<td>GlaxoSmithKline</td>
<td>✔</td>
<td>☐</td>
<td>✔</td>
<td>☐</td>
<td>provided study drugs, IL-33R multicenter clinical trial</td>
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</tbody>
</table>

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

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<td>☐</td>
<td>✔</td>
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<td>✓</td>
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<td>provided study drugs for a different AsthmaNet trial (SIENA)</td>
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<td>TEVA</td>
<td>☐</td>
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<td>✓</td>
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</tr>
<tr>
<td>AstraZeneca</td>
<td>✓</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>Anti-IL5R and anti TSLP multicenter studies and consulting</td>
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<td>☐</td>
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<td>Pieris</td>
<td>☐</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>consulting on anti-calins</td>
</tr>
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</table>

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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. Wenzel reports grants from NIH, grants and non-financial support from GlaxoSmithKline, from null, during the conduct of the study; non-financial support from Boehringer-Ingelheim, non-financial support from Merck, non-financial support from TEVA, grants and personal fees from AstraZeneca, grants and personal fees from Sanofi, personal fees from Pieris, outside the submitted work.
ICMJE Form for Disclosure of Potential Conflicts of Interest

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.**

   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. **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.

**Definitions.**

- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
- **Grant:** A grant from an entity, generally (but not always) paid to your organization
- **Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
- **Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
- **Other:** Anything not covered under the previous three boxes
- **Pending:** The patent has been filed but not issued
- **Issued:** The patent has been issued by the agency
- **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)**
   - Steven

2. **Surname (Last Name)**
   - White

3. **Date**
   - 15-April-2019

4. **Are you the corresponding author?**
   - Yes ❌ No ✔

   **Corresponding Author’s Name**
   - Michael E Wechsler

5. **Manuscript Title**
   - Step-Up Therapy in Blacks with Inadequately Controlled Asthma

6. **Manuscript Identifying Number (if you know it)**
   - 19-05560

### 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.

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>NIH</td>
<td>✔</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>funded the AsthmaNet</td>
</tr>
<tr>
<td>GlaxoSmithKline</td>
<td>❌</td>
<td>❌</td>
<td>✔</td>
<td>❌</td>
<td>provided study drugs</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<tr>
<td>Boehringer-Ingelheim</td>
<td>❌</td>
<td>✔</td>
<td>✔</td>
<td>❌</td>
<td>provided study drugs for a different AsthmaNet trial (SIENA), advisory board</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
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<th>Non-Financial Support?</th>
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<tr>
<td>Merck</td>
<td>✔</td>
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<td>✗</td>
<td>✗</td>
<td>provided study drugs for a different AsthmaNet trial (SIENA)</td>
</tr>
<tr>
<td>TEVA</td>
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<td>provided study drugs for a different AsthmaNet trial (SIENA)</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

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

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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