

ICMJE DISCLOSURE FORM

Date: 8/9/2023
 Your Name: Kim Styrvoky
 Manuscript Title: Radiation dose of cone beam CT combined with shape sensing robotic assisted bronchoscopy for the evaluation of pulmonary lesions: an observational single center study
 Manuscript number (if known): _____

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	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> 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	Intuitive Surgical	Received travel and lodging to attend educational meetings including: Thoracic Oncology Program Summit 2022, Women in Thoracic Oncology 2022, Women in Da Vinci Surgery 2023
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:

Travel and lodging was paid by Intuitive Surgical for me to attend educational meetings hosted by the company. I am not a consultant for Intuitive Surgical

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: 8/9/2023

Your Name: Audra J. Schwalk

Manuscript Title: Radiation dose of cone beam CT combined with shape sensing robotic assisted bronchoscopy for the evaluation of pulmonary lesions: an observational single center study

Manuscript number (if known): _____

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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	Ambu	Member of Ambu advisory board

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	Intuitive Surgical, Inc	Received travel and lodging to attend educational meeting: Thoracic Oncology Program Summit 2022
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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		AABIP Advocacy Committee – member
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:

I received consulting fees and paid travel related to advisory board duties performed for Ambu in 3/2023.
I received paid travel to attend the Intuitive Thoracic Oncology Program Summit in 2022. I am not a consultant for Intuitive.
I am a volunteer member of the AABIP Advocacy Committee.

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: 4/4/2023
 Your Name: David Tuan Pham
 Manuscript Title: Radiation dose of cone beam CT combined with shape sensing robotic assisted bronchoscopy for the evaluation of pulmonary lesions: an observational single center study
 Manuscript number (if known): _____

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None

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form.

ICMJE DISCLOSURE FORM

Date: 4/6/2023
 Your Name: Kristine Madsen
 Manuscript Title: Radiation dose of cone beam CT combined with shape sensing robotic assisted bronchoscopy for the evaluation of pulmonary lesions: an observational single center study
 Manuscript number (if known): _____

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N/A

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ICMJE DISCLOSURE FORM

Date: 4/4/2023

Your Name: Hsienchang Thomas Chiu, MD

Manuscript Title: Radiation dose of cone beam CT combined with shape sensing robotic assisted bronchoscopy for the evaluation of pulmonary lesions: an observational single center study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 4/4/2023

Your Name: Muhanned Abu-Hijleh, MD.

Manuscript Title: Radiation dose of cone beam CT combined with shape sensing robotic assisted bronchoscopy for the evaluation of pulmonary lesions: an observational single center study

Manuscript number (if known): _____

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