ICMJE DISCLOSURE FORM

Date: April 14th, 2021
Your Name: Yu Chen
Manuscript Title: Hybrid stenting with silicone Y stents and metallic stents in the management of severe malignant airway stenosis and fistulas
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) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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: Since the initial planning of the work

| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X__None |

Time frame: past 36 months

| 3 | Royalties or licenses | X__None |
| 4 | Consulting fees | X__None |
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 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:

Yu Chen has no conflict of interests to disclose.

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: April 14th, 2021
Your Name: Zi-Qing Zhou
Manuscript Title: Hybrid stenting with silicone Y stents and metallic stents in the management of severe malignant airway stenosis and fistulas
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) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None | Time frame: Since the initial planning of the work |
|   | No time limit for this item. |                                                                                   |
|   |                                                                                   |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None | Time frame: past 36 months |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   | Description                                                                 | Decision |
|---|-----------------------------------------------------------------------------|----------|
| 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:

Zi-Qing Zhou has no conflict of interests to disclose.

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: April 14th, 2021
Your Name: Jia-Xin Feng
Manuscript Title: Hybrid stenting with silicone Y stents and metallic stents in the management of severe malignant airway stenosis and fistulas
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.

| Item | Description | Time frame: Since the initial planning of the work | 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.) | 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 | |
|   | Description                                                                 | X  |
|---|------------------------------------------------------------------------------|----|
| 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:

Jia-Xin Feng has no conflict of interests to disclose.

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: April 14th, 2021
Your Name: Zhu-Quan Su
Manuscript Title: Hybrid stenting with silicone Y stents and metallic stents in the management of severe malignant airway stenosis and fistulas
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) |
|---|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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
|   | 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:

Zhu-Quan Su has no conflict of interests to disclose.

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: April 14th, 2021
Your Name: Chang-Hao Zhong
Manuscript Title: Hybrid stenting with silicone Y stents and metallic stents in the management of severe malignant airway stenosis and fistulas
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.) | _X__None |
|   | **No time limit for this item.** | |
| **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 |
|   |   |   |
|---|---|---|
| 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:**

Chang-Hao Zhong has no conflict of interests to disclose.

**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: April 14th, 2021  
Your Name: Li-Ya Lu  
Manuscript Title: Hybrid stenting with silicone Y stents and metallic stents in the management of severe malignant airway stenosis and fistulas  
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.

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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) |
|---|---|---|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br>No time limit for this item. | X None |
| 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 |   |
| 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:

Li-Ya Lu has no conflict of interests to disclose.

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: April 14th, 2021
Your Name: Xiao-Bo Chen
Manuscript Title: Hybrid stenting with silicone Y stents and metallic stents in the management of severe malignant airway stenosis and fistulas
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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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) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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: Since the initial planning of the work**                                          |                                                                                   |
| 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: past 36 months**                                                                |                                                                                   |
Please summarize the above conflict of interest in the following box:

Xiao-Bo Chen has no conflict of interests to disclose.

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: April 14th, 2021
Your Name: Chun-Li Tang
Manuscript Title: Hybrid stenting with silicone Y stents and metallic stents in the management of severe malignant airway stenosis and fistulas
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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|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| **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.) | _X_ None |
|   | **No time limit for this item.** | |
| **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 |
|   | Conflict of Interest | 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:

Chun-Li Tang has no conflict of interests to disclose.

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: April 25\textsuperscript{th}, 2021
Your Name: Subba R. Digumarthy
Manuscript Title: Hybrid stenting with silicone Y stents and metallic stents in the management of severe malignant airway stenosis and fistulas
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. | _X___None                                                                          |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ___ ___Yes Contracts from: Siemens and research grant from Lunit Inc |
| 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: Received independent image analysis for hospital contracted clinical research trials programs
   SRD provides independent image analysis for hospital contracted clinical research trials programs for Merck, Pfizer, Bristol Mayer Squibb, Novartis, Roche, Polaris, Cascadian, Abbvie, Gradalis, Clinical Bay, Zai laboratories.

13 Other financial or non-financial interests: __X__None

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

Dr. Digumarthy declare that SRD provides independent image analysis for hospital contracted clinical research trials programs for Merck, Pfizer, Bristol Mayer Squibb, Novartis, Roche, Polaris, Cascadian, Abbvie, Gradalis, Clinical Bay, Zai laboratories. Received honorarium from: Siemens and research grant from Lunit Inc, not related to work.

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: April 14th, 2021
Your Name: Alfonso Fiorelli
Manuscript Title: Hybrid stenting with silicone Y stents and metallic stents in the management of severe malignant airway stenosis and fistulas
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.

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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) |
|---|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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). | **_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:

Dr. Fiorelli has no conflict of interests to disclose.

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: April 21\textsuperscript{st}, 2021
Your Name: Ehsan Natour
Manuscript Title: Hybrid stenting with silicone Y stents and metallic stents in the management of severe malignant airway stenosis and fistulas
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.

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

Dr. Natour has no conflict of interests to disclose.

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: April 25th, 2021
Your Name: Filippo Lococo
Manuscript Title: Hybrid stenting with silicone Y stents and metallic stents in the management of severe malignant airway stenosis and fistulas
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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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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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
|   |   |   |
|---|---|---|
| 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:

Dr. Lococo has no conflict of interests to disclose.

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: April 14\textsuperscript{th}, 2021  
Your Name: Francesco Petrella  
Manuscript Title: Hybrid stenting with silicone Y stents and metallic stents in the management of severe malignant airway stenosis and fistulas  
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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **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).  
|   | 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
|   | 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:

Dr. Petrella has no conflict of interests to disclose.

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: April 15th, 2021
Your Name: Kassem Harris
Manuscript Title: Hybrid stenting with silicone Y stents and metallic stents in the management of severe malignant airway stenosis and fistulas
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.

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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.

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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                                                                             |
|   |                                                                                     |                                                                                  |
| **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                                                                                     | X | None |
|---|------------------------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |    | 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:

Dr. Harris has no conflict of interests to disclose.

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: April 16th, 2021
Your Name: Takeo Nakada
Manuscript Title: Hybrid stenting with silicone Y stents and metallic stents in the management of severe malignant airway stenosis and fistulas
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.

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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) |
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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                                                                         |
|   |                                                                                                  |                                                                                  |
|   |                                                                                                  |                                                                                  |
|   |                                                                                                  |                                                                                  |
| 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: past 36 months
Please summarize the above conflict of interest in the following box:

Dr. Nakada has no conflict of interests to disclose.

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: April 14th, 2021
Your Name: Nan-Shan Zhong
Manuscript Title: Hybrid stenting with silicone Y stents and metallic stents in the management of severe malignant airway stenosis and fistulas
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.

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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) |
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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 |
| 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,          | _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                                           | _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  | _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:

Nan-Shan Zhong has no conflict of interests to disclose.

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: April 14th, 2021  
Your Name: Shi-Yue Li  
Manuscript Title: Hybrid stenting with silicone Y stents and metallic stents in the management of severe malignant airway stenosis and fistulas  
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.** | This study was supported by the Clinical Innovation Research Program of Guangzhou Regenerative Medicine and Health Guangdong Laboratory (2018GZR0201002). |
| 2 | _X_ None | |

Time frame: Since the initial planning of the work  
Time frame: past 36 months
|   | 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, 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:**

I declared that I had received the Clinical Innovation Research Program of Guangzhou Regenerative Medicine and Health Guangdong Laboratory (2018GZR0201002). The funding source didn’t play any role on the study. I declared no potential conflict of interest.
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.