

ICMJE DISCLOSURE FORM

Date: 5/24/2021

Your Name: Emily A. Knott

Manuscript Title: Microwave ablation for colorectal cancer metastasis to the liver: A single-center retrospective analysis

Manuscript number (if known): JGO-21-159-R1

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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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Please summarize the above conflict of interest in the following box:

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| None. |
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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.

ICMJE DISCLOSURE FORM

Date: 5/24/2021

Your Name: Timothy J. Ziemlewicz MD

Manuscript Title: Microwave ablation for colorectal cancer metastasis to the liver: A single-center retrospective analysis

Manuscript number (if known): JGO-21-159-R1

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.

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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, the time frame for disclosure is the past 36 months.

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| 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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | HistoSonics Inc. | |
| | | Ethicon Inc. | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | Ethicon Inc. | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 11 | Stock or stock options | HistoSonics Inc. | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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Please summarize the above conflict of interest in the following box:

The author receives research funding from HistoSonics Inc. and Ethicon Inc., is a shareholder of HistoSonics Inc., and receives consulting fees from Ethicon Inc.

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.**

ICMJE DISCLOSURE FORM

Date: 5/24/2021

Your Name: Sam J. Lubner MD

Manuscript Title: Microwave ablation for colorectal cancer metastasis to the liver: A single-center retrospective analysis

Manuscript number (if known): JGO-21-159-R1

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) |
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| 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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Incyte | |
| | | Agios | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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Please summarize the above conflict of interest in the following box:

The author receives research funding from Incyte and Agios.

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.

ICMJE DISCLOSURE FORM

Date: 5/24/2021

Your Name: John F. Swietlik MD

Manuscript Title: Microwave ablation for colorectal cancer metastasis to the liver: A single-center retrospective analysis

Manuscript number (if known): JGO-21-159-R1

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.

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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u> X </u> None | |
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| | | | |
| 6 | Payment for expert testimony | <u> X </u> None | |
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| | | | |
| 7 | Support for attending meetings and/or travel | <u> X </u> None | |
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| 8 | Patents planned, issued or pending | <u> X </u> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <u> X </u> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <u> X </u> None | |
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| 11 | Stock or stock options | <u> X </u> None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <u> X </u> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <u> X </u> None | |
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Please summarize the above conflict of interest in the following box:

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| None. |
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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.

ICMJE DISCLOSURE FORM

Date: 5/24/2021

Your Name: Sharon M. Weber MD

Manuscript Title: Microwave ablation for colorectal cancer metastasis to the liver: A single-center retrospective analysis

Manuscript number (if known): JGO-21-159-R1

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.

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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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Please summarize the above conflict of interest in the following box:

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| None. |
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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.

ICMJE DISCLOSURE FORM

Date: 5/24/2021

Your Name: Annie M. Zlevor

Manuscript Title: Microwave ablation for colorectal cancer metastasis to the liver: A single-center retrospective analysis

Manuscript number (if known): JGO-21-159-R1

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.

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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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Please summarize the above conflict of interest in the following box:

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| None. |
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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.

ICMJE DISCLOSURE FORM

Date: 5/24/2021

Your Name: Colin Longhurst MS

Manuscript Title: Microwave ablation for colorectal cancer metastasis to the liver: A single-center retrospective analysis

Manuscript number (if known): JGO-21-159-R1

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.

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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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Please summarize the above conflict of interest in the following box:

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| None. |
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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.

ICMJE DISCLOSURE FORM

Date: 5/24/2021

Your Name: J. Louis Hinshaw MD

Manuscript Title: Microwave ablation for colorectal cancer metastasis to the liver: A single-center retrospective analysis

Manuscript number (if known): JGO-21-159-R1

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.

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| 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. | <input checked="" type="checkbox"/> None | |
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| | | | |
| | | | |
| Time frame: past 36 months | | | |
| 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 | Ethicon Inc. | |
| | | | |

| | | | |
|----|--|---|--|
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 11 | Stock or stock options | Elucent Medical | |
| | | Accure | |
| | | HistoSonics Inc. | |
| | | Cellectar | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |

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

The author receives consulting fees from Ethicon Inc. and is shareholder with Elucent Medical, Accure, HistoSonics Inc., and Cellectar.

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.

ICMJE DISCLOSURE FORM

Date: 5/24/2021

Your Name: Meghan G. Lubner MD

Manuscript Title: Microwave ablation for colorectal cancer metastasis to the liver: A single-center retrospective analysis

Manuscript number (if known): JGO-21-159-R1

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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Philips | Prior research funding |
| | | Ethicon Inc. | Prior research funding |
| | | | |
| 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"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |

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

The author received prior research funding from Philips and Ethicon Inc.

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.

ICMJE DISCLOSURE FORM

Date: 5/24/2021

Your Name: Daniel L. Mulkerin MD

Manuscript Title: Microwave ablation for colorectal cancer metastasis to the liver: A single-center retrospective analysis

Manuscript number (if known): JGO-21-159-R1

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

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

☒ 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: 5/24/2021

Your Name: Daniel E. Abbott MD

Manuscript Title: Microwave ablation for colorectal cancer metastasis to the liver: A single-center retrospective analysis

Manuscript number (if known): JGO-21-159-R1

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. | <input checked="" type="checkbox"/> None | |
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| | | | |
| Time frame: past 36 months | | | |
| 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 | PatientPort | |
| | | | |

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

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

The author receives consulting fees from PatientPort.

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.

ICMJE DISCLOSURE FORM

Date: 5/24/2021

Your Name: Dustin Deming MD

Manuscript Title: Microwave ablation for colorectal cancer metastasis to the liver: A single-center retrospective analysis

Manuscript number (if known): JGO-21-159-R1

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. | <input checked="" type="checkbox"/> None | |
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| | | | |
| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Merck | |
| | | Revolution Medicine | |
| | | Bayer | |
| | | Promega | |
| | | Genentech | |
| | | EMD Serono | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
| | | | |

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|----|--|--|--|
| | | | |
| 4 | Consulting fees | Array | |
| | | Pfizer | |
| | | Acrotech | |
| | | MEI Pharma | |
| | | Taiho | |
| | | Bristol Myers Squibb | |
| | | Promega | |
| | Bayer | | |
| 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:

The author receives consulting fees from Array, Pfizer, Acrotech, MEI Pharma, Taiho, Bristol Myers Squibb, Promega, and Bayer. The author also receives research funding from Merck, Revolution Medicine, Bayer, Promega, Genentech, and EMD Serono.

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.

ICMJE DISCLOSURE FORM

Date: 5/24/2021

Your Name: Noelle K. LoConte MD

Manuscript Title: Microwave ablation for colorectal cancer metastasis to the liver: A single-center retrospective analysis

Manuscript number (if known): JGO-21-159-R1

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. | <input checked="" type="checkbox"/> None | |
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| | | | |
| Time frame: past 36 months | | | |
| 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"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> X <input 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:

☒ 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: 5/24/2021

Your Name: Nataliya Uboha MD PhD

Manuscript Title: Microwave ablation for colorectal cancer metastasis to the liver: A single-center retrospective analysis

Manuscript number (if known): JGO-21-159-R1

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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Taiho Inc. | |
| | | Eli Lilly | |
| | | Ipsen | |
| | | EMD Serono | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 4 | Consulting fees | QED | |

| | | | |
|----|--|--|-----------------------|
| | | Ipsen | |
| | | Taiho Inc. | |
| | | Incyte | |
| | | AstraZeneca | |
| 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 | |
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| | | | |
| 8 | Patents planned, issued or pending | <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 | |
| | | | |
| | | | |
| 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 | Natera | Long position holding |
| | | Exact Sciences | Long position holding |
| | | | |

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

The author receives consulting fees from QED, Ipsen, Taiho Inc., Incyte, and AstraZeneca. Also, the author receives research funding from Taiho Inc., Eli Lilly, Ipsen, and EMD Serono. They have long position holdings at Natera and Exact Sciences.

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.

ICMJE DISCLOSURE FORM

Date: 5/24/2021

Your Name: Allison B. Couillard MD

Manuscript Title: Microwave ablation for colorectal cancer metastasis to the liver: A single-center retrospective analysis

Manuscript number (if known): JGO-21-159-R1

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. | <input checked="" type="checkbox"/> None | |
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| | | | |
| Time frame: past 36 months | | | |
| 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 | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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Please summarize the above conflict of interest in the following box:

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| None. |
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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.

ICMJE DISCLOSURE FORM

Date: 5/24/2021

Your Name: Shane A. Wells MD

Manuscript Title: Microwave ablation for colorectal cancer metastasis to the liver: A single-center retrospective analysis

Manuscript number (if known): JGO-21-159-R1

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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | Ethicon Inc. | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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Please summarize the above conflict of interest in the following box:

The author receives consulting fees from Ethicon Inc.

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.

ICMJE DISCLOSURE FORM

Date: 5/24/2021

Your Name: Paul F. Laeseke PhD, MD

Manuscript Title: Microwave ablation for colorectal cancer metastasis to the liver: A single-center retrospective analysis

Manuscript number (if known): JGO-21-159-R1

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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | HistoSonics Inc. | |
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| | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | HistoSonics Inc. | |
| | | Ethicon Inc. | |

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

The author receives consulting fees from HistoSonics Inc. and Ethicon Inc. The authors is also a shareholder of HistoSonics Inc. and receives research funding from HistoSonics Inc.

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.

ICMJE DISCLOSURE FORM

Date: 5/24/2021

Your Name: Marci L. Alexander RN

Manuscript Title: Microwave ablation for colorectal cancer metastasis to the liver: A single-center retrospective analysis

Manuscript number (if known): JGO-21-159-R1

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.

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|---|--|--|---|
| 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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | Ethicon Inc. | |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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Please summarize the above conflict of interest in the following box:

The author receives consulting fees from Ethicon Inc.

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.

ICMJE DISCLOSURE FORM

Date: 5/24/2021

Your Name: Fred T. Lee Jr. MD

Manuscript Title: Microwave ablation for colorectal cancer metastasis to the liver: A single-center retrospective analysis

Manuscript number (if known): JGO-21-159-R1

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. | <u> X </u> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | HistoSonics Inc. | |
| | | Ethicon Inc. | |
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| 3 | Royalties or licenses | Medtronic | |
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| 4 | Consulting fees | HistoSonics Inc. | |
| | | Ethicon Inc. | |

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | Medtronic | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | HistoSonics Inc. | |
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| 11 | Stock or stock options | HistoSonics Inc. | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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Please summarize the above conflict of interest in the following box:

The author is a board member for HistoSonics Inc. and receives consulting fees from HistoSonics Inc. and Ethicon Inc. Also, the author is a shareholder of HistoSonics Inc., receives research funding from HistoSonics Inc. and Ethicon Inc., and has patents/royalties with Medtronic.

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.