

ICMJE DISCLOSURE FORM

Date: July 4th 2023

Your Name: Ovidiu Ionut Vornicu

Manuscript Title: Mortality Reduction in Severe Community-Acquired Pneumonia: Key Findings from a Large Randomized Controlled Trial and Their Clinical Implications

Manuscript number (if known): ATM 23-1719

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: past 36 months			
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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.



Dr. O. VORNICU
 Anesthésie
 CHU UCL Namur/ Site Godinne
 Av. G. Thérasse, 1
 B5530 Yvoir (Belgique)
 INAMI : 1-5945810-100

ICMJE DISCLOSURE FORM

Date: 30/06/2023

Your Name: Emily Marlynn Perriens

Manuscript Title: Mortality Reduction in Severe Community-Acquired Pneumonia: Key Findings from a Large Randomized Controlled Trial and Their Clinical Implications

Manuscript number (if known): ATM-23-1719

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E. P. Parnis

ICMJE DISCLOSURE FORM

Date: 03/07/2023

Your Name: Sydney Blackman

Manuscript Title: Mortality reduction in severe community-acquired pneumonia: key findings from a large randomized controlled trial and their clinical implications

Manuscript number (if known): _____

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16 July 2023

ICMJE DISCLOSURE FORM

Date: June 29th, 2023

Your Name: Elina Smoos

Manuscript Title: Mortality reduction in severe community-acquired pneumonia: key findings from a large randomized controlled trial and their clinical implications

Manuscript number (if known): _____

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04/07/2023



ICMJE DISCLOSURE FORM

Date: 29 June 29, 2023

Your Name: AL SAMMOUR, Christophe

Manuscript Title : Mortality reduction in severe community-acquired pneumonia: key findings from a large randomized controlled trial and their clinical implications

Manuscript number (if known): _____

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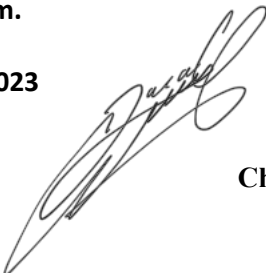
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05/07/2023



Christophe Al Sammour

ICMJE DISCLOSURE FORM

Date: 29/06/2023

Your Name: Ilann Oueslati

Manuscript Title: Mortality reduction in severe community-acquired pneumonia: key findings from a large randomized controlled trial and their clinical implications

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: June 29th, 2023

Your Name: Alexis Philippot

Manuscript Title: Mortality reduction in severe community-acquired pneumonia: key findings from a large randomized controlled trial and their clinical implications

Manuscript number (if known): _____

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Please place an "X" next to the following statement to indicate your agreement:

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06/07/2023



ICMJE DISCLOSURE FORM

Date: 7 July 2023

Your Name: VIDAL BANKIER David

Manuscript Title: Mortality reduction in severe community-acquired pneumonia: key findings from a large randomized controlled trial and their clinical implications

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: past 36 months			
2		<input checked="" type="checkbox"/> None 	

	Grants or contracts from any entity (if not indicated in item #1 above).		
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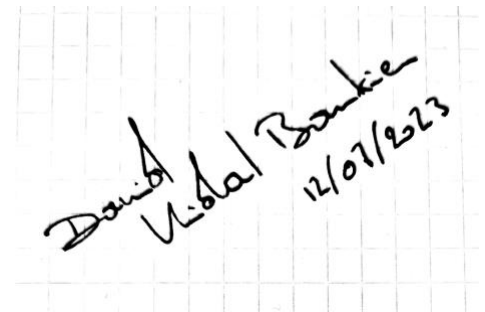
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None.

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

Signed and dated on the 12th of July 2023, David VIDAL BANKIER



David Vidal Bankier
12/07/2023

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Signed and dated on the 6th of July 2023, Charbel Haddad



ICMJE DISCLOSURE FORM

Date: June 29th, 2023

Your Name: MAHA BENDOUMOU

Manuscript Title: Mortality reduction in severe community-acquired pneumonia: key findings from a large randomized controlled trial and their clinical implications

Manuscript number (if known): _____

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Signed and dated on the 7th of July 2023, Maha Bendoumou



ICMJE DISCLOSURE FORM

Date: June 29, 2023

Your Name: FRANCOIS, Tom

Manuscript Title : Mortality reduction in severe community-acquired pneumonia: key findings from a large randomized controlled trial and their clinical implications

Manuscript number (if known): _____

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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	

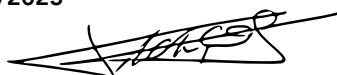
Please summarize the above conflict of interest in the following box:

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.

06/29/2023



ICMJE DISCLOSURE FORM

Date: June 28, 2023

Your Name: MICHAUX Isabelle

Manuscript Title: Mortality Reduction in Severe Community-Acquired Pneumonia: Key Findings from a Large Randomized Controlled Trial and Their Clinical Implications

Manuscript number (if known): ATM-23-1719

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


5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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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.

 28 JUN 2023

ICMJE DISCLOSURE FORM

Date: ~~Feb. 25th, 2021~~ June 18th 23.
 Your Name: Eunice Xu Dr. Xu
 Manuscript Title: Mortality Reduction in Severe Community-Acquired Pneumonia: Key Findings from a Large Randomized Controlled Trial and Their Clinical Implications
 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: past 36 months			
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	


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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.

 *James S. Sykes*

30 June 2023

ICMJE DISCLOSURE FORM

Date: Feb. 25th, 2021

Your Name: Eunice Xu

Manuscript Title: Mortality Reduction in Severe Community-Acquired Pneumonia: Key Findings from a Large Randomized Controlled Trial and Their Clinical Implications

Manuscript number (if known): ATM-23-177

Dr Patrick E. Neal
1. Role of reduction in severe CAP

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Time frame: past 36 months			
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3	Royalties or licenses	<u>__X__</u> None	
4	Consulting fees	<u>__X__</u> None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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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.

Patricia E. V. N. A. R. C.

ICMJE DISCLOSURE FORM

Date: July. 4th, 2023

Your Name: Pierre Bulpa

Manuscript Title: Mortality Reduction in Severe Community-Acquired Pneumonia: Key Findings from a Large Randomized Controlled Trial and Their Clinical Implications

Manuscript number (if known): ATM-23-1719

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3	Royalties or licenses	<u> X </u> None	
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None.

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28 June 2023

ICMJE DISCLOSURE FORM

Conjecture on the chart
July 2023

Date: ~~Feb. 25th, 2021~~

Your Name: ~~Eunice Xu~~

Manuscript Title: ~~XXXXXXXX~~

Manuscript number (if known):

PATRICK A HOWARD
Partially redacted in seen CAP: key
ATN 23-1779

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Pr P. HONORE
 Chef de Service
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 Av. G. Thérasse, 1
 B5530 Yvoir (Belgique)
 N° INAMI : 1-8520070-580

28 June 2023