

ICMJE DISCLOSURE FORM

Date: 23/03/2021

Your Name: Roel Lambertus Johannes Verhoeven

Manuscript Title: Multi-modal tissue sampling in cone beam CT guided navigation bronchoscopy; the comparative accuracy of different sampling tools and accuracy of rapid on-site evaluation of cytopathology.

Manuscript number (if known): JTD-21-518

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.	Philips	Grants and non-financial support to my department
		Medtronic	Personal lecture fees and non-financial support to my department
		Pentax Medical Europe	Personal fees and non-financial support to my department
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Siemens Healthineers	Restricted research grant to my department
		Ankie Hak Fund	Unrestricted research grant to my department
		AstraZeneca Oncology	Unrestricted research grant to my department
3	Royalties or licenses	<input checked="" type="checkbox"/> X None	

4	Consulting fees	<u> X </u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Medtronic	Lecture fees paid to my department
6	Payment for expert testimony	<u> X </u> None	
7	Support for attending meetings and/or travel	Pentax Medical Europe	
8	Patents planned, issued or pending	Radboudumc	Planned, relating to conception of new biopsy instrument
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	
11	Stock or stock options	<u> X </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> None	

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

Roel L.J. Verhoeven reports grants and non-financial support from Philips, personal fees and non-financial support from Medtronic, Pentax Medical Europe, during the conduct of the study; grants from AstraZeneca Oncology, grants from the Ankie Hak Fund, grants from Siemens Healthineers outside the submitted work

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: 23/03/2021

Your Name: Shoko Vos

Manuscript Title: Multi-modal tissue sampling in cone beam CT guided navigation bronchoscopy; the comparative accuracy of different sampling tools and accuracy of rapid on-site evaluation of cytopathology.

Manuscript number (if known): JTD-21-518

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> None	

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

Shoko Vos reports nothing to disclose

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

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ICMJE DISCLOSURE FORM

Date: 23/03/2021

Your Name: Erik HFM van der Heijden

Manuscript Title: Multi-modal tissue sampling in cone beam CT guided navigation bronchoscopy; the comparative accuracy of different sampling tools and accuracy of rapid on-site evaluation of cytopathology.

Manuscript number (if known): JTD-21-518

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7	Support for attending meetings and/or travel	Pentax Medical Europe	
		Cook Medical	Personal fees
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13	Other financial or non-financial interests	<u> X </u> None	

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Erik H.F.M. van der Heijden reports grants from Philips, personal fees and non-financial support from Medtronic and Pentax Medical Europe, during the conduct of the study; grants from AstraZeneca Oncology, grants from the Ankie Hak Fund, grants from Pentax Medical Europe and personal fees from Cook Medical, outside the submitted work.

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