**ICMJE DISCLOSURE FORM**

**Date:** April 8, 2021  
**Your Name:** Qungang, Shan

**Manuscript Title:** Treatment of aerodigestive fistulas with a novel covered metallic Y-shaped segmented airway stent customized with the assistance of 3D printing  
**Manuscript number (if known):** ATM-21-733

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.** | _X_ None |

|   |   |   |
|---|---|---|
| **Time frame: past 36 months** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☑ None |
| 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:

None.

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

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form.
ICMJE DISCLOSURE FORM

Date:____ April 8, 2021

Your Name: ___Wei, Huang__________________________

Manuscript Title: Treatment of aerodigestive fistulas with a novel covered metallic Y-shaped segmented airway stent customized with the assistance of 3D printing

Manuscript number (if known): ____ATM-21-733____________________________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   |                                                                 | X | None |
|---|---------------------------------------------------------------------|---|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony | X | None |
| 7 | Support for attending meetings and/or travel | X | None |
| 8 | Patents planned, issued or pending | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11 | Stock or stock options | X | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13 | Other financial or non-financial interests | X | None |

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

None.

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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Date:_____April 8, 2021______________________________________________________________
Your Name:___Mingyi, Shang________________________________________________________
Manuscript Title: Treatment of aerodigestive fistulas with a novel covered metallic Y-shaped segmented airway stent customized with the assistance of 3D printing
Manuscript number (if known):_____ATM-21-733________________________________________________________________________________

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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.
   - _X_ None

| Time frame: 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) |

2. Grants or contracts from any entity (if not indicated in item #1 above).
   - _X_ None

3. Royalties or licenses
   - _X_ None

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

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**ICMJE DISCLOSURE FORM**

Date: ____ April 8, 2021 ___________________________________________________________

Your Name: __ Ziyin, Wang _______________________________________________________

Manuscript Title: Treatment of aerodigestive fistulas with a novel covered metallic Y-shaped segmented airway stent customized with the assistance of 3D printing

Manuscript number (if known): ____ ATM-21-733 ____________________________________

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|---|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None                                                                           |
|   | **No time limit for this item.**                                                               |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | _X_ None                                                                           |
| 3 | Royalties or licenses                                                                          | _X_ None                                                                           |
| 4 | Consulting fees                                                                               | _X_ None                                                                           |

Time frame: Since the initial planning of the work

Time frame: past 36 months
Please summarize the above conflict of interest in the following box:

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Date:____ April 8, 2021
Your Name:___ Ning, Xia

Manuscript Title: Treatment of aerodigestive fistulas with a novel covered metallic Y-shaped segmented airway stent customized with the assistance of 3D printing
Manuscript number (if known): ___ATM-21-733

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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, medical writing, article processing charges, etc.) No time limit for this item. | X None                                                                            |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | X None                                                                            |
|   |                                                                                               |                                                                                  |
| 3 | Royalties or licenses                                                                         | X None                                                                            |
|   |                                                                                               |                                                                                  |
| 4 | Consulting fees                                                                              | X None                                                                            |
|   |                                                                                               |                                                                                  |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|---|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                          | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

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

None.

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
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**Date:**____April 8, 2021

**Your Name:** Qingsheng, Xue

**Manuscript Title:** Treatment of aerodigestive fistulas with a novel covered metallic Y-shaped segmented airway stent customized with the assistance of 3D printing

**Manuscript number (if known):** ATM-21-733

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|   |                                                                                         |                                                                                 |
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| 3 | Royalties or licenses                                                                     | _X_ None |
| 4 | Consulting fees                                                                          | _X_ None |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                               | X | None |
| 7 | Support for attending meetings and/or travel                                | X | None |
| 8 | Patents planned, issued or pending                                         | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                      | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                  | X | None |

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

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Date:____ April 8, 2021
Your Name: ___Aiwu, Mao___
Manuscript Title: Treatment of aerodigestive fistulas with a novel covered metallic Y-shaped segmented airway stent customized with the assistance of 3D printing
Manuscript number (if known): ___ATM-21-733___

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| 4 | Consulting fees | _X_ None |
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form.
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Date:____ April 8, 2021

Your Name: ___ Xiaoyi, Ding ______________________________

Manuscript Title: Treatment of aerodigestive fistulas with a novel covered metallic Y-shaped segmented airway stent customized with the assistance of 3D printing

Manuscript number (if known): ____ ATM-21-733 ______________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ___X__ None |
| 3 | Royalties or licenses | ___X__ None |
| 4 | Consulting fees | ___X__ None |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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None.

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ICMJE DISCLOSURE FORM

Date:____April 8,2021
Your Name:__Zhongmin, Wang

Manuscript Title: Treatment of aerodigestive fistulas with a novel covered metallic Y-shaped segmented airway stent customized with the assistance of 3D printing
Manuscript number (if known):____ATM-21-733

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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. | Grant from Shanghai key specialty construction project | no. ZK2019A02 |
| | | Grants from Clinical key specialist construction project of Shanghai municipal health commission | Interventional Radiology [no. shslczdzk06002] & 3D Printing [no. shslczdzk07002] |

| Time frame: 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) |
|---|---|---|
| 2 | X None | |
| Item | Description                                                                 | Status | Comments |
|------|------------------------------------------------------------------------------|--------|----------|
| 1    | Grants or contracts from any entity (if not indicated in item #1 above)      |        |          |
| 3    | Royalties or licenses                                                        | X      | None     |
| 4    | Consulting fees                                                              | X      | None     |
| 5    | Payment or honoraria for lectures, presentations, speakers bureaus,          | X      | None     |
|      | manuscript writing or educational events                                     |        |          |
| 6    | Payment for expert testimony                                                 | X      | None     |
| 7    | Support for attending meetings and/or travel                                  | X      | None     |
| 8    | Patents planned, issued or pending                                           | A      | A segmented bifurcated stent licensed |
| 9    | Participation on a Data Safety Monitoring Board or Advisory Board             | X      | None     |
| 10   | Leadership or fiduciary role in other board, society, committee or advocacy   | X      | None     |
|      | group, paid or unpaid                                                        |        |          |
| 11   | Stock or stock options                                                       | X      | None     |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other       | X      | None     |
|      | services                                                                      |        |          |
| 13   | Other financial or non-financial interests                                    | X      | None     |

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

WZM reports grants from Shanghai key specialty construction project (no. ZK2019A02), grants from Clinical key specialist construction project of Shanghai municipal health commission (Interventional Radiology [no. shslicdzk06002] & 3D Printing [no. shslicdzk07002]; In addition, WZM has a patent a segmented bifurcated stent licensed.
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.