

## ICMJE DISCLOSURE FORM

Date: 19/11/2021

Your Name: Rui An

Manuscript Title: Self-expandable metallic stent with 125I seed strand in malignant biliary obstruction: a self-made delivery system and novel implantation method

Manuscript number (if known): \_\_\_\_\_

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 current manuscript only.

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.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	None
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	None
3	Royalties or licenses	None	None
4	Consulting fees	None	None

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

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

No conflict of interests.
---------------------------

**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: 19/11/2021

Your Name: Hu Zhang

Manuscript Title: Self-expandable metallic stent with 125I seed strand in malignant biliary obstruction: a self-made delivery system and novel implantation method

Manuscript number (if known): \_\_\_\_\_

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 **current manuscript only**.

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.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	None
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	None
3	Royalties or licenses	None	None
4	Consulting fees	None	None

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

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

No conflict of interests.
---------------------------

**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: 19/11/2021

Your Name: Jing Yu

Manuscript Title: Self-expandable metallic stent with 125I seed strand in malignant biliary obstruction: a self-made delivery system and novel implantation method

Manuscript number (if known): \_\_\_\_\_

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 current manuscript only.

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.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	None
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	None
3	Royalties or licenses	None	None
4	Consulting fees	None	None

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

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

No conflict of interests.
---------------------------

**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: 19/11/2021

Your Name: Yunbao Cao

Manuscript Title: Self-expandable metallic stent with 125I seed strand in malignant biliary obstruction: a self-made delivery system and novel implantation method

Manuscript number (if known): \_\_\_\_\_

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 **current manuscript only**.

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.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	None
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	None
3	Royalties or licenses	None	None
4	Consulting fees	None	None

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

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

No conflict of interests.
---------------------------

**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: 2021/12/15

Your Name: Jialiang Ren

Manuscript Title: Self-expandable metallic stent with 125I seed strand in malignant biliary obstruction: a self-made delivery system and novel implantation method

Manuscript number (if known): ARES-CF14-JF-2110-2021-1014-1843

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 current manuscript only.

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.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

<p>The author is from GE Healthcare China.</p>
--

**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: 19/11/2021

Your Name: Wangang Guo

Manuscript Title: Self-expandable metallic stent with 125I seed strand in malignant biliary obstruction: a self-made delivery system and novel implantation method

Manuscript number (if known): \_\_\_\_\_

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 **current manuscript only**.

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.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	None
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	None
3	Royalties or licenses	None	None
4	Consulting fees	None	None

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

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

No conflict of interests.
---------------------------

**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: 19/11/2021

Your Name: Zhonghua Luo

Manuscript Title: Self-expandable metallic stent with 125I seed strand in malignant biliary obstruction: a self-made delivery system and novel implantation method

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 **current manuscript only**.

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.

		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)
<b>Time frame: Since the initial planning of the work</b>			
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.	None	None
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	None
3	Royalties or licenses	None	None
4	Consulting fees	None	None
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	None

	manuscript writing or educational events		
6	Payment for expert testimony	None	None
7	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or pending	Patents Pending	China Patent Application No.202120358478.7
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
11	Stock or stock options	None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None
13	Other financial or non-financial interests	None	None

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

Zhonghua Luo reports patents pending (China Patent Application No.202120358478.7).
--

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.