

ICMJE DISCLOSURE FORM

Date: 01-07-2022

Your Name: Stephan E.P. Kops

Manuscript Title: Case report: multiple lesions during navigation bronchoscopy; Seen one, seen them all?

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.

The author's relationships/activities/interests should be defined broadly. 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 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	Johnson & Johnson	My institution has received fees for consulting
5	Payment or honoraria for lectures, presentations,	None	

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

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

Dr. Kops's institution has received consulting fees from Johnson & Johnson for work unrelated to this case report

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.

ICMJE DISCLOSURE FORM

Date: 01-07-2022

Your Name: **Roel Lambertus Johannes Verhoeven**

Manuscript Title: **Case report: multiple lesions during navigation bronchoscopy; Seen one, seen them all?**

Manuscript number (if known): _____

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

The author's relationships/activities/interests should be defined broadly. 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 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).	Philips	Research contract with my institution.
		AstraZeneca	Research contract with my institution
		Johnson & Johnson	Research contract with my institution.
		Siemens	Research contract with my institution
		Pentax	Research contract with my institution
		Galvanize Therapeutics	Research contract with my institution
		Bioncise	Research contract with my institution
3	Royalties or licenses	None	
4	Consulting fees	Johnson & Johnson	My institution has received fees for consulting by me.

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Medtronic	My institution has received compensation for lectures given by me at educational events.
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ Pentax	Compensation for travel fees for attending meeting, made to my institution
8	Patents planned, issued or pending	___ Yes	I have patents planned, issued and pending in relation to the field of navigation bronchoscopy.
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	NVvTG	Board member of the Dutch Society of Technical Physicians, unpaid
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	___ None	

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

Dr. Verhoeven's institution has research contracts with or received funding from Philips, AstraZeneca, Johnson&Johnson, Siemens, Pentax, Galvanize Therapeutics and Bioncise. His institution has received funding for consultancy from Johnson & Johnson, compensation for lecturing at educational events from Medtronic. His institution and he have patents planned, issued and pending. His institution has obtained compensation for travel fees for attending meetings from Pentax. He is an unpaid board member of the Dutch Society of Technical Physicians.

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.

ICMJE DISCLOSURE FORM

Date: 13-07-2022

Your Name: Erik H.F.M. van der Heijden

Manuscript Title: Case report: multiple lesions during navigation bronchoscopy; Seen one, seen them all?

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.

The author's relationships/activities/interests should be defined broadly. 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 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).	Philips	Research contract with my institution
		AstraZeneca	Research contract with my institution
		Johnson & Johnson	Research contract with my institution
		Pentax	Research contract with my institution
		Galvanize Therapeutics	Research contract with my institution
		Bioncise	Research contract with my institution
3	Royalties or licenses	None	
4	Consulting fees	Johnson & Johnson	Paid to my institution / department

		Philips	Paid to my institution / department
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Pentax	Paid to my institution / department
		Janssen Cilag	Paid to my institution / department
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ Pentax	Paid to my institution / department
8	Patents planned, issued or pending	___ Yes	Patents planned, issued and pending in relation to the field of bronchoscopy
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	EABIP	Board member, unpaid
		WABIP	Board member, unpaid
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	___ None	

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

Dr. van der Heijden's institution has research contracts with, or has received funding from Philips, AstraZeneca, Johnson&Johnson, Pentax, Galvanize Therapeutics and Bioncise.
 His institution has received fees for consultancy from Johnson & Johnson and Philips, and speakers' fees from Janssen-Cilag and Pentax and travel support from Pentax. His institution and He have patents planned, issued and pending.
 He is an unpaid board member of the WABIP and EABIP.

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.