Date: 3/6/2021

Your Name: Csongor Fabo

Manuscript Title: Anesthesiology of the spontaneous ventilation in thoracic surgery: A narrative review 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations,	XNone	

	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	_XNone
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	_XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	_XNone
12	Receipt of equipment, materials, drugs, medical	XNone
	writing, gifts or other services	
13	Other financial or non- financial interests	_XNone

None.

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.

DRIL

Date:	8TH	JUNE	2021	
Your Na	me:	ADAM	OSZLANYI	
Manuscript Title: Anesthesiology of the spontaneous ventilation in thoracic surgery: A narrative				
review				
Manuscript number (if known):				

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

5	Payment or honoraria for	X_None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	X_None
	testimony	
7	Support for attending	None
	meetings and/or travel	
8	Patents planned, issued or	
	pending	
9	Participation on a Data	None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	X None
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	X None
12	Receipt of equipment,	X None
12	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	X None
15	financial interests	
	interests	
1		

Ø

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.

Alex Olmy

Date: 221.06.08. Your Name: 2SANETT BARTA Manuscript Title: Anesthesiology of the spontaneous ventilation in thoracic surgery: A narrative
review
Manuscript number (if known):

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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.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	None	
and the second s	, Place of Station Heat when A station of the	Time frame: past	36 months
2	Grants or contracts from	X_None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<u> </u>	
4	Consulting fees	None	

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5	Payment or honoraria for	<u>X</u> None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
	Payment for expert	X None
6	s and show a second sec	
	testimony	
7	Support for attending	_X_None
	meetings and/or travel	
	-	
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8	Patents planned, issued or	X_None
	pending	
9	Participation on a Data	X None
	Safety Monitoring Board or	
1	Advisory Board	
10	Leadership or fiduciary role	X None
1 10	in other board, society,	
1	committee or advocacy	
	group, paid or unpaid	V Nega
11	Stock or stock options	X_None
1		
12	Receipt of equipment,	X_None
1	materials, drugs, medical	
1	writing, gifts or other	
	services	V
13	Other financial or non-	None
	financial interests	

- Well - the grant of the

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

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.

JS RO

Your Name: DR. TIBOR NERETH Manuscript Title: Anesthesiology of the spontaneous ventilation in thoracic surgery: A narrative review

Manuscript number (if known):__

Date: 04/06

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2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel	NOTIC	
a a			
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
1			
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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I White They

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3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	_XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	XNone

None.

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dr. Lants fidit

Date:_07/07./2021	
YourName:StefanNicolaeVaida	
Manuscript Title: Anesthesiology of the spontaneous ventilation in thoracic surgery: A narrative	
review	
Manuscript number (if known):	

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3	Royalties or licenses	XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	X_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	X_None
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	_XNone

None.

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

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Date:_07/07./2021_____ YourName:____Zsolt Szabó Manuscript Title: Anesthesiology of the spontaneous ventilation in thoracic surgery: A narrative review______ Manuscript number (if known):

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4			
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	medical writing, article		
	processing charges, etc.) No time limit for this item.		
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2	Grants or contracts from	Time frame: past	36 months
2	any entity (if not indicated	_XNone	
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	_XNone
7	Support for attending meetings and/or travel	_XNone
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
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