Da	te: <u>Jun. 25th, 2021</u>		
Yo	ur Name: <u>Chen Chango</u>	qin	
Ma	nuscript Title: <u>Effica</u>	acy of airway pressure rel	ease ventilation for acute respiratory distress syndrome: a
sys	tematic review with meta-	<u>analysis</u>	
Ma	nuscript number (if known)	: <u>APM-21-747-C</u>	<u>L</u>
rel pa to rel	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a o so. hips/activities/interests as they relate to the current
to me	the epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	al planning of the work
	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.	XNone	
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)	Grants or contracts from	Time frame: pas	at 36 months
2	any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
0	pending	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the foll	owing box:
	None.		

None.			

Da	te: <u>Jun. 25th, 2021</u>		
	ur Name: Zhen Junhai		
Ma	nuscript Title: <u>Effica</u>	acy of airway pressure rel	ease ventilation for acute respiratory distress syndrome: a
sys	tematic review with meta-	analysis	
Ma	nuscript number (if known)	: <u>APM-21-747-</u> C	<u>1</u>
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	tem #1 below, report all su time frame for disclosure i	•	ed in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		Time frame: Since the initia	al planning of the work
L	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.	XNone	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

Consulting fees

		ı	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
0	pending	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
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13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the foll	owing box:
	None.		

None.			

Da	te: <u>Jun. 24th, 2021</u>		
Yo	ur Name: Gong Shijin		
Ma	nuscript Title: Effica	acy of airway pressure rel	ease ventilation for acute respiratory distress syndrome: a
sys	tematic review with meta-	analysis	
	nuscript number (if known)		<u>L</u>
rel par to rel The to me	ated to the content of your ries whose interests may be transparency and does not eationship/activity/interest, at following questions apply muscript only. The author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" mee affected by the content necessarily indicate a bias it is preferable that you do to the author's relationshivities/interests should be ension, you should declare cation is not mentioned in	e defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	tem #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	,
		needed)	
		Time frame: Since the initia	al planning of the work
-	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	No time minit for this item.		
		Time frame: pas	t 36 months
)	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
}	Royalties or licenses	X None	
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Consulting fees

		ı	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
0	pending	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
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13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the foll	owing box:
	None.		

None.			

Da	te: <u>Jun. 23th, 2021</u>		
Yo	ur Name: Yan Jing		
M	anuscript Title: <u>Effica</u>	acy of airway pressure rele	ease ventilation for acute respiratory distress syndrome: a
sy:	stematic review with meta-	analysis	
Ma	anuscript number (if known)	: <u>APM-21-747-CI</u>	
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	Il planning of the work
L	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	t 36 months
)	Grants or contracts from	XNone	
	any entity (if not indicated	_	
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

		ı	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
0	pending	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
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13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the foll	owing box:
	None.		

None.			

Da	te: <u>Jun. 25th, 2021</u>		
Yo	ur Name: <u>Li Li</u>		
Ma	nuscript Title: Effica	acy of airway pressure rel	ease ventilation for acute respiratory distress syndrome: a
sys	tematic review with meta-		
	nuscript number (if known)		L
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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	al planning of the work
	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.	XNone	
		Time frame: pas	t 36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
	Royalties or licenses	XNone	

Consulting fees

		ı						
5	Payment or honoraria for lectures, presentations,	XNone						
	speakers bureaus,							
	manuscript writing or							
	educational events							
6	Payment for expert	XNone						
	testimony							
7	Support for attending	XNone						
	meetings and/or travel							
8	Patents planned, issued or	X None						
0	pending	XNone						
	pending							
9	Participation on a Data	XNone						
	Safety Monitoring Board or							
	Advisory Board							
10	Leadership or fiduciary role	XNone						
	in other board, society,							
	committee or advocacy							
	group, paid or unpaid							
11	Stock or stock options	XNone						
12	Receipt of equipment,	X None						
	materials, drugs, medical							
	writing, gifts or other							
	services							
4.2		V N						
13	Other financial or non-	XNone						
	financial interests							
Ple	Please summarize the above conflict of interest in the following box:							
	None.							

None.			