#### ICMJE DISCLOSURE FORM

<b>Date:</b> December 23, 2023
Your Name: Qianqian Feng
Manuscript Title: Factors Influencing the Accuracy and Safety of Preoperative CT-guided Soft Hook-wire localization f
Pulmonary Nodules: A Comprehensive Analysis
Manuscript number (if known): QIMS-23-1272

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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	in item #1 above).		
3	Royalties or licenses	None	
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4	Consulting fees	None	
5	Daymant or hanavaria for	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued	None	
	or pending		
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9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	None	
10	role in other board,	NONE	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None	
10	Descipt of agricument	Nana	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
13	services Other financial or non-	None	
13	financial interests	INUTIC	

None

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	form. ICMJE DISCLOSURE FORM					
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	te: December 23, 2023  our Name: Jin Zhou					
M	anuscript Title: Factors Influencing the Accuracy and Safety of Preoperative CT-guided Soft Hook-wire localization for monary Nodules: A Comprehensive Analysis					
	anuscript number (if known): QIMS-23-1272					
the reinforce to reinforce The	the interest of transparency, we ask you to disclose all relationships/activities/interests listed below at are ated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit rd rties whose interests may be affected by the content of the manuscript. Disclosure represents a mmitment transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a ationship/activity/interest, it is preferable that you do so.  e following questions apply to the author's relationships/activities/interests as they relate to the rrent anuscript only.					
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ot	item #1 below, report all support for the work reported in this manuscript without time limit. For all ner items, a time frame for disclosure is the past 36 months.					
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Time frame: Since the initial planning of the work

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All support for the

present manuscript (e.g., funding, provision of

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	charges, etc.) No time limit for this		
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_	any entity (if not indicated	NOTIC	
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
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	speakers bureaus, manuscript writing or educational events		
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	or Advisory Board		
10	Leadership or fiduciary	None	
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	advocacy group, paid or unpaid		
11	Stock or stock options	None	
''	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
10	financial interests	140110	

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	ease 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 estions on this
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	ICMJE DISCLOSURE FORM
	<b>te:</b> December 23, 2023
	ur Name: Ningyu Dong
	<b>inuscript Title:</b> Factors Influencing the Accuracy and Safety of Preoperative CT-guided Soft Hook-wire localization for monary Nodules: A Comprehensive Analysis
	monary Nodules: A Comprehensive Analysis
ln	the interest of transparency, we ask you to disclose all relationships/activities/interests listed below
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	transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a ationship/activity/interest, it is preferable that you do so.
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m	e time frame for disclosure is the past 36 months.
	Name all entities with Specifications/Comments
	whom you have this (e.g., if payments were made to you or to your

		relationship or indicate none (add rows as needed)	institution)
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		Time frame: past	36 months
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	None	
	or pending		
9	Participation on a Data Safety Monitoring Board	None	
	or Advisory Board		
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	None	

	writing, gifts or other services		
13	Other financial or non- financial interests	None	

None		

### ICMJE DISCLOSURE FORM

<b>Date:</b> December 23, 2023
Your Name: Le Chen
Manuscript Title: Factors Influencing the Accuracy and Safety of Preoperative CT-guided Soft Hook-wire localization fo
Pulmonary Nodules: A Comprehensive Analysis
Manuscript number (if known): QIMS-23-1272
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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,

	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		Time frame: past	36 months
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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	None	
	or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	None	

	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	
PI	ease summarize the abo	ve conflict of interest	in the following box:
	None		
<u>X</u>		swered every questio	nent to indicate your agreement: n and have not altered the wording of any of the E DISCLOSURE FORM
	<b>ate:</b> December 23, 2023		
	our Name:_ Weidong Kong_ anuscript Title: Factors Infl		Safety of Preoperative CT-guided Soft Hook-wire localization for

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1	All support for the	None	
	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical		
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	charges, etc.)		
	No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
6	testimony	NUILE	
	testimony		
7	Support for attending	None	
•	meetings and/or travel	110110	

	Patents planned, issued or pending	None		
	Participation on a Data Safety Monitoring Board or Advisory Board	None		
	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		
	Stock or stock options	None		
	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
3	Other financial or non- financial interests	None		
	ease summarize the abov	e conflict of inter	rest in the following box:	
Ple Z	None ease place an "X" next to I certify that I have ans	the following sta	tement to indicate your agreement:	he
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Ple ( qu	Pase place an "X" next toI certify that I have ansestions on this form.  te: December 23, 2023 ur Name: Ping Rong	the following sta swered every que	tement to indicate your agreement: stion and have not altered the wording of any of	

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3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	

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

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Manuscript Title: Factors Influencing the Accuracy and Safety of Preoperative CT-guided Soft Hook-wire localization for
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
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5	Payment or honoraria for	None	
	lectures, presentations,		
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	manuscript writing or		
	educational events		
6	Payment for expert	None	
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7	Support for attending meetings and/or travel	None	
	<b>3</b>		
8	Patents planned, issued or pending	None	
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9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	None	
10	role in other board,	None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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	II	me frame: Since the initia	planning of the work
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	item.	Time frame: past	26 months
2	Grants or contracts from	None	. 30 monus
_	any entity (if not indicated	NONC	
	in item #1 above).		
3	Royalties or licenses	None	
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	manuscript writing or		
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6	Payment for expert	None	
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7	Support for attending	None	
'	meetings and/or travel	None	
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8	Patents planned, issued	None	
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9	Participation on a Data Safety Monitoring Board	None	
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10	Leadership or fiduciary	None	
	role in other board,		
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	advocacy group, paid or		
11	unpaid Stock or stock options	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
10	financial interests	INOTIC	

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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:** December 23, 2023 Your Name: Xin Zhang\_\_\_ Manuscript Title: Factors Influencing the Accuracy and Safety of Preoperative CT-guided Soft Hook-wire localization for Pulmonary Nodules: A Comprehensive Analysis Manuscript number (if known): OIMS-23-1272 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 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 Specifications/Comments

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1	All support for the	None	
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	study materials, medical		
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	No time limit for this		
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		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	On an analytic or for an	Niere	
4	Consulting fees	None	
5	Payment or honoraria for	None	
3	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
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7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued	None	
	or pending		
9	Participation on a Data	None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
44	unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	INUITE	
	writing, gifts or other		
	services		

13	Other financial or non- financial interests	None	
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	ICMJE DISCLO	SURE FORM	
Da	ate: December 23, 2023		
	our Name: Xiaoyan Xin		
			Safety of Preoperative CT-guided Soft Hook-wire localization fo
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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	None	

	advocacy group, paid or unpaid					
11	Stock or stock options	None				
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None				
13	Other financial or non-	None				
10	financial interests					
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Date: December 23	2023
Your Name: Xiaov	·
	Factors Influencing the Accuracy and Safety of Preoperative CT-guided Soft Hook-wire localization for
•	A Comprehensive Analysis
•	per (if known): OIMS-23-1272

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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	None	

	or pending		
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	None	
<u>X</u>	-	swered every ques	ement to indicate your agreement: tion and have not altered the wording of any of the
Da			
Yo Ma	ur Name: Bing Zhang anuscript Title: Factors Infl	uencing the Accuracy a	nd Safety of Preoperative CT-guided Soft Hook-wire localization fo

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

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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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		me frame: Since the initia	l planning of the work
1	All support for the	None	
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
1	Consulting food	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	N	
6	Payment for expert	None	
	testimony		

7	Support for attending meetings and/or travel	None	
	·		
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	None	
	manda meresis		
Ple	ease summarize the abo	ve conflict of interest ir	the following box:

None	

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.