Da	te: <u>June 5th, 2023</u>		
Υοι	ur Name: <u>Chengqiang</u>	<u>Li</u>	
Ma	nuscript Title: Augmented	Reality Navigation-Guided	d Intraoperative Pulmonary Nodule Localization: A Pilot Study
Ma	nuscript number (if known)):	
rela par to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
to t	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	tem #1 below, report all su time frame for disclosure i		red in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initi	al planning of the work
	All suggest for the consequent	V None	
-	All support for the present	XNone	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
<u>'</u>	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
'	Royalties or licenses	XNone	

Consulting fees

X__None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
-	educational events	V. None	
6	Payment for expert testimony	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		X None	
11	Stock or stock options	^_NOTE	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
PI.		auflick of interest in the Col	laurina haur
PIE	ease summarize the above co	onflict of interest in the fol	lowing box:
	None.		

Dat	te: <u>June 5th, 2023</u>			
Υοι	ır Name: <u>Angi Ji</u>			
Ma	nuscript Title: Augmented	Reality Navigation-Guided	Intraoperative Pulmonary Nodule Localization: A Pile	ot Study
Ma	nuscript number (if known):		
rela par to t	ated to the content of your ties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that a cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitme . If you are in doubt about whether to list a o so.	d
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to t	•	ension, you should declare	defined broadly. For example, if your manuscript pe all relationships with manufacturers of antihyperter the manuscript.	
	tem #1 below, report all su time frame for disclosure	• •	ed in this manuscript without time limit. For all other	r items,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
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		needed)		
		Time frame: Since the initia	al planning of the work	
L	All support for the present	XNone		
	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: pas	t 36 months	
2	Grants or contracts from	XNone		4
	any entity (if not indicated			\dashv
,	in item #1 above). Royalties or licenses	V None		=
,	Noyalties of licelises	XNone		

Consulting fees

None

г	Downant or here were fer	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	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,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Da	te: <u>June 5th, 2023</u>		
Yo	ur Name: Zheng Jian		
Ma	nuscript Title: Augmented	Reality Navigation-Guided	d Intraoperative Pulmonary Nodule Localization: A Pilot Study
Ma	nuscript number (if known)):	
rela par to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	tem #1 below, report all su time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
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		needed)	
		Time frame: Since the initi	al planning of the work
	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
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		- : -	
		Time frame: pas	st 36 months
<u> </u>	Grants or contracts from	Time frame: pas	st 36 months
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2	any entity (if not indicated in item #1 above).	XNone	st 36 months
3	any entity (if not indicated		st 36 months

Consulting fees

X__None

г	Downant or here were fer	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	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,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Da	te: <u>June 5th, 2023</u>		
	ur Name: Yuyan Zheng		
Ma	anuscript Title: Augmented	Reality Navigation-Guided	d Intraoperative Pulmonary Nodule Localization: A Pilot Study
Ma	anuscript number (if known):	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
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		needed)	
		Time frame: Since the initia	al planning of the work
	All support for the present	X None	
-	manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	No time limit for this item.	Time frame: pas	st 36 months
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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	st 36 months
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Consulting fees

X__None

г	Downant or here were fer	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	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,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

	te: <u>June 5''', 2023</u>		
Yo	ur Name: Xijia Feng		
Ma	anuscript Title: <u>Augmented I</u>	Reality Navigation-Guided	Intraoperative Pulmonary Nodule Localization: A Pilot Study
Ma	anuscript number (if known)):	
In	the interest of transparency	v wa ack you to disclose al	I relationships (activities (interests listed helew that are
		•	I relationships/activities/interests listed below that are
		•	ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment
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	ationship/activity/interest,	•	. If you are in doubt about whether to list a o so.
	e following questions apply anuscript only.	to the author's relationshi	ips/activities/interests as they relate to the current
to	•	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i		ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	,
		needed)	
		Time frame: Since the initia	l planning of the work
	All support for the present	X None	
L	manuscript (e.g., funding,	^_None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	t 36 months
<u> </u>	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

X__None

г	Downant or here were fer	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	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,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Da	te: <u>June 5th, 2023</u>		_	
Yo	ur Name: Wei Guo		_	
Ma	nuscript Title: Augmented	Reality Navigation-Guided	Intraoperative Pulmonary Nodule Localization: A	Pilot Study
Ma	anuscript number (if known)):	_	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that eans any relation with for-profit or not-for-profit the of the manuscript. Disclosure represents a commit . If you are in doubt about whether to list a o so.	nird
	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>curren</u>	<u>nt</u>
to		ension, you should declare	defined broadly. For example, if your manuscript all relationships with manufacturers of antihyper the manuscript.	-
	item #1 below, report all su e time frame for disclosure i	•	ed in this manuscript without time limit. For all ot	her items,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	al planning of the work	
L	All support for the present	X None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	t 36 months	
)	Grants or contracts from	X None		
	any entity (if not indicated			
	in item #1 above).			
}	Royalties or licenses	XNone		

Consulting fees

None

г	Downant or here were fer	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	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,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

	te: <u>June 3''', 2023</u>		
Yo	ur Name: <u>Toni Lerut</u>		
Ma	anuscript Title: <u>Augmented I</u>	Reality Navigation-Guided	Intraoperative Pulmonary Nodule Localization: A Pilot Study
Ma	anuscript number (if known)):	
	4h - 1-4 4 - 6 4		
	-	·	Il relationships/activities/interests listed below that are
	•		ans any relation with for-profit or not-for-profit third
•	•	•	of the manuscript. Disclosure represents a commitment
	-	•	. If you are in doubt about whether to list a
rei	ationship/activity/interest,	it is preferable that you do	0 80.
	e following questions apply anuscript only.	to the author's relationship	ips/activities/interests as they relate to the current
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare cation is not mentioned in	·
	item #1 below, report all su e time frame for disclosure i		ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	,
		needed)	
		Time frame: Since the initia	al planning of the work
	All support for the present	X None	
L	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	t 26 months
)	Grants or contracts from		t 30 months
-	any entity (if not indicated	XNone	<u> </u>
	in item #1 above).		<u> </u>
₹	Royalties or licenses	X None	
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Consulting fees

X__None

г	Downant or here were fer	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	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, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Da	te: <u>June 5th, 2023</u>		
Υo	ur Name: <u>Jules Lin</u>		
Ma	nuscript Title: Augmented	Reality Navigation-Guided	d Intraoperative Pulmonary Nodule Localization: A Pilot Study
Ma	nuscript number (if known):	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment i. If you are in doubt about whether to list a lo so.
	e following questions apply inuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	al planning of the work
	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
)	Grants or contracts from	X None	
-	any entity (if not indicated		
	in item #1 above).		
	III ILEIII #1 above).		
3	Royalties or licenses	X None	
3	· · · · · · · · · · · · · · · · · · ·	XNone	

Consulting fees

X__None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
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, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	Jedicare Medical Co., Ltd.	

Please summarize the above conflict of interest in the following box:

The author has collaboration with Jedicare Medical Co., Ltd.

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

Da	te: <u>June 10th, 2023</u>		
Yo	ur Name: <u>Hecheng Li</u>		
Ma	anuscript Title: Augmented	Reality Navigation-Guided	Intraoperative Pulmonary Nodule Localization: A Pilot Study
Ma	anuscript number (if known):	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a lo so.
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to		ension, you should declare	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	al planning of the work
	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
)	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
3	,	XNone	

Consulting fees

X__None

г	Downant or here were fer	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	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, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		