

ICMJE DISCLOSURE FORM

Date: _____ 9-22-2023 _____
Your Name: _____ Steven Yevich _____
Manuscript Title: _____ Endovascular Interventions in Cancer Patients with Compromise of the Mediastinal Vasculature : A review _____
Manuscript number (if known): _____ MED-22-43 _____

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.	_X_ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_ None	
3	Royalties or licenses	_X_ None	
4	Consulting fees	_X_ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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:

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ICMJE DISCLOSURE FORM

Date: 9/25/2023

Your Name: Nicolas Cardenas, MD

Manuscript Title: Endovascular Interventions in Cancer Patients with Compromise of the Mediastinal Vasculature : A review

Manuscript number (if known): MED-22-43

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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	
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ICMJE DISCLOSURE FORM

Date: _____ 10/13/2023 _____
Your Name: _____ Rahul A. Sheth _____
Manuscript Title: Endovascular Interventions in Cancer Patients with Compromise of the Mediastinal Vasculature : A review _____
Manuscript number (if known): _____ MED-22-43 _____

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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
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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	

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none

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

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ICMJE DISCLOSURE FORM

Date: _____ 10/11/2023 _____
 Your Name: _____ Joshua Kuban _____
 Manuscript Title: Endovascular Interventions in Cancer Patients with Compromise of the Mediastinal Vasculature
 Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	Lunglife AI Elekta Trisalus
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	Boston Scientific Johnson and Johnson SIRTex

			Argon
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	Johnson & Johnson
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	Boston Scientific Johnson & Johnson
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	Johnson & Johnson Boston Scientific Lunglife AI Radioclash
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	SIR
11	Stock or stock options	<input type="checkbox"/> None	Bayou Surgical
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 of my conflicts relate to the content of this manuscript.

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: 9/23/2023
 Your Name: Milan Patel
 Manuscript Title: Endovascular Interventions in Cancer Patients with Compromise of the Mediastinal Vasculature : A review
 Manuscript number (if known): MED-22-43

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3	Royalties or licenses	_x_ None	
4	Consulting fees	_x_ 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	

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NONE

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ICMJE DISCLOSURE FORM

Date: 9/28/23
 Your Name: Ketan Y. Shah
 Manuscript Title: Endovascular Interventions in Cancer Patients with Compromise of the Mediastinal Vasculature : A review
 Manuscript number (if known): MED-22-43

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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 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	___ 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	

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No conflict of interest

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

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ICMJE DISCLOSURE FORM

Date: __10/26/2023

Your Name: Koustav Pal MBBS

Manuscript Title: Endovascular Interventions in Cancer Patients with Compromise of the Mediastinal Vasculature : A review

Manuscript number (if known): MED-22-43

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3	Royalties or licenses	None	
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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 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	

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

No Conflicts of Interest

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Date: 10/7/23

Your Name: Stephen Chen

Manuscript Title: Endovascular Interventions in Cancer Patients with Compromise of the Mediastinal Vasculature : A review

Manuscript number (if known): MED-22-43

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ICMJE DISCLOSURE FORM

Date: 9/22/23

Your Name: Alda Tam

Manuscript Title: Endovascular Interventions in Cancer Patients with Compromise of the Mediastinal Vasculature : A review

Manuscript number (if known): MED-22-43

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