

## ICMJE DISCLOSURE FORM

Date: Feb. 5<sup>th</sup>, 2024

Your Name: Silvia Matarredona Quiles

Manuscript Title: Comparing upper airway awake exploration, drug-induced sleep endoscopy and natural sleep-  
A systematic review

Manuscript number (if known): JOMA-23-36-CL

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)
<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>	__X__ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ 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: Feb. 5<sup>th</sup>, 2024

Your Name: Paula Martínez Ruiz de Apodaca

Manuscript Title: Comparing upper airway awake exploration, drug-induced sleep endoscopy and natural sleep. A systematic review.

Manuscript number (if known): JOMA-23-36-CL

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

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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.



## ICMJE DISCLOSURE FORM

Date: Feb. 14<sup>th</sup>, 2024

Your Name: Joana Vaz de Castro

Manuscript Title: Comparing Comparing upper airway awake exploration, drug-induced sleep endoscopy and natural sleep - A systematic review

Manuscript number (if known): JOMA-23-36-CL

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Wilma Simões European Institute	2 hour class on respiratory sleep disorders for speech therapists
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	Widex, LindeSaude,	
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	Ordem dos Medicos Portugal	Board member of sleep competency – Portuguese medical order
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:**

The author has received, payment for a class given at the WSEI, is a board member of Sleep Competency of OM and has received funding to participate in meeting from WIDEX and Linde Saúde.

**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: 25/03/2024

Your Name: Elena Gonzalez-Turienzo

Manuscript Title: Comparing upper airway awake exploration, drug-induced sleep endoscopy and natural sleep- A systematic review

Manuscript number (if known): JOMA-23-36

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

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

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

None
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**Please place an "X" next to the following statement to indicate your agreement:**

**- X - 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: 5<sup>th</sup> FEBRUARY 2024

Your Name: GIOVANNI CANNARON

Manuscript Title: COMPARING UPPER AIRWAY AWAKE EXPLORATION,

Manuscript number (if known): DRUG-INDUCED SLEEP ENDOSCOPY AND NATURAL SLEEP: A SYSTEMATIC REVIEW

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3	Royalties or licenses	None
4	Consulting fees	None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	none	
6	Payment for expert testimony	none	
7	Support for attending meetings and/or travel	none	
8	Patents planned, issued or pending	none	
9	Participation on a Data Safety Monitoring Board or Advisory Board	none	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	none	
11	Stock or stock options	none	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	none	
13	Other financial or non-financial interests	none	

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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.

Azienda U.S.L. della Romagna  
 Medico Specialista Ospedaliero  
**Dott. CAMMAROTO GIOVANNI**  
 C.F. CMM GNN 87B04 F158I  
 U.O. OTORINOLARINGOIATRIA

## ICMJE DISCLOSURE FORM

Date: Feb. 21<sup>st</sup>, 2024

Your Name: Marina Carrasco-Llatas

Manuscript Title: Comparing upper airway awake exploration, drug-induced sleep endoscopy and natural sleep- A systematic review

Manuscript number (if known): JOMA-23-36-CL

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3	Royalties or licenses	__ None	
4	Consulting fees	__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
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