ate:Apr 21 <sup>th</sup> , 2021
our Name:Beibei Jin
lanuscript Title: Interventional Bronchoscopic Therapy in Adult Patients with Tracheobronchial Schwannoma
Nanuscript number (if known):APM-21-630
the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that ar

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone		
6	Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
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	XNone		
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	XNone		
	ase summarize the above co			
Ple	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.

Date:\_\_\_Apr 21<sup>th</sup>, 2021\_\_\_\_

Your Name:\_\_\_\_Ting Wang\_\_\_\_\_

	anuscript Title: <u>Intervention</u> anuscript number (if known)		Patients with Tracheobronchial Schwannoma
rel pa to	ated to the content of your rties whose interests may be transparency and does not	manuscript. "Related" means any e affected by the content of the m	nships/activities/interests listed below that are relation with for-profit or not-for-profit third anuscript. Disclosure represents a commitment are in doubt about whether to list a
	e following questions apply anuscript only.	to the author's relationships/acti	vities/interests as they relate to the <u>current</u>
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare all relacation is not mentioned in the man	I broadly. For example, if your manuscript pertains tionships with manufacturers of antihypertensive nuscript.  s manuscript without time limit. For all other items,
		Name all entities with whom you	Specifications/Comments
		have this relationship or indicate	(e.g., if payments were made to you or to your
		none (add rows as needed)	institution)
		Time frame: Since the initial planning	ig of the work
L	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 mon	ths
)	Grants or contracts from any entity (if not indicated in item #1 above).	Beijing Municipal Administration of Hospitals Incubating Program (grant number: PX2021022)	
3	Royalties or licenses	XNone	
ļ	Consulting fees	XNone	

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

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

Dr. Wang reports grants from Beijing Municipal Administration of Hospitals Incubating Program (grant number:	
PX2021022).	

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

Date:Apr 21 <sup>th</sup> , 2021
Your Name:Juan Wang
Manuscript Title: <u>Interventional Bronchoscopic Therapy in Adult Patients with Tracheobronchial Schwannoma</u>
Manuscript number (if known):APM-21-630

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		Time 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert	XNone  XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
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	XNone	
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	XNone	
Please summarize the above conflict of interest in the following box:			

None.

Date:Apr 21 <sup>th</sup> , 2021
Your Name:Xiaojian Qiu
Manuscript Title: Interventional Bronchoscopic Therapy in Adult Patients with Tracheobronchial Schwannoma
Manuscript number (if known):APM-21-630

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1	All support for the present manuscript (e.g., funding,	XNone	
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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	30 11011113
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone		
6	Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
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	XNone		
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	XNone		
Ple	Please summarize the above conflict of interest in the following box:			

None.			

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	No time limit for this item.		
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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
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	XNone			
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	XNone			
Ple	Please summarize the above conflict of interest in the following box:				

None.			

Date:Apr 21 <sup>th</sup> , 2021
Your Name:Yuling Wang
Manuscript Title: Interventional Bronchoscopic Therapy in Adult Patients with Tracheobronchial Schwannoma
Manuscript number (if known):APM-21-630

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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	30 11011113
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
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	XNone			
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	XNone			
Ple	Please summarize the above conflict of interest in the following box:				

None.			

Date:Apr 21 <sup>th</sup> , 2021
Your Name:Jie Zhang
Manuscript Title: <u>Interventional Bronchoscopic Therapy in Adult Patients with Tracheobronchial Schwannoma</u>
Manuscript number (if known):APM-21-630

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
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	XNone			
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	XNone			
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None.			