

ICMJE DISCLOSURE FORM

Date: 12/30/2025

Your Name: Marlies Wijsenbeek

Manuscript Title: Diagnostiek en behandeling van pulmonale sarcoïdose

Manuscript Number (if known): D8779

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: past 36 months																					
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">AstraZeneca/Daiichi</td><td>Payment made to my Institution</td></tr> <tr><td>Boehringer Ingelheim</td><td>Payment made to my Institution</td></tr> <tr><td>Erasmus MC</td><td>Payment made to my Institution</td></tr> <tr><td>Hoffmann-La Roche</td><td>Payment made to my Institution</td></tr> <tr><td>Sarcoidosis.nl</td><td>Payment made to my Institution</td></tr> <tr><td>The Dutch Lung Foundation</td><td>Payment made to my Institution</td></tr> <tr><td>The Dutch Pulmonary Fibrosis Patients Association</td><td>Payment made to my Institution</td></tr> <tr><td>The Netherlands Organization for Health Research and Development</td><td>Payment made to my Institution</td></tr> <tr><td>The Thorax Foundation</td><td>Payment made to my Institution</td></tr> </table>	AstraZeneca/Daiichi	Payment made to my Institution	Boehringer Ingelheim	Payment made to my Institution	Erasmus MC	Payment made to my Institution	Hoffmann-La Roche	Payment made to my Institution	Sarcoidosis.nl	Payment made to my Institution	The Dutch Lung Foundation	Payment made to my Institution	The Dutch Pulmonary Fibrosis Patients Association	Payment made to my Institution	The Netherlands Organization for Health Research and Development	Payment made to my Institution	The Thorax Foundation	Payment made to my Institution	
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
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		Avalyn Pharma	Payment made to my Institution
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		CSL Behring	Payment made to my Institution
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		GlaxoSmithKline	Payment made to my Institution
		Hoffmann-La Roche	Payment made to my Institution
		Horizon Therapeutics	Payment made to my Institution
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		Sanofi	Speaker fees paid to my institution
		CSL Behring	Speaker fees paid to my institution
		Novartis	Speaker fees paid to my institution

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Avalyn	Reimbursement of costs for travel
		Boehringer Ingelheim	Reimbursement of costs for travel
		GSK	Reimbursement of costs for travel
		Hoffmann-La Roche	Reimbursement of costs for travel
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Secretary of ILD assembly for European Respiratory Society	
		Board of Netherlands Respiratory Society	
		Scientific advisory board of European idiopathic pulmonary fibrosis and related disorders federation	
		Chair of educational committee of European Reference Network for Rare Lung Diseases	
		Advisory board of Dutch lung fibrosis and sarcoidosis patient associations	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.