## ICMJE DISCLOSURE FORM

Date:3/15/2022			
Your Name:	Melani Lighter MD MSc		
<b>Manuscript Title</b>	Electro Magnetic Navigational Percutaneous Transthoracic Needle Lung Biopsy for		
Peripheral Small	Lung Nodules Not Amenable to Navigational Bronchoscopy		
Manuscript num	ber (if known): CCTS-2019-SLN-03(CCTS-20-106)		

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

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	x_None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	x_None	
	testimony		
7	Company for attanding	v. None	
7	Support for attending meetings and/or travel	xNone	
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8	Patents planned, issued or	x_None	
	pending		
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9	Participation on a Data Safety Monitoring Board or	xNone	
	Advisory Board		
10	Leadership or fiduciary role	x None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other		
	writing, gifts or other services		
13	writing, gifts or other services Other financial or non-	x_None	
13	writing, gifts or other services	xNone	
13	writing, gifts or other services Other financial or non-	xNone	
	writing, gifts or other services Other financial or non-		owing box:

\_\_x\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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

## ICMJE DISCLOSURE FORM

Date:_03/16/2022
Your Name: Hisashi Tsukada
Manuscript Title: Electro Magnetic Navigational Percutaneous Transthoracic Needle Lung Biopsy for Peripheral Small Lung Nodules Not Amenable to Navigational Bronchoscopy
Manuscript number (if known):_ CCTS-2019-SLN-03(CCTS-20-106)
la the interest of transparence we selected to displace all relationships (estimities links usets listed below that are

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.

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)  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.	x_None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastxNone	36 months
3	Royalties or licenses	x_None	
4	Consulting fees	_xNone	

5	Payment or honoraria for	x None	
3	lectures, presentations,	XIVOITE	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending	x_None	
	meetings and/or travel		
8	Patents planned, issued or	x None	
	pending		
	-		
9	Participation on a Data	x None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
	occon or occon op none		
12	Receipt of equipment,	x None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
13	financial interests		
	iniancial interests		
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Piea	se summarize the above co	milet of interest in the for	lowing box.

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.