Date:_3.9.2021	
Your Name: Sara Federici	
Manuscript Title:_Outcome of parapneumonic empyen study	na managed surgically or by fibrinolysis: a multicenter
Manuscript number (if known):_JTD-21-1083-R1	

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 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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

Payment or honoraria for	_XNone	
<u>-</u>		
II 7		
educational events		
Payment for expert	_XNone	
testimony		
_		
	_XNone	
meetings and/or travel		
Patents planned issued or	X None	
1		
Participation on a Data	XNone	
Safety Monitoring Board or		
	V N	
	xnone	
•		
Stock or stock options	_XNone	
	XNone	
services		
Other financial or non-	XNone	
financial interests		
ase summarize the above co	onflict of interest in the	following box:
ase place an "X" next to the	following statement to	indicate your agreement:
ase place an "X" next to the	following statement to	indicate your agreement:
	_	indicate your agreement: have not altered the wording of any of the questions on
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial interests	lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-  X_None

Date:_3.9.2021	
Your Name: Benoit Bedat	
Manuscript Title:_Outcome of parapneumonic empyem study	a managed surgically or by fibrinolysis: a multicenter
Manuscript number (if known):_JTD-21-1083-R1	

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 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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	_XNone	
	testimony		
	C 1 C 11 P	V N	
	Support for attending meetings and/or travel	_XNone	
	meetings and/or traver		
	Patents planned, issued or	X None	
	pending		
	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
0	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	_XNone	
2	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
1	services	V Nove	
3	Other financial or non- financial interests	XNone	
	maneial interests		
ea	se summarize the above co	nflict of interest in the foll	owing box:
_			
lea	se place an "X" next to the	following statement to inc	licate your agreement:
	Land of the Library of the Land		
	I CALLITY THAT I HOME SHEWLER	ed every allection and hav	ie not altered the wording of any of the dijections on
_	form.	ed every question and hav	ve not altered the wording of any of the questions on

Date:_3.9.2021
Our Name: Justine Hayau
Manuscript Title:_Outcome of parapneumonic empyema managed surgically or by fibrinolysis: a multicenter
study
Manuscript number (if known):_JTD-21-1083-R1
n the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that a

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 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)
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.	Time frame: Since the initial _XNone	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	_XNone	
	testimony		
	C 1 C 11 P	V N	
	Support for attending meetings and/or travel	_XNone	
	meetings and/or traver		
	Patents planned, issued or	X None	
	pending		
	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
0	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	_XNone	
2	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
1	services	V Nove	
3	Other financial or non- financial interests	XNone	
	maneial interests		
ea	se summarize the above co	nflict of interest in the foll	owing box:
_			
lea	se place an "X" next to the	following statement to inc	licate your agreement:
	Land of the Library of the Land		
	I CALLITY THAT I HOME SHEWLER	ed every allection and hav	ie not altered the wording of any of the dijections on
_	form.	ed every question and hav	ve not altered the wording of any of the questions on

Date:_3.9.2021	
Your Name: Michel Gonzalez	
Manuscript Title:_Outcome of parapneumonic empyemstudy	a managed surgically or by fibrinolysis: a multicenter
Manuscript number (if known):_JTD-21-1083-R1	

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 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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	_XNone	
	testimony		
	C 1 C 11 P	V N	
	Support for attending meetings and/or travel	_XNone	
	meetings and/or traver		
	Patents planned, issued or	X None	
	pending		
	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
0	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	_XNone	
2	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
1	services	V Nove	
3	Other financial or non- financial interests	XNone	
	maneial interests		
ea	se summarize the above co	nflict of interest in the foll	owing box:
_			
lea	se place an "X" next to the	following statement to inc	licate your agreement:
	Land of the Library of the Land		
	I CALLITY THAT I HOME SHEWLER	ed every allection and hav	ie not altered the wording of any of the dijections on
_	form.	ed every question and hav	ve not altered the wording of any of the questions on

Date:_3.9.2021	
Your Name: Frederic Triponez	
Manuscript Title:_Outcome of parapneumonic empyema r study	nanaged surgically or by fibrinolysis: a multicenter
Manuscript number (if known):_JTD-21-1083-R1	

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 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)
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.	Time frame: Since the initial _XNone	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
	Payment for expert	_XNone	
	testimony		
	C 1 C 11 P	V N	
	Support for attending meetings and/or travel	_XNone	
	meetings and/or traver		
	Patents planned, issued or	X None	
	pending		
	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
0	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	_XNone	
2	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
1	services	V Nove	
3	Other financial or non- financial interests	XNone	
	maneial interests		
ea	se summarize the above co	nflict of interest in the foll	owing box:
_			
lea	se place an "X" next to the	following statement to inc	licate your agreement:
	Land of the Library of the Land		
	I CALLITY THAT I HOME SHEWLER	ed every allection and hav	ie not altered the wording of any of the dijections on
_	form.	ed every question and hav	ve not altered the wording of any of the questions on

Your Name: Thorsten Krueger	
Manuscript Title:_Outcome of parapneumonic empyema managed study	surgically or by fibrinolysis: a multicenter
Manuscript number (if known):_JTD-21-1083-R1	

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 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)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
	Payment for expert	_XNone	
	testimony		
	C 1 C 11 P	V N	
	Support for attending meetings and/or travel	_XNone	
	meetings and/or traver		
	Patents planned, issued or	X None	
	pending		
	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
0	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	_XNone	
2	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
1	services	V Nove	
3	Other financial or non- financial interests	XNone	
	maneial interests		
ea	se summarize the above co	nflict of interest in the foll	owing box:
_			
lea	se place an "X" next to the	following statement to inc	licate your agreement:
	Land of the Library of the Land		
	I CALLITY THAT I HOME SHEWLER	ed every allection and hav	ie not altered the wording of any of the dijections on
_	form.	ed every question and hav	ve not altered the wording of any of the questions on

Date:_3.9.2021	
Your Name: Karenovics Wolfram	
Manuscript Title:_Outcome of parapneumonic empyerstudy	na managed surgically or by fibrinolysis: a multicenter
Manuscript number (if known):_JTD-21-1083-R1	- -

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 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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
	Payment for expert	_XNone	
	testimony		
	C 1 C 11 P	V N	
	Support for attending meetings and/or travel	_XNone	
	meetings and/or traver		
	Patents planned, issued or	X None	
	pending		
	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
0	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	_XNone	
2	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
1	services	V Nove	
3	Other financial or non- financial interests	XNone	
	maneial interests		
ea	se summarize the above co	nflict of interest in the foll	owing box:
_			
lea	se place an "X" next to the	following statement to inc	licate your agreement:
	Land of the Library of the Land		
	I CALLITY THAT I HOME SHEWLER	ed every allection and hav	ie not altered the wording of any of the dijections on
_	form.	ed every question and hav	ve not altered the wording of any of the questions on

Date:_3.9.2021	
Your Name: Perentes Jean Yannis	
Manuscript Title:_Outcome of parapneumonic empyen study	a managed surgically or by fibrinolysis: a multicenter
Manuscript number (if known):_JTD-21-1083-R1	

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 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)
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.	Time frame: Since the initial _XNone	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
	Payment for expert	_XNone	
	testimony		
	C 1 C 11 P	V N	
	Support for attending meetings and/or travel	_XNone	
	meetings and/or traver		
	Patents planned, issued or	X None	
	pending		
	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
0	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	_XNone	
2	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
1	services	V Nove	
3	Other financial or non- financial interests	XNone	
	maneial interests		
ea	se summarize the above co	nflict of interest in the foll	owing box:
_			
lea	se place an "X" next to the	following statement to inc	licate your agreement:
	Land of the Library of the Land		
	I CALLITY THAT I HOME SHEWLER	ed every allection and hav	ie not altered the wording of any of the dijections on
_	form.	ed every question and hav	ve not altered the wording of any of the questions on