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”.

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4. **Intelectual Property.**

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

5. **Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Joe  
2. Surname (Last Name)  
   Ensor  
3. Date  
   30-December-2016  
4. Are you the corresponding author?  
   Yes ☐  No ☑  
   Corresponding Author’s Name  
   Alda Tam  
5. Manuscript Title  
   Cryoablation of Bone Metastases from Renal Cell Carcinoma for Local Tumor Control  
6. Manuscript Identifying Number (if you know it)  

**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?  
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**Section 3. Relevant financial activities outside the submitted work.**

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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?  
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Dr. Ensor has nothing to disclose.

Evaluation and Feedback

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<td>Gardner</td>
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<tr>
<td>3. Date</td>
<td>30-December-2016</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>[ ] Yes    [✓] No</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Alda Tam</td>
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<thead>
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<th>1. Given Name (First Name)</th>
<th>Steven</th>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Huang</td>
</tr>
<tr>
<td>3. Date</td>
<td>30-December-2016</td>
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Are there any relevant conflicts of interest? Yes ☐ No ✔

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Dr. Huang has nothing to disclose.

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1. **Given Name (First Name)**  
   Kamran
2. **Surname (Last Name)**  
   Ahrar
3. **Date**  
   30-December-2016
4. **Are you the corresponding author?**  
   Yes  
   ✔
   No
5. **Manuscript Title**  
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## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
□ Yes  
✔ No

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Dr. Ahrar has nothing to disclose.

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1 Lewis

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
   Valerae

2. Surname (Last Name)  
   Lewis

3. Date  
   30-December-2016

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

   Corresponding Author’s Name  
   Alda Tam

5. Manuscript Title  
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- **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) Sharjeel
2. Surname (Last Name) Sabir
3. Date 30-December-2016
4. Are you the corresponding author? [ ] Yes [ ] No
   Corresponding Author’s Name Alda Tam
5. Manuscript Title Cryoablation of Bone Metastases from Renal Cell Carcinoma for Local Tumor Control
6. Manuscript Identifying Number (if you know it)

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

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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

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

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Dr. Sabir reports other from Neuwave, other from Boston Scientific, other from Teerumo, personal fees from Cook, outside the submitted work;.

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Tannir
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Nizar
2. Surname (Last Name)  Tannir
3. Date  30-December-2016
4. Are you the corresponding author?  Yes  No  ✔
5. Manuscript Title
Cryoablation of Bone Metastases from Renal Cell Carcinoma for Local Tumor Control
6. Manuscript Identifying Number (if you know it)

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--- | --- | --- | --- | --- | ---
Miranti | ✔ | | | | |

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Dr. Tannir reports grants, personal fees and non-financial support from BMS, grants, personal fees and non-financial support from Exelixis, grants, personal fees and non-financial support from Nektar, personal fees and non-financial support from Novartis, personal fees and non-financial support from Pfizer, personal fees and non-financial support from Argos, personal fees and non-financial support from Calithera, grants from Epizyme, grants from Miranti, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Alda

2. Surname (Last Name)  
   Tam

3. Date  
   30-December-2016

4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No

5. Manuscript Title  
   Cryoablation of Bone Metastases from Renal Cell Carcinoma for Local Tumor Control

6. Manuscript Identifying Number (if you know it)

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