

ICMJE DISCLOSURE FORM

Date: 8/29/2021

Your Name: Shanda H. Blackmon

Manuscript Title: **TECHNICAL AND SAFETY PERFORMANCES OF CT-GUIDED PERCUTANEOUS MICROWAVE ABLATION FOR LUNG TUMORS: AN ABLATE AND RESECT STUDY**

Manuscript Number (if known): JTD-21-594-CL

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 9/6/2021

Your Name: Rosalie M. Sterner

Manuscript Title: **TECHNICAL AND SAFETY PERFORMANCES OF CT-GUIDED PERCUTANEOUS MICROWAVE ABLATION FOR LUNG TUMORS: AN ABLATE AND RESECT STUDY**

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3	Royalties or licenses	<input type="checkbox"/> None	
		Patents and Royalties in the field of CAR-T cell therapy in an agreement between Humanigen and Mayo Clinic	To institution and me
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"/> 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	
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Date: 9/21/2021

Your Name: Patrick Eiken

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Your Name: Thomas J. Vogl

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ICMJE DISCLOSURE FORM

Date: 9/24/2021

Your Name: Bradley B. Pua, M.D.

Manuscript Title: TECHNICAL AND SAFETY PERFORMANCES OF CT-GUIDED PERCUTANEOUS MICROWAVE ABLATION FOR LUNG TUMORS

Manuscript Number (if known): [Click or tap here to enter text.](#)

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>									

		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)
	society, committee or advocacy group, paid or unpaid		
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 place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 10/8/2021

Your Name: Jeffrey Port

Manuscript Title: **TECHNICAL AND SAFETY PERFORMANCE OF CT-GUIDED PERCUTANEOUS MICROWAVE ABLATION FOR LUNG TUMORS: AN ABLATE AND RESECT STUDY**

Manuscript Number (if known): JTD-21-594-CL

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 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 <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;">TMRW</td> <td style="width: 50%;">Board Member</td> </tr> <tr> <td style="height: 20px;">Angiocrine Bioscience</td> <td>Board Member</td> </tr> <tr> <td style="height: 20px;">View Point Medical</td> <td>Board Member</td> </tr> </table>	TMRW	Board Member	Angiocrine Bioscience	Board Member	View Point Medical	Board Member			
TMRW	Board Member										
Angiocrine Bioscience	Board Member										
View Point Medical	Board Member										

		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)
11	Stock or stock options	<input type="checkbox"/> None	
		TMRW	Stock
		Angiocrine Bioscience	Stock
		View Point Medical	Stock
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 place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 9/20/2021

Your Name: Damian E. Dupuy

Manuscript Title: **TECHNICAL AND SAFETY PERFORMANCES OF CT-GUIDED PERCUTANEOUS MICROWAVE ABLATION FOR LUNG TUMORS: AN ABLATE AND RESECT STUDY**

Manuscript Number (if known): JTD-21-594-CL

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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 <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;">Varian Inc</td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Varian Inc						<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
Varian Inc															

		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)						
3	Royalties or licenses	<input type="checkbox"/> None <table border="1"> <tr><td>Springer Verlag</td><td></td></tr> <tr><td>Uptodate</td><td></td></tr> <tr><td></td><td></td></tr> </table>	Springer Verlag		Uptodate				
Springer Verlag									
Uptodate									
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>Varian Inc</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Varian Inc						
Varian Inc									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>Moffitt Cancer Center</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Moffitt Cancer Center						
Moffitt Cancer Center									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1"> <tr> <td>Patent number: 11076916</td> <td>Publication number: 20190216537</td> </tr> <tr> <td>Patent number: 10722289</td> <td>Publication number: 20180153617</td> </tr> <tr> <td>Publication number: 20200179049</td> <td>Publication number: 20170182165</td> </tr> </table>	Patent number: 11076916	Publication number: 20190216537	Patent number: 10722289	Publication number: 20180153617	Publication number: 20200179049	Publication number: 20170182165	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None <table border="1"> <tr><td>President and Board Member Theromics Inc</td><td></td></tr> </table>	President and Board Member Theromics Inc						
President and Board Member Theromics Inc									

		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)
	society, committee or advocacy group, paid or unpaid	SIO Program Committee	
11	Stock or stock options	<input type="checkbox"/> None	
		Theromics Inc	
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 type="checkbox"/> None	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 9/30/2021

Your Name: Matthew Callstrom

Manuscript Title: TECHNICAL AND SAFETY PERFORMANCES OF CT-GUIDED PERCUTANEOUS MICROWAVE> ABLATION FOR LUNG TUMORS

Manuscript Number (if known): JTD-21-594-CL

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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 <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="width: 60%;">Galil Medical</td><td>To institution</td></tr> <tr><td>EDDA</td><td>To institution</td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	Galil Medical	To institution	EDDA	To institution		
Galil Medical	To institution							
EDDA	To institution							

		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)
3	Royalties or licenses	<input type="checkbox"/> None	
		Up to Date	Made to me
4	Consulting fees	<input type="checkbox"/> None	
		Boston Scientific	Made to me
		Medtronic	Made to me
		Varian	Made to me
		Pulse Biosciences	Made to me
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,	<input type="checkbox"/> None	
		Society of Interventional Oncology	unpaid

		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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