

ICMJE DISCLOSURE FORM

Date: Jul. 27th, 2024

Your Name: Yinghui Tao

Manuscript Title: The Efficacy, Safety, and Related Factors of Bronchial Artery Embolization for Hemoptysis: A Systematic Review and Meta-analysis with Subgroup Analysis

Manuscript number (if known): CDT-24-157

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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		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.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

4	Consulting fees	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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Research Project of Zhejiang Chinese Medical University (No.2022JKJNTZ20).

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Date: _____ Jul. 27th, 2024 _____

Your Name: _____ Ruisi Su _____

Manuscript Title: _____ The Efficacy, Safety, and Related Factors of Bronchial Artery Embolization for Hemoptysis: A Systematic Review and Meta-analysis with Subgroup Analysis _____

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ICMJE DISCLOSURE FORM

Date: Jul. 27th, 2024

Your Name: Minhui Zhou

Manuscript Title: The Efficacy, Safety, and Related Factors of Bronchial Artery Embolization for Hemoptysis: A Systematic Review and Meta-analysis with Subgroup Analysis

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Date: Jul. 27th, 2024

Your Name: Haonan Zhu

Manuscript Title: The Efficacy, Safety, and Related Factors of Bronchial Artery Embolization for Hemoptysis: A Systematic Review and Meta-analysis with Subgroup Analysis

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Date: ___ Jul. 27th, 2024 ___

Your Name: ___ Zhichao Sun ___

Manuscript Title: ___ The Efficacy, Safety, and Related Factors of Bronchial Artery Embolization for Hemoptysis: A Systematic Review and Meta-analysis with Subgroup Analysis ___

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