Date:30/6/2023	
Your Name:Chan Wing Yan Joyce	
Manuscript Title:Review on Endobronchial Therapies -Current Status and Future	
Manuscript number (if known):ATM-23-1430	

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

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.

		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
	Ti	me frame: Since the initia	l planning of the work
1	All support for the	XNone	
	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical		
	writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	X None	

Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending	_X_None _X_None _X_None		
Patents planned, issued or pending			
or pending	X_None		_
or pending	XNone		
			_
Participation on a Data	X None		
Safety Monitoring Board or Advisory Board	XNone		
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	XNone		
Stock or stock options	X_None		
Receipt of equipment.	X None		
materials, drugs, medical writing, gifts or other			
Other financial or non-financial interests	XNone		
		st in the following box:	
	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonfinancial interests	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests X_None X_None	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonfinancial interests ease summarize the above conflict of interest in the following box:

Date:30/6/2023	
Your Name:Ivan C.H. Siu	
Manuscript Title:Review on Endobronchial Therapies -Current Status and Future	
Manuscript number (if known):ATM-23-1430	

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

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.

		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(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	
	ROTTI	Time frame: past	36 months
2	Grants or contracts from	X None	30 months
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	X_None	
	ease summarize the abo		the following box:

Date:30/6/2023
Your Name:Aliss T.C. Chang
Manuscript Title:Review on Endobronchial Therapies -Current Status and Future
Manuscript number (if known):ATM-23-1430

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

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.

		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
	II	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	XNone	
	charges, etc.) No time limit for this item.		
		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	XNone	
4	Consulting fees	X_None	
5	Payment or honoraria for	XNone	

Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending	_X_None _X_None _X_None		
Patents planned, issued or pending			
or pending	X_None		_
or pending	XNone		
			_
Participation on a Data	X None		
Safety Monitoring Board or Advisory Board	XNone		
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	XNone		
Stock or stock options	X_None		
Receipt of equipment.	X None		
materials, drugs, medical writing, gifts or other			
Other financial or non-financial interests	XNone		
		st in the following box:	
	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonfinancial interests	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests X_None X_None	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonfinancial interests ease summarize the above conflict of interest in the following box:

Date:30/6/2023
Your Name:Molly S.C. Li
Manuscript Title:Review on Endobronchial Therapies -Current Status and Future
Manuscript number (if known): ATM-23-1430

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

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.

		Name all entities with	Specifications/Comments
		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)
		,	I planning of the worls
		me frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g.,	X_None	
	funding, provision of study materials, medical		
	writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X None	
	, , , , , , , , , , , , , , , , , , , ,		
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	

Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending	_X_None _X_None _X_None		
Patents planned, issued or pending			
or pending	X_None		_
or pending	XNone		
			_
Participation on a Data	X None		
Safety Monitoring Board or Advisory Board	XNone		
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	XNone		
Stock or stock options	X_None		
Receipt of equipment.	X None		
materials, drugs, medical writing, gifts or other			
Other financial or non-financial interests	XNone		
		st in the following box:	
	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonfinancial interests	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests X_None X_None	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonfinancial interests ease summarize the above conflict of interest in the following box:

Date:30/6/2023
Your Name:Rainbow W.H. Lau
Manuscript Title:Review on Endobronchial Therapies -Current Status and Future
Manuscript number (if known):ATM-23-1430

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

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.

		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
	Ti	me frame: Since the initia	l 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.	XNone	
		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 fees	Medtronic, USA	Consulting fee
		Siemens Healthineer	Consulting fee
5	Payment or honoraria for	XNone	

	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued	X_None	
	or pending		
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,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
PΙ	ease summarize the abo	ve conflict of interest	n the following box:
Г			
	I am a consultant for N	Medtronic, USA; and	Siemens Healthineer.
1			

Date:30/6/2023
Your Name:Tony S.K. Mok
Manuscript Title:Review on Endobronchial Therapies -Current Status and Future
Manuscript number (if known):ATM-23-1430

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

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.

		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
	Ti	me frame: Since the initia	l planning of the work
1	All support for the	XNone	
	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical		
	writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	X None	

educational events Payment for expert testimony	XNone	
,		
Support for attending meetings and/or travel	XNone	
Patents planned, issued or pending	XNone	
Participation on a Data	Y None	
Safety Monitoring Board	X_INOTIE	
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	XNone	
Stock or stock options	X_None	
Receipt of equipment.	X None	
materials, drugs, medical writing, gifts or other		
Other financial or non- financial interests	XNone	
		in the following box:
	Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonfinancial interests	Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- X_None

Date:30/6/2023
Your Name:Calvin S.H. Ng
Manuscript Title:Review on Endobronchial Therapies -Current Status and Future
Manuscript number (if known): ATM-23-1430

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

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.

			0 15 11 10
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
	Ti	me frame: Since the initia	I planning of the work
1	All support for the	XNone	
	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical		
	writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	Medtronic, USA	Consulting fee
		Siemens Healthineer	Consulting fee
		Johnson and Johnson	Consulting fee
5	Payment or honoraria for	XNone	

	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data Safety Monitoring Board	X_None	
	or Advisory Board	., .,	
10	Leadership or fiduciary role in other board,	X_None	
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
''	Stock of Stock options	XNONE	
12	Receipt of equipment,	X None	
-	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	X_None	

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

I am a consultant for Johnson and Johnson; Medtronic, USA; and Siemens		
Healthineer.		

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