

## ICMJE DISCLOSURE FORM

Date: Apr 21<sup>th</sup>, 2021

Your Name: Beibei Jin

Manuscript Title: Interventional Bronchoscopic Therapy in Adult Patients with Tracheobronchial Schwannoma

Manuscript number (if known): APM-21-630

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**.

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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)
<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>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
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	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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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: Apr 21<sup>th</sup>, 2021

Your Name: Ting Wang

Manuscript Title: Interventional Bronchoscopic Therapy in Adult Patients with Tracheobronchial Schwannoma

Manuscript number (if known): APM-21-630

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

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## ICMJE DISCLOSURE FORM

Date: Apr 21<sup>th</sup>, 2021

Your Name: Juan Wang

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Date: Apr 21<sup>th</sup>, 2021

Your Name: Xiaojian Qiu

Manuscript Title: Interventional Bronchoscopic Therapy in Adult Patients with Tracheobronchial Schwannoma

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Date: Apr 21<sup>th</sup>, 2021

Your Name: Yinghua Pei

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