ICMJE DISCLOSURE FORM

Date:May 31 2022
Your Name:Carlos Aravena
Manuscript Title: Patient-specific airway stent using three-dimensional printing: A review
Manuscript number (if known): ATM-22-2878

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

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manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
	Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	x_None	
	Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	
3	Royalties or licenses	x_None	

4	Consulting fore	v Name	
4	Consulting fees	xNone	
5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x_None	
	testimony		
7	O I for all a a l'acc	NI	
7	Support for attending meetings and/or travel	x_None	
	meetings and/or traver		
8	Patents planned, issued	x None	
	or pending	XNone	
	3		
9	Participation on a Data	_x_None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	x_None	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical	_xNone	
	writing, gifts or other		
13	services Other financial or non-	x None	
13	Other financial or non- financial interests	x_None	
	manda metosis		

Please summarize the above conflict of interest in the following box:

I have no conflicts of interest		

Please place an "X" next to the following statement to indicate your agreement:		
_X I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

ICMJE DISCLOSURE FORM

Date:May 31 2022
Your Name:Thomas R. Gildea
Manuscript Title: Patient-specific airway stent using three-dimensional printing: A review
Manuscript number (if known): ATM-22-2878

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u>

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The author's relationships/activities/interests should be <u>defined broadly</u>. 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,

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		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)
	Ti	me frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	x_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	

3	Royalties or licenses	None	I am the inventor of the device and process. I have not received any Royalities or payment related to licensure but may if the company is ever sold or becomes profitable. Currently Visionair is owned by Cleveland Clinic.
4	Consulting fees	x_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x_None	
6	Payment for expert testimony	x_None	
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or pending	None	One patent granted and several pending or provisional
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	I am an employee of Cleveland Clinic but support Visionair without any direct payments in my role as medical director.
11	•	None	I have a potential Inventor interest according to the Cleveland Clinic Policies for Intellectual Property but all assets are owned by Cleveland Clinic
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone	
13	Other financial or non- financial interests	_XNone	

Please summarize the above conflict of interest in the following box:

Cleveland Clinic and Cleveland Clinic Institutional Officials/Leaders have an equity interest in Visionair and are entitled to royalty payments from the company for technology developed at Cleveland Clinic. Visionair is the manufacturer of the stents. Dr. Gildea is the inventor and may be entitled to royalty payments from the company in accordance with Cleveland Clinic policy.

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

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