

ICMJE DISCLOSURE FORM

Date: 01-07-2022

Your Name: Roel Lambertus Johannes Verhoeven

Manuscript Title: Cone-Beam CT in Lung Biopsy; A clinical practise review on lessons learned and future perspectives

Manuscript number (if known): ATM-22-2845

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)
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.	None	
Time frame: past 36 months			
2	Grants or contracts from	Philips	Unrestricted research funding paid to my institution

	any entity (if not indicated in item #1 above).	AstraZeneca	Unrestricted research funding paid to my institution
		Johnson & Johnson	Unrestricted research funding paid to my institution
		Siemens	Unrestricted research funding paid to my institution
		Pentax	Unrestricted research funding paid to my institution
		Galvanize Therapeutics	Unrestricted research funding paid to my institution
		Bioncise	Unrestricted research funding paid to my institution
3	Royalties or licenses	___ None	
4	Consulting fees	Johnson & Johnson	My institution has received fees for consulting by me.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Medtronic	My institution has received compensation for lectures given by me at educational events.
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ Pentax	Compensation for travel fees for attending meeting, made to my institution
8	Patents planned, issued or pending	___ Yes	I have patents planned, issued and pending in relation to the field of navigation bronchoscopy.
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	NVVTG	Board member of the Dutch Society of Technical Physicians, unpaid
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	___ None	

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

My institution has received unrestricted received funding from Philips, AstraZeneca, Johnson&Johnson, Siemens, Pentax, Galvanize Therapeutics and Bioncise. My institution has received funding for consultancy from Johnson & Johnson, compensation for lecturing at educational events from Medtronic. My institution and I have patents planned, issued and pending. My institution has obtained compensation for travel fees for attending meetings from Pentax. I'm a board member of the Dutch Society of Technical Physicians, unpaid.

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: 24-07-2022

Your Name: Stephan E.P. Kops

Manuscript Title: Cone-Beam CT in Lung Biopsy; A clinical practise review on lessons learned and future perspectives

Manuscript number (if known): ATM-22-2845

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)
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.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated)	Philips	Research contract with my institution
		AstraZeneca	Research contract with my institution

	in item #1 above).	Johnson & Johnson	Research contract with my institution
		Pentax	Research contract with my institution
		Siemens	Research contract with my institution
3	Royalties or licenses	___ None	
4	Consulting fees	Johnson & Johnson	Paid to my institution / department
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		
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	___ None	

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

I have no personal conflicts of interest. My institution has received unrestricted research funding from Philips, AstraZeneca, Johnson&Johnson, Pentax, and Siemens. My institution has received fees for consultancy from Johnson & Johnson.

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: 7/14/2022

Your Name: Inge Wijma

Manuscript Title: Cone-Beam CT in Lung Biopsy – A clinical practise review on lessons learned and future perspectives

Manuscript Number (if known): ATM-22-2845

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.

	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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 30px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table> Click the tab key to add additional rows.								
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: 60%;">Astra Zeneca</td> <td>Unrestricted research funds granted to my department</td> </tr> <tr> <td>Pentax Medical</td> <td>Unrestricted research funds granted to my department</td> </tr> <tr> <td>Philips</td> <td>Unrestricted research funds granted to my department</td> </tr> <tr> <td>Johnson & Johnson</td> <td>Unrestricted research funds granted to my department</td> </tr> </table>	Astra Zeneca	Unrestricted research funds granted to my department	Pentax Medical	Unrestricted research funds granted to my department	Philips	Unrestricted research funds granted to my department	Johnson & Johnson	Unrestricted research funds granted to my department
Astra Zeneca	Unrestricted research funds granted to my department									
Pentax Medical	Unrestricted research funds granted to my department									
Philips	Unrestricted research funds granted to my department									
Johnson & Johnson	Unrestricted research funds granted to my department									

		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)								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 302 1507 401"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 548 1507 678"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 779 1507 877"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1115 1507 1213"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1331 1507 1430"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1547 1507 1646"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1764 1507 1862"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		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)						
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

summarize the above conflict of interest in the following box:

I have no personal conflicts of interest. My institution has received research funding from Philips, AstraZeneca, Johnson&Johnson and Pentax.

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: 7/14/2022

Your Name: Desi ter Woerds

Manuscript Title: Cone-Beam CT in Lung Biopsy – A clinical practise review on lessons learned and future perspectives

Manuscript Number (if known): ATM-22-2845

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.

	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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 30px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table> Click the tab key to add additional rows.								
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: 60%;">Astra Zeneca</td> <td>Unrestricted research funds granted to my department</td> </tr> <tr> <td>Pentax Medical</td> <td>Unrestricted research funds granted to my department</td> </tr> <tr> <td>Philips</td> <td>Unrestricted research funds granted to my department</td> </tr> <tr> <td>Johnson & Johnson</td> <td>Unrestricted research funds granted to my department</td> </tr> </table>	Astra Zeneca	Unrestricted research funds granted to my department	Pentax Medical	Unrestricted research funds granted to my department	Philips	Unrestricted research funds granted to my department	Johnson & Johnson	Unrestricted research funds granted to my department
Astra Zeneca	Unrestricted research funds granted to my department									
Pentax Medical	Unrestricted research funds granted to my department									
Philips	Unrestricted research funds granted to my department									
Johnson & Johnson	Unrestricted research funds granted to my department									

		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)								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 302 1507 401"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 548 1507 678"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 779 1507 877"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1115 1507 1213"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1331 1507 1430"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1547 1507 1646"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1764 1507 1862"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		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)						
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 302 1507 401"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 606 1507 705"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1" data-bbox="375 827 1507 926"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1098 1507 1197"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

summarize the above conflict of interest in the following box:

I have no personal conflicts of interest. My institution has received research funding from Philips, AstraZeneca, Johnson&Johnson and Pentax.

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: 24-07-2022

Your Name: Erik H.F.M. van der Heijden

Manuscript Title: Cone-Beam CT in Lung Biopsy; A clinical practise review on lessons learned and future perspectives

Manuscript number (if known): ATM-22-2845

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)
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.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Philips	Unrestricted research funding paid to my institution
		AstraZeneca	Unrestricted research funding paid to my institution
		Johnson & Johnson	Unrestricted research funding paid to my institution

		Pentax	Unrestricted research funding paid to my institution
		Galvanize Therapeutics	Unrestricted research funding paid to my institution
		Bioncise	Unrestricted research funding paid to my institution
		Siemens	Unrestricted research funding paid to my institution
3	Royalties or licenses	___ None	
4	Consulting fees	Johnson & Johnson	Paid to my institution / department
		Philips	Paid to my institution / department
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Pentax	Paid to my institution / department
		Janssen Cilag	Paid to my institution / department
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ Pentax	Paid to my institution / department
8	Patents planned, issued or pending	___ Yes	Patents planned, issued and pending in relation to the field of bronchoscopy
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	EABIP	Board member, unpaid
		WABIP	Board member, unpaid
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	___ None	

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

My institution has received unrestricted research funding from Philips, AstraZeneca, Johnson&Johnson, Pentax, Galvanize Therapeutics and Bioncise.
My institution has received fees for consultancy from Johnson & Johnson and Philips, and speakers' fees from Janssen-Cilag and Pentax and travel support from Pentax. My institution and I have patents planned, issued and pending.
I'm a board member of the WABIP and EABIP unpaid.

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.