ICMJE DISCLOSURE FORM

Date: May 14, 2021
Your Name: Iván Caviedes
Manuscript Title: VENTILATORY INEFFICIENCY: A KEY PHYSIOPATHOLOGICAL MECHANISM INCREASING DYSPNEA
AND REDUCING EXERCISE CAPACITY IN COPD
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.

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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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					
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3	Royalties or licenses	XNone					
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5	Payment or honoraria for	XNone	
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11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
12	materials, drugs, medical	X_None	
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13	Other financial or non- financial interests	XNone	

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:

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