Date: November.10 th ,2021	
Your Name:Kazuhisa Tanaka	
Manuscript Title: Clinical experience of transbronchoscopic laser ablation for central airwa	ay stenosis using a high-
power diode laser - Ten years' experience at a single institute	
Manuscript number (if known):APM-21-2273	

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past XNone	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	XNone
13	Other financial or non- financial interests	XNone

None.

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

Date:November.10 th ,2021
Your Name:Takahiro Nakajima
Manuscript Title: Clinical experience of transbronchoscopic laser ablation for central airway stenosis using a high
power diode laser - Ten years' experience at a single institute
Manuscript number (if known):APM-21-2273

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11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

None.

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

Date:November.10 th ,2021
Your Name:Terunaga Inage
Manuscript Title: Clinical experience of transbronchoscopic laser ablation for central airway stenosis using a hig
power diode laser - Ten years' experience at a single institute
Manuscript number (if known):APM-21-2273

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

None.

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

Date:November.10 th ,2021	
Your Name:Yuichi Sakairi	
Manuscript Title: Clinical experience of transbronchoscopic laser ablation for central airway stenosis using a hig	;h-
power diode laser - Ten years' experience at a single institute	
Manuscript number (if known):APM-21-2273	

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11	Stock or stock options	XNone
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13	Other financial or non- financial interests	XNone

None.

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

Date:November.10 th ,2021	
Your Name:Hidemi Suzuki	
Manuscript Title: Clinical experience of transbronchoscopic laser ablation for central airway stenosis using a high	ιh-
power diode laser - Ten years' experience at a single institute	
Manuscript number (if known):APM-21-2273	

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13	Other financial or non- financial interests	XNone

None.

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

Date:November.10 th ,2021
Your Name:Ichiro Yoshino
Manuscript Title: Clinical experience of transbronchoscopic laser ablation for central airway stenosis using a high
power diode laser - Ten years' experience at a single institute
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