

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Alexander

2. Surname (Last Name)
Gregor

3. Date
28-December-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Kazuhiro Yasufuku

5. Manuscript Title
Narrative Review – How to Access Nodules: Role of new technology including Navi- and Robo-Bronchoscopy

6. Manuscript Identifying Number (if you know it)
CCTS-2019-SLN-07(CCTS-20-122)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
the Canadian Institutes of Health Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frederick Banting and Charles Best Doctoral Canada Graduate Scholarship (FRN 170883). [Retroactive effective May 2020]
the University of Toronto Temerty Faculty of Medicine/Hold'em for Life Charity Challenge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold'em for Life Oncology Clinician Scientist Award [effective July 2020]

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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- Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

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Dr. Gregor reports grants from the Canadian Institutes of Health Research, grants from the University of Toronto Temerty Faculty of Medicine/Hold'em for Life Charity Challenge, during the conduct of the study; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Tsukasa

2. Surname (Last Name)

Ishiwata

3. Date

28-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Kazuhiro Yasufuku

5. Manuscript Title

Narrative Review – How to Access Nodules: Role of new technology including Navi- and Robo-Bronchoscopy

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Dr. Ishiwata has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Terunaga	2. Surname (Last Name) Inage	3. Date 29-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kazuhiro Yasufuku
5. Manuscript Title Narrative Review – How to Access Nodules: Role of new technology including Navi- and Robo-Bronchoscopy		
6. Manuscript Identifying Number (if you know it) CCTS-2019-SLN-07(CCTS-20-122)		

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Section 1. Identifying Information

1. Given Name (First Name)
Kazuhiro

2. Surname (Last Name)
Yasufuku

3. Date
04-January-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
Narrative Review – How to Access Nodules: Role of new technology including Navi- and Robo-Bronchoscopy

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Olympus Corporation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant, Consultant
Intuitive Surgical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Johnson & Johnson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant, Consultant
Auris Heath Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory Board
Concordia Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory Board
Siemens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant

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Dr. Yasufuku reports grants and personal fees from Olympus Corporation, personal fees from Intuitive Surgical, personal fees from Medtronic, grants and personal fees from Johnson & Johnson, other from Auris Health Inc, other from Concordia Healthcare, grants from Siemens, outside the submitted work; .

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