Da	te:17 <sup>TH</sup> MAY 2021			
Υοι	ur Name:ANNA MARIA I	ERARDI		
Ma	nuscript Title:	_ Pulmonary metastases	management by non-surgical local techniques	
Ma	nuscript number (if known)	<b>:</b>		
rela pai to	ated to the content of your ries whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a lo so.	
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>	
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript perta e all relationships with manufacturers of antihypertens on the manuscript.	
	tem #1 below, report all su time frame for disclosure i	•	ed in this manuscript without time limit. For all other it	ems,
		Name all antitios with	Succifications/Commonts	
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as	institution)	
		needed)		
		Time frame: Since the initi	al planning of the work	
L	All support for the present	<b>X</b> None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	st 36 months	
2	Grants or contracts from	_ <b>X</b> None		
	any entity (if not indicated			

in item #1 above).

Consulting fees

Royalties or licenses

X

\_None

X \_\_None

3

5	lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	_ <b>X</b> None	
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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ease summarize the above c	onflict of interest in the fo	llowing box:

	te:17 <sup>TH</sup> MAY 2021		
	ur Name:ALDO CARNEV		
M	anuscript Title:	_ Pulmonary metastases n	nanagement by non-surgical local techniques
Ma	anuscript number (if known)	):	
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" med e affected by the content on necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.  ps/activities/interests as they relate to the current
	e ronowing questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
Th to me	e author's relationships/act the epidemiology of hyperto edication, even if that medic	ension, you should declare cation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	institution,
		needed)	
		Time frame: Since the initia	l planning of the work
1	All support for the present	_ <b>X</b> None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	<b>X</b> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_ <b>X</b> None	
4	Consulting fees	Y None	
1	L CONCINTING TABLE	- NODO	1

5	Payment or honoraria for	_ XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	<b>X</b> None	
8	Patents planned, issued or pending	<b>X</b> None	
	h 2		
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_ <b>X</b> None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
	Stock of Stock options	_ XNone	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other		
40	services		
13	Other financial or non-	<b>X</b> None	
	financial interests		
	ease summarize the above o	onflict of interest in the fo	ollowing box:

Da	te: 17 <sup>TH</sup> MAY 2021		
	ur Name: SERENA CHIARI	ELLO	
			nanagement by non-surgical local techniques
	nuscript number (if known)		· · · · · · · · · · · · · · · · · · ·
rela pai to	ated to the content of your rities whose interests may be	manuscript. "Related" mea e affected by the content on necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to i	the epidemiology of hyperted dication, even if that medic	ension, you should declare ation is not mentioned in to oport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  d in this manuscript without time limit. For all other items,
•		o the past of mention	
		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.	XNone	

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

5	lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	_ <b>X</b> None	
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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ease summarize the above c	onflict of interest in the fo	llowing box:

Date:\_\_\_\_17<sup>TH</sup> MAY 2021\_\_\_\_\_

Yo	ur Name: MARTINO CAV	/AZZA	
	•		nanagement by non-surgical local techniques
Ma	anuscript number (if known)	):	
In	the interest of transparency	. we ask vou to disclose al	I relationships/activities/interests listed below that are
		•	ans any relation with for-profit or not-for-profit third
			of the manuscript. Disclosure represents a commitment
to		necessarily indicate a bias.	. If you are in doubt about whether to list a
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	l planning of the work
	All support for the present	<b>X</b> None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time innit for this item.		
		Time from a read	26 months
)	Grants or contracts from	Time frame: past	t 36 months
-	any entity (if not indicated	<b>X</b> None	
	in item #1 above).		
}	Royalties or licenses	<b>X</b> None	
	no parties of ficefises		
Į.	Consulting fees	<b>X</b> None	

5	lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	_ <b>X</b> None	
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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ease summarize the above c	onflict of interest in the fo	llowing box:

Da	te: 17 <sup>TH</sup> MAY 2021			
Yo	ur Name:ELVIRA STELLA	TO		
Ma	nuscript Title:	_ Pulmonary metastases i	management by non-surgical local techniques	
Ma	nuscript number (if known)	):		
rel par to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.	
	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current	
to		ension, you should declare	e <u>defined broadly</u> . For example, if your manuscript perta e all relationships with manufacturers of antihypertension the manuscript.	
	item #1 below, report all su e time frame for disclosure i		ed in this manuscript without time limit. For all other ite	ems,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	al planning of the work	
1	All support for the present	<b>X</b> None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	t 36 months	
2	Grants or contracts from	_ <b>X</b> None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	_ <b>X</b> None		

Consulting fees

X \_\_None

5	lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	_ <b>X</b> None	
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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ease summarize the above c	onflict of interest in the fo	llowing box:

Dat	te:17 <sup>TH</sup> MAY 2021		
		MENDOGNI	
			management by non-surgical local techniques
Ma	nuscript number (if know	n):	
rela par to t	ated to the content of you ties whose interests may transparency and does no	r manuscript. "Related" me be affected by the content	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	e following questions appl nuscript only.	y to the author's relationsh	nips/activities/interests as they relate to the current
to t	the epidemiology of hype		e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript.
	tem #1 below, report all s time frame for disclosure		ed in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initi	al planning of the work
-	All support for the present manuscript (e.g., funding, provision of study materials medical writing, article	XNone	
	processing charges, etc.)  No time limit for this item.		
		Time frame: pas	st 26 months
	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	St 30 months
3	Royalties or licenses	X None	
	,		

Consulting fees

Χ\_

\_None

5	Payment or honoraria for	_ <b>X</b> None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	<b>X</b> None	
8	Patents planned, issued or pending	<b>X</b> None	
	F =		
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_ <b>X</b> None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
	Stock of Stock options	XNone	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other		
40	services		
13	Other financial or non-	<b>X</b> None	
	financial interests		
	ease summarize the above co	onflict of interest in the fo	ollowing box:

Date:17 <sup>™</sup> MAY 2021	
Your Name: ALESSANDRO P	ALLESCHI
Manuscript Title:	Pulmonary metastases management by non-surgical local techniques
Manuscript number (if known):	
In the interest of transparency.	we ask you to disclose all relationships/activities/interests listed below that are

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.

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

5	lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	_ <b>X</b> None	
8	Patents planned, issued or pending	_ <b>X</b> None	
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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ease summarize the above controls.	onflict of interest in the fo	llowing box:

Da	ite: 17 <sup>TH</sup> MAY 2021			
	ur Name: DAVIDE TOSI			
Ma	anuscript Title:	_ Pulmonary metastases m	anagement by non-surgical local techniques	
	anuscript number (if known)			
rel pa to rel Th ma Th to me	ated to the content of your rties whose interests may be transparency and does not a ationship/activity/interest, e following questions apply anuscript only.  e author's relationships/activite epidemiology of hypertedication, even if that medications	manuscript. "Related" means affected by the content of the content of the cessarily indicate a bias. It is preferable that you do not to the author's relationship in the author's relationship in the cession, you should declare that it is not mentioned in the port for the work reported the past 36 months.	os/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive he manuscript.  d in this manuscript without time limit. For all other iter	: iins ve
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as	,	
		needed)		
		Time frame: Since the initial	planning of the work	
1	All support for the present	<b>X</b> None		
	manuscript (e.g., funding,			

Time frame: past 36 months

X \_\_\_

X

None

None

X \_\_None

provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** 

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

any entity (if not indicated

2

3

4

5	lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	_ <b>X</b> None	
8	Patents planned, issued or pending	_ <b>X</b> None	
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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ease summarize the above controls.	onflict of interest in the fo	llowing box:

Date:\_\_\_\_17<sup>TH</sup> MAY 2021\_\_\_\_\_\_

Yo	ur Name:MELCHIORE GI	GANTI	
Ma	anuscript Title:	_ Pulmonary metastases n	nanagement by non-surgical local techniques
Ma	anuscript number (if known)	:	
In	the interest of transparency	, we ask you to disclose al	I relationships/activities/interests listed below that are
			ans any relation with for-profit or not-for-profit third
			of the manuscript. Disclosure represents a commitment
	-		If you are in doubt about whether to list a
rel	ationship/activity/interest,	it is preferable that you do	D SO.
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items,
		A1 11 1515 51	0 15: 11: 10
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	institution)
		needed)	
		Time frame: Since the initia	l planning of the work
	All support for the present	<b>X</b> None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time limit for this item.		
		Time frame: past	26 months
)	Grants or contracts from	X None	2 So months
-	any entity (if not indicated	_ XNone	
	in item #1 above).		
}	Royalties or licenses	<b>X</b> None	
ļ	Consulting fees	<b>X</b> None	

5	lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	_ <b>X</b> None	
8	Patents planned, issued or pending	_ <b>X</b> None	
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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ease summarize the above controls.	onflict of interest in the fo	llowing box:

Date:\_\_\_\_17<sup>TH</sup> MAY 2021\_\_\_\_\_

Yo	ur Name:GIANPAOLO CA	ARRAFIELLO	
Ma	anuscript Title:	_ Pulmonary metastases r	management by non-surgical local techniques
Ma	anuscript number (if known)	:	
rel pa to	lated to the content of your rties whose interests may be transparency and does not	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	Il relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment  If you are in doubt about whether to list a
Th	lationship/activity/interest, e following questions apply		ips/activities/interests as they relate to the <u>current</u>
Th to me	e author's relationships/act the epidemiology of hyperto edication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  ed in this manuscript without time limit. For all other items
		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 initia	al planning of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
ļ	Consulting fees	<b>X</b> None	

5	lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	_ <b>X</b> None	
8	Patents planned, issued or pending	_ <b>X</b> None	
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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ease summarize the above controls.	onflict of interest in the fo	llowing box: