ICMJE DISCLOSURE FORM

Date: August 31, 2021
Your Name: Masahide Oki
Manuscript Title: Augmented fluoroscopy and cone beam CT-guided needle biopsy using a steerable guiding sheath: A promising approach for peripheral pulmonary lesions
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.

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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**                                                                   |                                                                                  |
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| 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 | I have received speaker fees from Olympus Corp. as an invited guest speaker at academic medical meetings. |
| 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 have received speaker fees from Olympus Corp. and Fujifilm Corp. as an invited guest speaker at academic medical meetings.

**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: __02SEP2021______________________________

Your Name: Hideo Saka

Manuscript Title: Augmented fluoroscopy and cone beam CT-guided needle biopsy using a steerable guiding sheath: A promising approach for peripheral pulmonary lesions

Manuscript number (if known): __________________________________________________________

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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 |
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
|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 |
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|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 |
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HS has no conflict of interest on this paper.

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