

## ICMJE DISCLOSURE FORM

Date: May. 30<sup>th</sup>, 2021

Your Name: Ming-hao Luo

Manuscript Title: Tailoring glucocorticoids in patients with severe COVID-19: a narrative review

Manuscript number (if known): ATM-21-1783

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
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	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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.

## ICMJE DISCLOSURE FORM

Date: May. 30<sup>th</sup>, 2021

Your Name: Yi-gi Qian

Manuscript Title: Tailoring glucocorticoids in patients with severe COVID-19: a narrative review

Manuscript number (if known): ATM-21-1783

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## ICMJE DISCLOSURE FORM

Date: May. 30<sup>th</sup>, 2021

Your Name: Dan-lei Huang

Manuscript Title: Tailoring glucocorticoids in patients with severe COVID-19: a narrative review

Manuscript number (if known): ATM-21-1783

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Date: May. 30<sup>th</sup>, 2021

Your Name: Jing-chao Luo

Manuscript Title: Tailoring glucocorticoids in patients with severe COVID-19: a narrative review

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## ICMJE DISCLOSURE FORM

Date: May. 30<sup>th</sup>, 2021

Your Name: Ying Su

Manuscript Title: Tailoring glucocorticoids in patients with severe COVID-19: a narrative review

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## ICMJE DISCLOSURE FORM

Date: May. 30<sup>th</sup>, 2021

Your Name: Huan Wang

Manuscript Title: Tailoring glucocorticoids in patients with severe COVID-19: a narrative review

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## ICMJE DISCLOSURE FORM

Date: May. 30<sup>th</sup>, 2021

Your Name: Shen-ji Yu

Manuscript Title: Tailoring glucocorticoids in patients with severe COVID-19: a narrative review

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## ICMJE DISCLOSURE FORM

Date: May. 30<sup>th</sup>, 2021

Your Name: Kai Liu

Manuscript Title: Tailoring glucocorticoids in patients with severe COVID-19: a narrative review

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## ICMJE DISCLOSURE FORM

Date: 2021-05-30

Your Name: Guo-wei Tu

Manuscript Title: Tailoring glucocorticoids in patients with severe COVID-19: a narrative review

Manuscript number (if known): ATM-21-1783

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		National Natural Science Foundation of China	National Natural Science Foundation of China (82070085) was granted to Dr. Guo-wei Tu
<b>Time frame: past 36 months</b>			
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## ICMJE DISCLOSURE FORM

Date: 2021-05-30

Your Name: Zhe Luo

Manuscript Title: Tailoring glucocorticoids in patients with severe COVID-19: a narrative review

Manuscript number (if known): ATM-21-1783

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		Smart Medical Care of Zhongshan Hospital Funding No. 2020ZHVS01	Funding of Smart Medical Care of Zhongshan Hospital was granted to Dr. Zhe Luo
		Natural Science Foundation of Shanghai	Natural Science Foundation of Shanghai (20ZR1411100) was granted to Dr. Zhe Luo
		Program of Shanghai Academic/Technology Research Leader (20XD1421000)	Program of Shanghai Academic/Technology Research Leader (20XD1421000) was granted to Dr. Zhe Luo
		the Research Funds of Shanghai Municipal Health Commission (2019ZB0105)	the Research Funds of Shanghai Municipal Health Commission (2019ZB0105) was granted to Dr. Zhe Luo
		Science and Technology Commission of Shanghai Municipality (20DZ2261200)	Science and Technology Commission of Shanghai Municipality (20DZ2261200) was granted to Dr. Zhe Luo

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Clinical Research Funds of Zhongshan Hospital Funding (2020ZSLC27), Smart Medical Care of Zhongshan Hospital Funding (2020ZH2S01), Natural Science Foundation of Shanghai (20ZR1411100), Program of Shanghai Academic/Technology Research Leader (20XD1421000), The Research Funds of Shanghai Municipal Health Commission (2019ZB0105) and Science and Technology Commission of Shanghai Municipality (20DZ2261200) were granted to Dr. Zhe Luo

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