| Date: | _09/09/2021 |
|-------------------------|---|
| Your Name: | Mario Ghosn |
| Manuscript Title | e: Augmented Fluoroscopy Guided Transbronchial Pulmonary Microwave Ablation Using A |
| Steerable Sheat | h |
| Manuscript nun | nber (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.

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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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. | None | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | GE Healthcare | Grant for a research fellowship. Payments to Institution |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

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|----|------------------------------|------|---|
| | | | |
| 5 | Payment or honoraria for | None | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| | | | |
| 7 | Support for attending | None | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| 0 | Detents planned issued as | None | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| 0 | | N. | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| for a post doc research fellowship from GE Healthcare | MG is a |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:09/09 | 9/2021 | |
|----------------------|---|---------------------------|
| Your Name: | Ahmed S. Elsakka | |
| Manuscript Title: | Augmented Fluoroscopy Guided Transbronchial Pulmonary M | icrowave Ablation Using A |
| Steerable Sheath | | |
| Manuscript number (i | 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.

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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. | None | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | | | |
|------|---|------|--|--|--|
| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| | educational events | | | | |
| 6 | Payment for expert | None | | | |
| | testimony | | | | |
| | | | | | |
| 7 | Support for attending meetings and/or travel | None | | | |
| | • | | | | |
| | | | | | |
| 8 | Patents planned, issued or | None | | | |
| | pending | | | | |
| | | | | | |
| 9 | Participation on a Data | None | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | None | | | |
| | in other board, society, | | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | None | | | |
| | | | | | |
| | | | | | |
| 12 | Receipt of equipment, | None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | None | | | |
| | financial interests | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
| | | | | | |
| N | None | | | | |

| Date: | 09/09/2021 | | |
|----------------|----------------|--|------|
| Your Name: | | Fourat Ridouani | |
| Manuscript Tit | :le: Augme | ented Fluoroscopy Guided Transbronchial Pulmonary Microwave Ablation Usi | ng A |
| Steerable Shea | ath | | |
| Manuscript nu | mber (if known |): | |

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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | | | |
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| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| | educational events | | | | |
| 6 | Payment for expert | None | | | |
| | testimony | | | | |
| | | | | | |
| 7 | Support for attending | None | | | |
| | meetings and/or travel | | | | |
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| 8 | Patents planned, issued or | None | | | |
| | pending | | | | |
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| 9 | Participation on a Data | None | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | None | | | |
| | in other board, society, | | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | None | | | |
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| | | | | | |
| 12 | Receipt of equipment, | None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | None | | | |
| | financial interests | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
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| N | None | | | | |
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| Date: | _09/09/2021 |
|-----------------|---|
| Your Name: | Raphael Doustaly |
| Manuscript Titl | e: Augmented Fluoroscopy Guided Transbronchial Pulmonary Microwave Ablation Using A |
| Steerable Shea | th |
| Manuscript nui | nber (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.

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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. | GE Healthcare | Full time employee |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses | Time frame: pastNoneNone | 36 months |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for lectures, presentations, | None | | | |
|------|---|----------------------------------|--------------|--|--|
| | | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| | educational events | | | | |
| 6 | Payment for expert | None | | | |
| | testimony | | | | |
| 7 | Company for attackling | Nana | | | |
| 7 | Support for attending | None | | | |
| | meetings and/or travel | | | | |
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| 8 | Patents planned, issued or | None | | | |
| | pending | | | | |
| | 5 | NI. | | | |
| 9 | Participation on a Data | None | | | |
| | Safety Monitoring Board or Advisory Board | | | | |
| 10 | Leadership or fiduciary role | None | | | |
| 10 | in other board, society, | None | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | None | | | |
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| 12 | Receipt of equipment, | None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | None | | | |
| | financial interests | | | | |
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| riea | ise summarize the above co | nnict of interest in the fol | iowing box: | | |
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| RD is a GE Healthcare employee. |
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| Date:09/09/2021 | |
|----------------------------|---|
| Your Name: | Louie Mingione |
| Manuscript Title: Augr | nented Fluoroscopy Guided Transbronchial Pulmonary Microwave Ablation Using A |
| Steerable Sheath | |
| Manuscript number (if know | n): |

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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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) 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. | NeuWave Medical | Full time employee |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | |
|----|---|------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| - | 6 | | |
| 7 | Support for attending | None | |
| | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
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| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board | Nama | |
| 10 | Leadership or fiduciary role in other board, society, | None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| LM is a full-time employee of NeuWave Medical |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:09/09/2 |)21 | |
|-------------------------|---|--|
| Your Name: | Kevin Royalty | |
| Manuscript Title: A | ugmented Fluoroscopy Guided Transbronchial Pulmonary Microwave Ablation Using A | |
| Steerable Sheath | | |
| Manuscript number (if k | own): | |

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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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| 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. | NeuWave Medical | Full time employee |
| 3 | Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses | None None None | 36 months |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | | |
|---|---|--------------------|--|---|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | П |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | None | | |
| | testimony | | | |
| | | | | |
| 7 | Support for attending meetings and/or travel | None | | |
| | | | | |
| | | | | |
| 8 | Patents planned, issued or | None | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data | None | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role in other board, society, | None | | |
| | | | | |
| | committee or advocacy group, paid or unpaid | | | |
| 11 | Stock or stock options | None | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, | None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | None | | |
| | financial interests | | | |
| | | | | |
| Please summarize the above conflict of interest in the following box: | | | | |
| k | KR is a full-time employee | of NeuWave Medical | | |

| Date: | _09/09/2021 | |
|---------------|---|-----------|
| Your Name:_ | Etay Ziv | |
| Manuscript Ti | e: Augmented Fluoroscopy Guided Transbronchial Pulmonary Microwave Ablation | n Using A |
| Steerable She | :h | |
| Manuscript n | nber (if known): | |

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|---|--|--|---|
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, | None | |
| | medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | SIR | |
| | any entity (if not indicated in item #1 above). | RSNA | |
| | | NANETS | |
| | | MSK | |
| | | AACR | |
| | | Ethicon | |
| | | Novartis | |

| 3 | Royalties or licenses | None | |
|----|--|------|--|
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| | | | |
| 4 | Consulting fees | None | |
| | | | |
| | | | |
| 5 | Payment or honoraria for | None | |
| | lectures, presentations, | | |
| | speakers bureaus, manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| | • | | |
| 7 | Support for attending meetings and/or travel | None | |
| | meetings and/or traver | | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
| • | | •• | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| 10 | in other board, society, | None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| EZ has research grants from SIR, RSNA, NANETS, MSK, AACR, Ethicon, Novartis. |
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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. |
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| our Name: | Erica Alexander |
|----------------------|--|
| Manuscript Title: | _ Augmented Fluoroscopy Guided Transbronchial Pulmonary Microwave Ablation Using A |
| Steerable Sheath | |
| Manuscript number (i | f 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.

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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for lectures, presentations, | None | |
|-----|---|--------------------------------|------------|
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| _ | 0 16 11 11 | | |
| 7 | Support for attending meetings and/or travel | None | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
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| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| Ple | ase summarize the above co | nflict of interest in the foll | owing box: |
| I | None | | |
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| Date:09 | //09/2021 |
|--------------------|--|
| Your Name: | |
| Manuscript Title:_ | Augmented Fluoroscopy Guided Transbronchial Pulmonary Microwave Ablation Using A |
| Steerable Sheath_ | |
| Manuscript numbe | er (if known): |

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| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | |
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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
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| _ | | | |
| 7 | Support for attending meetings and/or travel | None | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
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| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
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| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| Plea | ase summarize the above co | nflict of interest in the foll | owing box: |
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| . oa: | Sebastien Monette |
|--------------------|--|
| | Augmented Fluoroscopy Guided Transbronchial Pulmonary Microwave Ablation Using A |
| | (if known): |
| vianascript namscr | (ii kiiowii) |

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
|-------|--|--------------------------------|------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 4.2 | services | V N | |
| 13 | Other financial or non- financial interests | XNone | |
| | imanciai interests | | |
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| Dlas | ase summarize the above co | nflict of interest in the foll | owing hove |
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| N | lone | | |
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| Date: | 09/09/2021 |
|----------------|---|
| Your Name:_ | Hyun S. Kim |
| Manuscript T | itle: Augmented Fluoroscopy Guided Transbronchial Pulmonary Microwave Ablation Using A |
| Steerable Sho | eath |
| Manuscript n | umber (if known): |
| | |
| In the interes | et of transparency, we ask you to disclose all relationships/activities/interests listed below that are |
| | e content of your manuscript. "Related" means any relation with for-profit or not-for-profit third |
| | e interests may be affected by the content of the manuscript. Disclosure represents a commitment |

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 <u>current</u>

to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a

manuscript only.

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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) 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. | None | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | |
|------|--|---------------------------------|------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| | - | | |
| 7 | Support for attending | None | |
| | meetings and/or travel | | |
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| 0 | Detents planned issued or | None | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| _ | Bantisia stiana ana Bata | Niere | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or Advisory Board | | |
| 4.0 | • | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| - 11 | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 12 | Services Other financial or non | None | |
| 13 | Other financial or non- financial interests | None | |
| | illianciai interests | | |
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| Plea | ise summarize the above co | ntilict of interest in the foll | owing box: |
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| Date:09/09/2021 /our Name: | Robert F. Short |
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| | d Fluoroscopy Guided Transbronchial Pulmonary Microwave Ablation Using A |
| Steerable Sheath | |
| 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.

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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. | None | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: pastNone | 36 months |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | |
|------|--|--------------------------------|------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| _ | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| Plea | ase summarize the above co | nflict of interest in the foll | owing box: |
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| Date: | _09/09/2021 |
|------------------------|---|
| Your Name: | Alda Lui Tam |
| Manuscript Titl | e: Augmented Fluoroscopy Guided Transbronchial Pulmonary Microwave Ablation Using A |
| Steerable Sheat | th |
| Manuscript nur | mber (if known): |

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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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) |
|---|---|--|---|
| | | 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. | None | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | Boston Scientific | Institution |
| | any entity (if not indicated in item #1 above). | Johnson and Johnson | Institution |
| 3 | Royalties or licenses | None | |
| | | | |
| | | | |
| 4 | Consulting fees | Boston Scientific | Personal fees |
| | | AstraZeneca | Personal fees |

| | | Johnson and Johnson | Personal fees |
|----|--|---------------------|---------------|
| | | | Personal fees |
| _ | | Endocare | Personal lees |
| 5 | Payment or honoraria for | None | |
| | lectures, presentations, | | |
| | speakers bureaus, manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| | , | | |
| 7 | Support for attending | None | |
| | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| 12 | materials, drugs, medical | None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |
| | | | |

ALT has research grant funding from Boston Scientific and Johnson and Johnson; receives consulting fees from Boston Scientific, AstraZeneca, Johnson and Johnson, and Endocare.

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

| Your Name: | Robert D. Suh |
|-----------------------|---|
| Manuscript Title: | Augmented Fluoroscopy Guided Transbronchial Pulmonary Microwave Ablation Using A |
| Steerable Sheath | |
| | (if known): |
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| n the interest of tra | insparency, we ask you to disclose all relationships/activities/interests listed below that are |

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

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.

parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment

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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) |
|---|---|--|---|
| | | 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. | None | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | Neuwave Medical Varian | |

| | | Ethicon | |
|----|---|-------------------|--|
| 5 | Payment or honoraria for | Neuwave Medical | |
| | lectures, presentations, speakers bureaus, manuscript writing or educational events | Varian | |
| | | Boston Scientific | |
| 6 | Payment for expert | None | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| 10 | in other board, society, | None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |
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| RDS is a consultant and speaker for Neuwave Medical and Varian; consultant for Ethicon; speaker for Boston Scientific. |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:09/ | 09/2021 |
|-------------------|--|
| Your Name: | Stephen B. Solomon |
| Manuscript Title: | Augmented Fluoroscopy Guided Transbronchial Pulmonary Microwave Ablation Using A |
| Steerable Sheath | |
| Manuscript number | (if known): |

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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) | | | |
|---|--|--|---|--|--|--|
| | Time frame: Since the initial planning of the work | | | | | |
| 1 | All support for the present | Johnson & Johnson | Payments made to our institution | | | |
| | manuscript (e.g., funding, | | | | | |
| | provision of study materials, medical writing, article | | | | | |
| | processing charges, etc.) | | | | | |
| | No time limit for this item. | | | | | |
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| | | Time frame: past | 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Johnson & Johnson | | | | |
| | | GE Healthcare | | | | |
| | | AngioDynamics | | | | |
| | | Elesta | | | | |
| 3 | Royalties or licenses | None | | | | |
| | | | | | | |
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| 4 | Consulting fees | Olympus | |
|----|---|-------------------|--|
| | | Microbot | |
| | | Varian | |
| | | Xact Robotics | |
| | | Aperture Medical | |
| | | Advantagene | |
| 5 | Payment or honoraria for | None | |
| | lectures, presentations, | None | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| _ | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | meetings and/or traver | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or | None | |
| | | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | Johnson & Johnson | |
| | | Common of Common | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical | None | |
| | | | |
| | writing, gifts or other | | |
| _ | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |

SBS is a shareholder and grant recipient from Johnson & Johnson; consultant for Olympus, Microbot, Varian, Xact Robotics, Aperture Medical and Advantagene; has grants from GE Healthcare, AngioDynamics and Elesta.

| | ext to the following statement to indicate | | | |
|---|--|--|--|--|
| (_ I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | | |
| TOTAL. | | | | |
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