

ICMJE DISCLOSURE FORM

Date: April 8, 2021

Your Name: Qungang, Shan

Manuscript Title: Treatment of aerodigestive fistulas with a novel covered metallic Y-shaped segmented airway stent customized with the assistance of 3Dprinting

Manuscript number (if known): ATM-21-733

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.

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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)
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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	
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	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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.

ICMJE DISCLOSURE FORM

Date: April 8, 2021
 Your Name: Wei, Huang
 Manuscript Title: Treatment of aerodigestive fistulas with a novel covered metallic Y-shaped segmented airway stent customized with the assistance of 3Dprinting
 Manuscript number (if known): ATM-21-733

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ICMJE DISCLOSURE FORM

Date: April 8, 2021
 Your Name: Mingyi, Shang
 Manuscript Title: Treatment of aerodigestive fistulas with a novel covered metallic Y-shaped segmented airway stent customized with the assistance of 3Dprinting
 Manuscript number (if known): ATM-21-733

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: April 8, 2021

Your Name: Ziyin, Wang

Manuscript Title: Treatment of aerodigestive fistulas with a novel covered metallic Y-shaped segmented airway stent customized with the assistance of 3Dprinting

Manuscript number (if known): ATM-21-733

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ICMJE DISCLOSURE FORM

Date: April 8, 2021
 Your Name: Ning, Xia
 Manuscript Title: Treatment of aerodigestive fistulas with a novel covered metallic Y-shaped segmented airway stent customized with the assistance of 3Dprinting
 Manuscript number (if known): ATM-21-733

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ICMJE DISCLOSURE FORM

Date: April 8, 2021
 Your Name: Qingsheng, Xue
 Manuscript Title: Treatment of aerodigestive fistulas with a novel covered metallic Y-shaped segmented airway stent customized with the assistance of 3Dprinting
 Manuscript number (if known): ATM-21-733

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Date: April 8, 2021
 Your Name: Aiwu, Mao
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ICMJE DISCLOSURE FORM

Date: April 8, 2021
 Your Name: Xiaoyi, Ding
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Date: April 8, 2021
 Your Name: Zhongmin, Wang
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		Grants from Clinical key specialist construction project of Shanghai municipal health commission	Interventional Radiology [no. shslczdzk06002] & 3D Printing [no. shslczdzk07002]
Time frame: past 36 months			
2		<input checked="" type="checkbox"/> None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<u>A segmented bifurcated stent licensed</u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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WZM reports grants from Shanghai key specialty construction project (no. ZK2019A02), grants from Clinical key specialist construction project of Shanghai municipal health commission (Interventional Radiology [no. shslczdk06002] & 3D Printing [no. shslczdk07002]); In addition, WZM has a patent a segmented bifurcated stent licensed.

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

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