

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

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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.

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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH/NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

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Aerocrine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant, honoraria for lectures
GlaxoSmithKline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant, honoraria for lectures

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Genentech/Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant, honoraria for lectures
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Scientific Advisory Board; provided study drugs for a different AsthmaNet trial (SIENA)
DBV Technologies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data Safety Monitoring Board
Teva	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consultant, honoraria for lectures; provided study drugs for a different AsthmaNet trial (SIENA)
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consultant, honoraria for lectures; provided study drugs for a different AsthmaNet trial (SIENA)
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant, honoraria for lectures
WebMD/Medscape	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honoraria for CME program development
Sanofi/Regeneron	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board, honoraria for lectures
Vectura	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board. consultant
Circassia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board

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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1. Given Name (First Name) Avraham	2. Surname (Last Name) Beigelman	3. Date 15-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Boehringer-Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant support for another asthma study

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 1. Identifying Information

1. Given Name (First Name) Mindy	2. Surname (Last Name) Benson	3. Date 15-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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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) Eugene	2. Surname (Last Name) Blecker	3. Date 17-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

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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
Boehringer-Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA), paid consultant

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
MedImmune	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
Glaxo Smith Kline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
Sanofi Regeneron	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant

Section 4. Intellectual Property -- Patents & Copyrights

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

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

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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Section 6.

Disclosure Statement

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Dr. Bleecker reports grants from NIH, non-financial support from GlaxoSmithKline, during the conduct of the study; personal fees and non-financial support from Boehringer-Ingelheim, non-financial support from Merck, non-financial support from TEVA, personal fees from AstraZeneca, personal fees from MedImmune, personal fees from Glaxo Smith Kline, personal fees from Novartis, personal fees from Sanofi Regeneron, outside the submitted work; and 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Cabana	3. Date 15-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

Section 3. Relevant financial activities outside the submitted work.

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

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Boehringer-Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
Genentech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

Section 4. Intellectual Property -- Patents & Copyrights

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Juan Carlos	2. Surname (Last Name) Cardet	3. Date 15-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
5. Manuscript Title Step-Up Therapy in Blacks with Inadequately Controlled Asthma		
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GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

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Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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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Boehringer-Ingelheim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided study drugs for a different AsthmaNet trial (SIENA), Speaker, Industry-Sponsored Studies

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Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
TEVA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided study drugs for a different AsthmaNet trial (SIENA), Speaker/Consultant
Boston Scientific	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy/Speaker
Nuvaira	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
Genentech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy/Speaker
Sanofi-Aventis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Industry-Sponsored Studies, Consultant, Speaker
Elsevier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties
Aviragen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
AstraZeneca	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Industry-Sponsored Studies, Speaker
Chiesi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Industry-Sponsored Studies,
4D Pharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
VIDA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Industry-Sponsored Studies,
Mallinckrodt	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Theravance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
ALA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	University Grant Funding
PCORI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	University Grant Funding
Therabron	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Vectura	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
GSK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Industry-Sponsored Studies, speaker
Regeneron	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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) Vernon	2. Surname (Last Name) Chinchilli	3. Date 15-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
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Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) James	2. Surname (Last Name) Chmiel	3. Date 15-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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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GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

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Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
American Board of Pediatrics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honoraria
Cystic Fibrosis Foundation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honoraria
Albumedix	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Catabasis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Vertex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PAKA Pharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Patara Pharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
pH Pharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting

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) Ronina	2. Surname (Last Name) Covar	3. Date 03-May-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
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

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
GSK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Study investigator

Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name) Loren	2. Surname (Last Name) Denlinger	3. Date 09-May-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

Section 3. Relevant financial activities outside the submitted work.

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer-Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grants funding work other than AsthmaNet
AstraZeneca	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	November 2016, Educational Program; December 2017, SARP partnership; April 2018, Consulting
Sanofi-Regeneron	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	June 2017, Consulting

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Dr. Denlinger 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, grants from NIH, grants and personal fees from AstraZeneca, personal fees from Sanofi-Regeneron, 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) Emily	2. Surname (Last Name) DiMango	3. Date 18-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.R1		

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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

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TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

Section 4. Intellectual Property -- Patents & Copyrights

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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) Anne	2. Surname (Last Name) Fitzpatrick	3. Date 16-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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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
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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

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Dr. Fitzpatrick reports grants from NIH and non-financial support from GlaxoSmithKline 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) Deborah	2. Surname (Last Name) Gentile	3. Date 23-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
5. Manuscript Title Step-Up Therapy in Blacks with Inadequately Controlled Asthma		
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Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Glaxo Smith Kline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stallergenes Greer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant and speaker
Astra Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSMB

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Nicole

2. Surname (Last Name)
Grossman

3. Date
18-April-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Michael Wechsler

5. Manuscript Title
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Section 6. Disclosure Statement

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Dr. Grossman has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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) Holguin	3. Date 15-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

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Boehringer-Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Elliot

2. Surname (Last Name)
Israel

3. Date
17-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)
18-17163

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

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NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funded AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided Study Drugs

Section 3. Relevant financial activities outside the submitted work.

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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"/>	Consultant; Provided financial support for NIH-funded SARP study
Novartis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant; Research Grant (ARC): Multi-Center Study

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Regeneron Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
TEVA Specialty Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consultant; Research Grant: Drug contributed to PCORI-PREPARE Study
Bird Rock Bio	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Nuvelution Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Vitaeris, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Sanofi Genzyme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Merck	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consultant; Provided study drugs for NIH-funded studies (SIENA) and financial support for NIH-funded SARP study
Entrinsic Health Solutions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
GlaxoSmithKline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consultant; Provided study drugs for different NIH-funded studies (STICS, BARD, ORBEX & PARK) as well as financial support for the NIH-funded SARP study
Vorso Corp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant
Pneuma Respiratory	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
4D Pharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Sienna Biopharmaceutical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Equillium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Genentech	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consultant; studies (PARK) and financial support for NIH-funded SARP study; Research Grant (ARC): Multi-Center Study
Vifor-Pharma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided study drugs and financial support for NIH-funded study (ORBEX)
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided study drugs for NIH-funded studies (SIENA) and financial support for NIH-funded SARP study; Research Grant (ARC): Multi-Center Study
Sanofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provided financial support for NIH-funded SARP study; Research Grant (ARC): Multi-Center Study
TEVA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided study drugs for NIH-funded studies (SIENA) and financial support for NIH-funded SARP study

ICMJE Form for Disclosure of Potential Conflicts of Interest

AstraZeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant (ARC): Multi-Center Study
Circassia	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research Grant: Drug contributed to PCORI-PREPARE Study

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) Daniel	2. Surname (Last Name) Jackson	3. Date 05-May-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Sanofi Regeneron	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Vifor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering Committee
Commense	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSMB

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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) Monica	2. Surname (Last Name) Kraft	3. Date 15-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chiesi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Elsevier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	royalties from book

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):
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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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4. Intellectual Property.

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

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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

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

Section 3. Relevant financial activities outside the submitted work.

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

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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

Evaluation and Feedback

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

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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) Harsha Vardhan	2. Surname (Last Name) Kumar	3. Date 23-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

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

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Section 6. Disclosure Statement

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Dr. Kumar reports grants from NIH and non-financial support from GlaxoSmithKline, during the conduct of the study.

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4. Intellectual Property.

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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

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

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Boehringer-Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	own stock in Merck and Co.

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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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
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

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TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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

Section 5. Relationships not covered above

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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.

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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) Jason	2. Surname (Last Name) Lang	3. Date 03-May-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

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

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer-Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

ICMJE Form for Disclosure of Potential Conflicts of Interest

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TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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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Dr. Lang 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) Stephen	2. Surname (Last Name) Lazarus	3. Date 09-May-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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NIH-NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am a PI of AsthmaNet, the NHLBI-sponsored Clinical Research Network that designed and conducted this study

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NIH-NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am a PI of AsthmaNet, the NHLBI-sponsored Clinical Research Network that has conducted a number of studies of asthma
American Lung Association - Airway Clinical Research Centers Network	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am a PI of the ALA-ACRC network, designed to conduct studies of Asthma and COPD

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Robert	2. Surname (Last Name) Lemanske	3. Date 15-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
5. Manuscript Title Step-Up Therapy in Blacks with Inadequately Controlled Asthma		
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TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
American Academy of Allergy, Asthma and Immunology	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Board membership. Received travel reimbursement only
Clinical and Translational Science Award (NIH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funds to support salary
LSU	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grand rounds presentation at LSU
Elsevier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties < \$10,000
UpToDate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties < \$10,000
Childhood Origins of ASThma (COAST) grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funds to support salary, personnel, equipment and supplies
AsthmaNet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funds to support salary, personnel, equipment and supplies
University of Kentucky	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium < \$2000 for presenting Pediatric Grand Rounds
Thermo Fischer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium < \$2000 for speaker fees

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
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Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

Section 4. Intellectual Property -- Patents & Copyrights

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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.

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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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) Dayna	2. Surname (Last Name) Long	3. Date 23-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

Section 3. Relevant financial activities outside the submitted work.

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

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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

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

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

Section 6. Disclosure Statement

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

Dr. Long reports grants from NIH and non-financial support from GlaxoSmithKline, during the conduct of the study; non-financial support from TEVA, 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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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) Njira	2. Surname (Last Name) Lugogo	3. Date 09-May-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma Net Grant
Glaxo Smith Kline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided study drug

Section 3. Relevant financial activities outside the submitted work.

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

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
GSK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory board member, provided study drug for asthma net studies, provided funds for pharma sponsored clinical trial

ICMJE Form for Disclosure of Potential Conflicts of Interest

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"/>	Consulting and advisory board member, provided funds for pharma sponsored clinical trial
TEVA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory board member, consultant; Provided study drug for a separate asthmanet trial
Genentech	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provided funds for pharma sponsored clinical trial
Sanofi/Regeneron	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board member, provided funds for pharma sponsored clinical trial
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided study drug for a separate asthmanet trial
Boehringer-Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided study drug for a separate asthmanet trial

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.

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Dr. Lugogo reports grants from NIH and non-financial support from Glaxo Smith Kline, during the conduct of the study; grants, personal fees and non-financial support from GSK, grants and personal fees from AstraZeneca, personal fees and non-financial support from TEVA, grants from Genentech, grants and personal fees from Sanofi/Regeneron, non-financial support from Merck, non-financial support from Boehringer-Ingelheim, 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) Fernando	2. Surname (Last Name) Martinez	3. Date 03-May-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

Section 3. Relevant financial activities outside the submitted work.

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer-Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
NIH/NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HL139054,HL132523,HL091889, HL130045,HL056177
NIH/NIEHS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ES006614
NIH/NIAID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AI126614
NIH/Office of Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OD023282
Johnson & Johnson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UA009253-0001
Copeval	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
Commense Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Section 6.

Disclosure Statement

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Dr. Martinez 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, grants from NIH/NHLBI, grants from NIH/NIEHS, grants from NIH/NIAID, grants from NIH/Office of Director, grants from Johnson & Johnson, personal fees from Copeval, personal fees from Commense Inc, 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) David	2. Surname (Last Name) Mauger	3. Date 17-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the trial
Glaxo Smith Kline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

Section 3. Relevant financial activities outside the submitted work.

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

If yes, please fill out the appropriate information below.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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Section 6. Disclosure Statement

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Dr. Mauger reports grants from NIH, non-financial support from Glaxo Smith Kline, during the conduct of the study; grants and non-financial support from Glaxo Smith Kline, grants and non-financial support from Genentech, grants and non-financial support from Vifor-Pharma, grants and non-financial support from Boehringer-Ingelheim, grants from Sanofi, grants from Astra Zeneca, grants and non-financial support from TEVA, personal fees from Novartis, non-financial support from Merck, outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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4. Intellectual Property.

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

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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) Deborah	2. Surname (Last Name) Meyers	3. Date 17-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler and Elliot Israel
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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

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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
Boehringer-Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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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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) Wendy	2. Surname (Last Name) Moore	3. Date 13-May-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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

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GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer-Ingelheim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA) PI Industry sponsored study

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
Astrazeneca	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PI Industry sponsored studies Advisory Board consultant, Scientific Advisory Board
GlaxoSmithKline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PI Industry sponsored study Advisory Board Consultant
Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PI Industry sponsored study
Sanofi Regeneron	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PI Industry sponsored study Advisory Board consultant
Cumberland Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PI Industry sponsored study
Gossamer Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PI Industry sponsored study

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) James	2. Surname (Last Name) Moy	3. Date 06-May-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
5. Manuscript Title Step-Up Therapy in Blacks with Inadequately Controlled Asthma		
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Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
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Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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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Dr. Naureckas 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, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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4. Intellectual Property.

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

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Other: Anything not covered under the previous three boxes

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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) J. Tod	2. Surname (Last Name) Olin	3. Date 20-May-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

Section 3. Relevant financial activities outside the submitted work.

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

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer-Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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

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) Victor	2. Surname (Last Name) Ortega	3. Date 10-May-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
5. Manuscript Title Step-Up Therapy in Blacks with Inadequately Controlled Asthma		
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Dr. Ortega 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) Stephen	2. Surname (Last Name) Peters, MD, PhD	3. Date 15-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
5. Manuscript Title Step-Up Therapy in Blacks with Inadequately Controlled Asthma		
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH, NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was supported in part by a grant from the NHLBI for the AsthmaNet Program of which Dr Peters was the PI of the Wake Forest Clinical Site Consortium.
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GSK Provided Study Drugs

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UpToDate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Book Chapter
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
GlaxoSmithKline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Quintiles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Trial Adjudication
Mylan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
TEVA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Regeneron-Sanofi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Genentech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSMB
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSMB Chair
NIH-NIAID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSMB
PRIME	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CME WebEx
Theravance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board

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) Wanda	2. Surname (Last Name) Phipatanakul	3. Date 22-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
5. Manuscript Title Step-Up Therapy in Blacks with Inadequately Controlled Asthma		
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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
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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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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) Jacqueline	2. Surname (Last Name) Pongracic	3. Date 15-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

Section 3. Relevant financial activities outside the submitted work.

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Boehringer-Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided study drugs for a different NIH-funded trial

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) Loretta	2. Surname (Last Name) Que	3. Date 15-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hengameh	2. Surname (Last Name) Raissy	3. Date 15-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rachel	2. Surname (Last Name) Robison	3. Date 16-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
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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) Kristie	2. Surname (Last Name) Ross	3. Date 26-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

Section 3. Relevant financial activities outside the submitted work.

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

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer-Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
Astra Zeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	supplemental funding to the NHLBI Severe Asthma Research Program funding to my insitution

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. Ross 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, grants from Astra Zeneca, outside the submitted work.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

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Boehringer-Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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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Dr. Sheehan 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, outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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) Lewis	2. Surname (Last Name) Smith	3. Date 15-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
5. Manuscript Title AsthmaNet BARD Trials		
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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

Section 3. Relevant financial activities outside the submitted work.

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Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Smith 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, personal fees from Merck, outside the submitted work; .

ICMJE Form for Disclosure of Potential Conflicts of Interest

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3. Relevant financial activities outside the submitted work.

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Julian	2. Surname (Last Name) Solway	3. Date 29-August-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
5. Manuscript Title AsthmaNet BARD Trials		
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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Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am PI or co-investigator on multiple research or training grants from the NIH, which are administered through the University of Chicago.
PulmOne Advanced Medical Devices, Ltd, Israel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
Regeneron/Sanofi-Genzyme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
Rafael Rivera III Memorial Foundation for Asthma Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Chicago Biomedical Consortium Accelerator Network	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am PI on a grant from the Chicago Biomedical Consortium. The funds are administered by the University of Chicago.
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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

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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62/872,980 Remodilins for Airway remodeling and organ fibrosis pending, and a patent US preliminary patent applications submitted

62/828,122 Remodilins to Prevent or Treat Cancer Metastasis, Glaucoma, and Hypoxia pending.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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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) Christine	2. Surname (Last Name) Sorkness	3. Date 16-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

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

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer-Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lisa	2. Surname (Last Name) Sullivan Vedder	3. Date 09-May-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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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
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
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TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Stanley	2. Surname (Last Name) Szeffler	3. Date 17-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
5. Manuscript Title Step-Up Therapy in Blacks with Inadequately Controlled Asthma		
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NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded for AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

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Boehringer-Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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)
Genentech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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 2012-2016I 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.
Aerocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Guidance in application of an inflammation monitoring device. Approximately three years ago. Funds to my University.
Astra Zeneca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Daiichi Sankyo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advice on development of new medication, especially how it might relate to childhood asthma. Approximately three years ago. Funds to my University.
Roche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	For assistance in designing and monitoring a pediatric asthma study for a new medication. Over two years ago. Work completed. Funds to my University.
Teva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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)
Propeller Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.
Sanofi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant for new drug development for childhood asthma. Funds paid to my University in the past year.
Regeneron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant for new drug development for childhood asthma. Funds paid to my University in the past year.
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided study medication for another 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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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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FUNDED THE ASTHMANET
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided Study drugs

Section 3. Relevant financial activities outside the submitted work.

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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"/>	Research Grant 2018; consultant 2018, 2019
Novartis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRsearch rgant; Consultant 2018

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanofi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant 2018; Consultant 2018
Regeneron	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 2018
Mylan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 2018
Genentech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 2018
Sentien	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSMB member 2018
Teva	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided Study drugs fro another Asthmanet Study; research grant; consultant/advisory board in 2018 research grant 2018
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided Study Drugs fro another Asthmanet Study, Consultant 2018
GlaxoSmithKline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 2018, 2019
Restorbio	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 2018
Equilium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 2018
Boston Scientific	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 2017
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided Study Drugs fro another Asthmanet Study (SIENA)
Genzyme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 2018
GALA therapeutics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COnsultant
Pulmatrix	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COnsutlant

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 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

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Dr. Wechsler reports grants from NIH, non-financial support from GlaxoSmithKline, during the conduct of the study; grants and personal fees from AstraZeneca, grants and personal fees from Novartis, grants and personal fees from Sanofi, personal fees from Regeneron, personal fees from Mylan, personal fees from Genentech, personal fees from Sentien, grants, personal fees and non-financial support from Teva, personal fees and non-financial support from Boehringer Ingelheim, grants and personal fees from GlaxoSmithKline, personal fees from Restorbio, personal fees from Equilibrium, personal fees from Boston Scientific, non-financial support from Merck, personal fees from Genzyme, personal fees from GALA therapeutics, personal fees from Pulmatrix, outside the submitted work.

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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.

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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) Sally	2. Surname (Last Name) Wenzel	3. Date 15-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
GlaxoSmithKline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs, IL-33R multicenter clinical trial

Section 3. Relevant financial activities outside the submitted work.

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

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer-Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
AstraZeneca	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anti-IL5R and anti TSLP multicenter studies and consulting
Sanofi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	studies and consulting in relation to anti-IL4R/dupilumab
Pieris	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting on anti-calins

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. 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.

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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael E Wechsler
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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded the AsthmaNet
GlaxoSmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA), advisory board

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)
TEVA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided study drugs for a different AsthmaNet trial (SIENA)

Section 4. Intellectual Property -- Patents & Copyrights

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