

ICMJE DISCLOSURE FORM

Date: November 22, 2023

Your Name: Liming Zhu

Manuscript Title: Correlation analysis among peri-procedural factors, complications, and local tumor progression of lung tumors treated with CT-guided microwave ablation

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.

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		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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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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4	Consulting fees	<input checked="" type="checkbox"/> None	

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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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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:

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: November 22, 2023

Your Name: Jiayi Huang

Manuscript Title: Correlation analysis among peri-procedural factors, complications, and local tumor progression of lung tumors treated with CT-guided microwave ablation

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: November 22, 2023

Your Name: Chunhui Jin

Manuscript Title: Correlation analysis among peri-procedural factors, complications, and local tumor progression of lung tumors treated with CT-guided microwave ablation

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ICMJE DISCLOSURE FORM

Date: November 22, 2023

Your Name: Acheng Zhou

Manuscript Title: Correlation analysis among peri-procedural factors, complications, and local tumor progression of lung tumors treated with CT-guided microwave ablation

Manuscript number (if known): _____

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Date: November 22, 2023

Your Name: Ying chen

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ICMJE DISCLOSURE FORM

Date: November 22, 2023

Your Name: Baonan Zhang

Manuscript Title: Correlation analysis among peri-procedural factors, complications, and local tumor progression of lung tumors treated with CT-guided microwave ablation

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ICMJE DISCLOSURE FORM

Date: November 22, 2023

Your Name: Federico Venuta

Manuscript Title: Correlation analysis among peri-procedural factors, complications, and local tumor progression of lung tumors treated with CT-guided microwave ablation

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ICMJE DISCLOSURE FORM

Date: November 15, 2023

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

Manuscript Title: Correlation analysis among peri-procedural factors, complications, and local tumor progression of lung tumors treated with CT-guided microwave ablation

Manuscript number (if known): _____

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4	Consulting fees	Consultant – GE Healthcare	

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BBP serves as Consultant of GE Healthcare, outside the submitted work.

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ICMJE DISCLOSURE FORM

Date: November 22, 2023

Your Name: Yehua Shen

Manuscript Title: Correlation analysis among peri-procedural factors, complications, and local tumor progression of lung tumors treated with CT-guided microwave ablation

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