

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Zhuhui

2. Surname (Last Name)

Yuan

3. Date

01-March-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Jiasheng Zheng, Wei Li

5. Manuscript Title

Successful ablation for pulmonary artery tumor thrombosis more than 5 cm with massive hepatocellular carcinoma and multiple pulmonary metastases

6. Manuscript Identifying Number (if you know it)

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Dr. Yuan has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Yang

2. Surname (Last Name)  
Wang

3. Date  
01-March-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Jiasheng Zheng, Wei Li

5. Manuscript Title

Successful ablation for pulmonary artery tumor thrombosis more than 5 cm with massive hepatocellular carcinoma and multiple pulmonary metastases

6. Manuscript Identifying Number (if you know it)

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Dr. Wang has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Miao Lucy	2. Surname (Last Name) He	3. Date 01-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiasheng Zheng, Wei Li
5. Manuscript Title Successful ablation for pulmonary artery tumor thrombosis more than 5 cm with massive hepatocellular carcinoma and multiple pulmonary metastases		
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Dr. He has nothing to disclose.

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1. Given Name (First Name)

Jiasheng

2. Surname (Last Name)

Zheng

3. Date

01-March-2018

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Successful ablation for pulmonary artery tumor thrombosis more than 5 cm with massive hepatocellular carcinoma and multiple pulmonary metastases

6. Manuscript Identifying Number (if you know it)

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Wei

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Li

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01-March-2018

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Yes  No

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