Date: 2021-10-23
Your Name:_Yingzhi Wang
Manuscript Title: Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter
retrospective cohort study
Manuscript number (if known): <u>JTD-21-1217-CL</u>
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

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.

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

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of interest to declare.
interest to decide e.

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

4

5

Consulting fees

Payment or honoraria for

None

Da	te:_2021-11-18					
	Your Name: Liming Lei					
Ma	nuscript Title: Weaning (Critically III Patients from N	Nechanical Ventilation: a protocol from a multicenter			
	rospective cohort study					
	anuscript number (if known)					
	-	·	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			
rei	ationship/activity/interest,	it is preferable that you do) SO.			
	e following questions apply inuscript only.	to the author's relationshi	ips/activities/interestsas they relate to the <u>current</u>			
to	_	ension, you should declare	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive 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.						
	· •	• •	ed in this manuscript without time limit. For all other ite			
	· •	• •	Specifications/Comments			
	· •	is the past 36 months.				
	· •	Name all entities with whom you have this relationship or indicate	Specifications/Comments	:1113,		
	· •	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	::::3,		
	· •	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)	:iii3,		
the	e time frame for disclosure i	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)	:iii3,		
	e time frame for disclosure i	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)	:iii3,		
the	e time frame for disclosure i	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)	:iii3,		
the	All support for the present manuscript (e.g., funding,	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)	:s,		
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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)	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	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)			
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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)			
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work			
the 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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work			
the	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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work			
the 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. Grants or contracts from any entity(if not indicated in	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work			
the 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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	::::3,		

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

All authors have completed the ICMJE uniform disclosure form. The authors ha interest to declare.	ve no conflicts of
interest to declare.	

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

Date: 2021-11-18_

Consulting fees

Payment or honoraria for

4

5

None

Yo	ur Name: Huawei Yang				
Ma	Manuscript Title: Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter				
ret	rospective cohort study				
Ma	anuscript number (if known)	: <u>JTD-21-1217-CL</u>			
In	the interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that are		
			ans any relation with for-profit or not-for-profit third		
pa	rties whose interests may be	e affected by the content o	f the manuscript. Disclosure represents a commitment		
to	transparency and does not i	necessarily indicate a bias.	If you are in doubt about whether to list a		
rel	ationship/activity/interest,	it is preferable that you do	so.		
ma The to	e author's relationships/acti the epidemiology of hyperte edication, even if that medic	ivities/interests should be ension, you should declare cation is not mentioned in t	ps/activities/interestsas they relate to the current defined broadly. For example, if your manuscript pertair all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other iter	e	
	e time frame for disclosure is			ms,	
		s the past 36 months.		ms,	
		s the past 36 months. Name all entities with	Specifications/Comments	ms,	
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	ms,	
		Name all entities with whom you have this relationship or indicate	Specifications/Comments	ms,	
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	ms,	
		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)	ms,	
		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)	ms,	
the	e time frame for disclosure i	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)	ms,	
the	All support for the present manuscript (e.g., funding, provision of study materials,	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)	ms,	
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	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)	ms,	
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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)	ms,	
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	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)	ms,	
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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)	ms,	
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work	ms,	
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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	ms,	
the	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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work	ms,	
the	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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work	ms,	
the	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. Grants or contracts from any entity(if not indicated in	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work	ms,	

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

All authors have completed the ICMJE uniform disclosure form. The authors ha interest to declare.	ve no conflicts of
interest to declare.	

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

Payment or honoraria for

Da	te:_2021-11-18				
Your Name: Songbin He					
Manuscript Title: Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter					
ret	rospective cohort study				
Ma	nuscript number (if known)	: <u>JTD-21-1217-CL</u>			
In t	the interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that are		
rel	ated to the content of your	manuscript. "Related" mea	ans any relation with for-profit or not-for-profit third		
pa	rties whose interests may be	e affected by the content o	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					
rel	ationship/activity/interest,	it is preferable that you do	so.		
The to me	e author's relationships/actio	ivities/interests should be ension, you should declare ation is not mentioned in t pport for the work reporte	ps/activities/interestsas they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d 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 needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initia	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			
		Time frame: past	36 months		
2	Grants or contracts from	None None	30 moners		
-	any entity(if not indicated in				
	item #1 above).				
3	Royalties or licenses	None			
4	Consulting fees	None			

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

All authors have completed the ICMJE uniform disclosure form. The authors ha interest to declare.	ve no conflicts of
interest to declare.	

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

Payment or honoraria for

_None

Da	te: <u>2021-11-18</u>			
Your Name: Junhai Hao				
Manuscript Title: Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter				
ret	rospective cohort study			
Ma	anuscript number (if known)	: <u>JTD-21-1217-CL</u>		
In	the interest of transparency	, we ask you to disclose al	I relationships/activities/interests listed below that are	
rel	ated to the content of your	manuscript. "Related" me	ans any relation with for-profit or not-for-profit third	
pa	rties whose interests may b	e affected by the content	of the manuscript. Disclosure represents a commitment	
to	transparency and does not i	necessarily indicate a bias	. If you are in doubt about whether to list a	
rel	ationship/activity/interest,	it is preferable that you do	o so.	
The to me	enuscript only. e author's relationships/act the epidemiology of hyperte edication, even if that medic	ivities/interests should be ension, you should declare ation is not mentioned in pport for the work reporte	ips/activities/interestsas they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,	
		Name all autition with	Superification of Community	
		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 initia	al 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		
		T: f	1.26	
2	Grants or contracts from	Time frame: pas	t 36 months	
<u> </u>	any entity(if not indicated in item #1 above).	None		
3	Royalties or licenses	None		
1	Consulting fees	None		

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

All authors have completed the ICMJE uniform disclosure form. The authors ha interest to declare.	ve no conflicts of
interest to declare.	

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

Payment or honoraria for

Da	te:_2021-11-18				
Your Name: Tao Liu					
Ma	Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter				
ret	trospective cohort study				
Ma	anuscript number (if known)	:_JTD-21-1217-CL_			
In	the interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that are		
rel	ated to the content of your	manuscript. "Related" mea	ans any relation with for-profit or not-for-profit third		
pa	rties whose interests may be	e affected by the content o	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		
rel	ationship/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. 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	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 initial	Inlanning of the work		
1	All support for the present		planning of the work		
1	All support for the present manuscript (e.g., funding,	None			
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: past	36 months		
2	Grants or contracts from	None			
	any entity(if not indicated in				
	item #1 above).				
3	Royalties or licenses	None			
4	Consulting fees	None			

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

All authors have completed the ICMJE uniform disclosure form. The authors ha interest to declare.	ve no conflicts of
interest to declare.	

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

Consulting fees

Payment or honoraria for

None

None

4

5

Da	te:_2021-11-18			
	ur Name: Xingdong Chen			
Manuscript Title: Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter				
ret	rospective cohort study			
Ma	anuscript number (if known)	:_JTD-21-1217-CL		
In	the interest of transparency	, we ask you to disclose al	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	
rel	ationship/activity/interest,	it is preferable that you de	o so.	
Th to me	e author's relationships/act the epidemiology of hyperted edication, even if that medic	ivities/interests should be ension, you should declare ation is not mentioned in		
	item #1 below, report all su e time frame for disclosure i	•	ed in this manuscript without time limit. For all other iten	ıs,
		Nicona ellamatata contab	Constitution of Comments	
		Name all entities with whom you have this	Specifications/Comments (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	
1	All support for the present	None		
	manuscript (e.g., funding,			
	provision of study materials, medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	t 36 months	
2	Grants or contracts from	None		
	any entity(if not indicated in			
3	item #1 above). Royalties or licenses	None		
2	Noyaities of ficerises	None		

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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	

All authors have completed the ICMJE uniform disclosure form. The authors have no conflic	ts of
interest to declare.	

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

Consulting fees

Payment or honoraria for

None

None

4

Da	te: <u>2021-11-18</u>			
Your Name: Yongbo Huang				
Manuscript Title: Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter				
ret	rospective cohort study			
Ma	nuscript number (if known)	: <u>JTD-21-1217-CL</u>		
In	the interest of transparency	, we ask you to disclose al	I relationships/activities/interests listed below that are	
rel	ated to the content of your	manuscript. "Related" me	ans any relation with for-profit or not-for-profit third	
pa	rties whose interests may be	e affected by the content of	of the manuscript. Disclosure represents a commitment	
	-	-	. If you are in doubt about whether to list a	
rel	ationship/activity/interest,	it is preferable that you do	0 so.	
		to the author's relationsh	ips/activities/interestsas they relate to the <u>current</u>	
ma	nuscript only.			
			<u>defined broadly</u> . For example, if your manuscript pertains	
			all relationships with manufacturers of antihypertensive	
me	dication, even if that medic	ation is not mentioned in	the manuscript.	
1	#1 h.ala		ad in this manuscraint with a thinse limit. For all other items	
	· ·		ed in this manuscript without time limit. For all other items,	
tne	e time frame for disclosure i	s the past 36 months.		
		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	
1	All support for the present	None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.) No time limit for this item.			
	No time limit for this item.			
		Time frame: pas	t 26 months	
2	Grants or contracts from	None	t 30 months	
_	any entity(if not indicated in			
	item #1 above).			
3	Royalties or licenses	None		

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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	

All authors have completed the ICMJE uniform disclosure form. The authors have no conflic	ts of
interest to declare.	

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

Payment or honoraria for

None

5

Da	te:_2021-11-18					
Your Name: Jing Zhou						
Ma	Manuscript Title: Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter					
ret	retrospective cohort study					
Ma	Manuscript number (if known): <u>JTD-21-1217-CL</u> In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are					
In						
rel	ated to the content of your	manuscript. "Related" mea	ans any relation with for-profit or not-for-profit third			
pa	rties whose interests may be	e affected by the content o	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			
rel	ationship/activity/interest,	it is preferable that you do	so.			
Th to me	e author's relationships/act the epidemiology of hypertedication, even if that medic	ivities/interests should be ension, you should declare ration is not mentioned in the port for the work reportes the past 36 months.	d in this manuscript without time limit. For all other item			
		Name all entities with	Specifications/Comments			
		whom you have this	(e.g., if payments were made to you or to your			
		relationship or indicate none (add rows as	institution)			
		needed)				
		Time frame: Since the initial	planning of the work			
1	All support for the present	None				
	manuscript (e.g., funding,					
	provision of study materials,					
	medical writing, article					
	processing charges, etc.) No time limit for this item.					
	No time limit for this item.					
		Time frame: past	26 months			
2	Grants or contracts from	None				
_	any entity(if not indicated in					
	item #1 above).					
3	Royalties or licenses	None				
4	Consulting fees	None				

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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	

All authors have completed the ICMJE uniform disclosure form. The authors have no conflic	ts of
interest to declare.	

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

Payment or honoraria for

Da	te:_2021-11-18					
Yo	Your Name: Zhimin Lin					
Ma	Manuscript Title: Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter					
ret	retrospective cohort study					
Ma	Manuscript number (if known): <u>JTD-21-1217-CL</u> In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are					
In						
	•		ans any relation with for-profit or not-for-profit third			
•	-	•	f the manuscript. Disclosure represents a commitment	:		
		-	If you are in doubt about whether to list a			
rel	lationship/activity/interest,	it is preferable that you do	SO.			
Th to me	e author's relationships/act the epidemiology of hypertedication, even if that medic	ivities/interests should be ension, you should declare ation is not mentioned in t pport for the work reporte	d in this manuscript without time limit. For all other it	ve		
		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 initial	planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	None				
	processing charges, etc.) No time limit for this item.					
	ivo unie minicioi uns item.					
		Time frame: past	36 months			
2	Grants or contracts from	None				
	any entity(if not indicated in					
	item #1 above).					
3	Royalties or licenses	None				
4	Consulting fees	None				

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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	

All authors have completed the ICMJE uniform disclosure form. The authors have no conflic	ts of
interest to declare.	

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

Date:_2021-11-18_

Payment or honoraria for

Yo	ur Name: Haichong Zheng			
Ma	nuscript Title: Weaning C	Critically III Patients from M	echanical Ventilation: a protocol from a multicenter	
ret	rospective cohort study			
Ma	anuscript number (if known)	:_JTD-21-1217-CL_		
In t	the interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that are	
rel	ated to the content of your	manuscript. "Related" mea	ns any relation with for-profit or not-for-profit third	
pa	rties whose interests may be	e affected by the content o	f the manuscript. Disclosure represents a commitment	
to	transparency and does not i	necessarily indicate a bias.	If you are in doubt about whether to list a	
rel	ationship/activity/interest,	it is preferable that you do	so.	
The to me	e author's relationships/act the epidemiology of hypertedication, even if that medic	ivities/interests should be ension, you should declare ation is not mentioned in t pport for the work reporte	os/activities/interestsas they relate to the <u>current</u> defined broadly. For example, if your manuscript pertai all relationships with manufacturers of antihypertensive manuscript. d in this manuscript without time limit. For all other ite	e.
		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)	
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
1	All support for the present	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	All support for the present manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
1		whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	(e.g., if payments were made to you or to your institution) planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	(e.g., if payments were made to you or to your institution) planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: pastNone	(e.g., if payments were made to you or to your institution) planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: pastNone	(e.g., if payments were made to you or to your institution) planning of the work	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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	

All authors have completed the ICMJE uniform disclosure form. The authors have no conflic	ts of
interest to declare.	

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

4

Consulting fees

Payment or honoraria for

None

Da	te:_2021-11-18		
Yo	ur Name: Xiaoling Lin		
Ma	anuscript Title: Weaning C	Critically III Patients from N	Mechanical Ventilation: a protocol from a multicenter
	rospective cohort study		
	anuscript number (if known)		
		•	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
rel	ationship/activity/interest,	it is preferable that you do	o so.
	e following questions apply inuscript only.	to the author's relationshi	ips/activities/interestsas 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.
	41 hala waxantalla	nnort for the work renorts	ed in this manuscript without time limit. For all other items,
	e time frame for disclosure i	• •	ed in this manuscript without time mint. For an other items,
	· •	• •	
	· •	s the past 36 months.	Specifications/Comments (e.g., if payments were made to you or to your
	· •	Name all entities with whom you have this relationship or indicate	Specifications/Comments
	· •	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
	· •	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)
the	e time frame for disclosure i	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)
	e time frame for disclosure i	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)
the	All support for the present manuscript (e.g., funding,	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)
the	All support for the present manuscript (e.g., funding, provision of study materials,	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)
the	All support for the present manuscript (e.g., funding,	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)
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	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)
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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)
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None	Specifications/Comments (e.g., if payments were made to you or to your institution) Il planning of the work
the	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.	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) Il planning of the work
the	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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None	Specifications/Comments (e.g., if payments were made to you or to your institution) Il planning of the work
the	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. Grants or contracts from any entity(if not indicated in	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None	Specifications/Comments (e.g., if payments were made to you or to your institution) Il 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. Grants or contracts from any entity(if not indicated in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None Time frame: past	Specifications/Comments (e.g., if payments were made to you or to your institution) Il planning of the work
the	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. Grants or contracts from any entity(if not indicated in	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None	Specifications/Comments (e.g., if payments were made to you or to your institution) Il planning of the work

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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	

All authors have completed the ICMJE uniform disclosure form. The authors have no conflic	ts of
interest to declare.	

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

Date: 2021-11-18	
Your Name: Weixiang Huang	
Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicente retrospective cohort study	<u>:r</u>
Manuscript number (if known): <u>JTD-21-1217-CL</u>	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit this parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitm 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.	ď
The following questions apply to the author's relationships/activities/interestsas they relate to the <u>current</u>	

manuscript only.

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.

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

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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	

All authors have completed the ICMJE uniform disclosure form. The authors have no conflic	ts of
interest to declare.	

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

Payment or honoraria for

Da	te:_2021-11-18				
Your Name: Xiaoqing Liu					
Ma	Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter				
re	trospective cohort study				
Ma	anuscript number (if known)	:_JTD-21-1217-CL_			
In	the interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that are		
re	ated to the content of your	manuscript. "Related" mea	ans any relation with for-profit or not-for-profit third		
pa	rties whose interests may be	e affected by the content o	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		
re	ationship/activity/interest,	it is preferable that you do	so.		
Th to me	e author's relationships/act the epidemiology of hypertedication, even if that medic	ivities/interests should be ension, you should declare ation is not mentioned in t pport for the work reporte	ps/activities/interestsas they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other item		
		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 initial	Inlanning of the work		
1	All support for the present		planning of the work		
1	All support for the present manuscript (e.g., funding,	None			
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: past	36 months		
2	Grants or contracts from	None			
	any entity(if not indicated in				
2	item #1 above).	Nene			
3	Royalties or licenses	None			
4	Consulting fees	None			

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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	

All authors have completed the ICMJE uniform disclosure form. The authors have no conflic	ts of
interest to declare.	

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

Payment or honoraria for

Da	te:_2021-11-18		
Yo	ur Name: Yimin Li		
Ma	anuscript Title: Weaning (Critically III Patients from N	Mechanical Ventilation: a protocol from a multicenter
ret	rospective cohort study		
Ma	anuscript number (if known)	: <u>JTD-21-1217-CL</u>	
In	the interest of transparency	, we ask you to disclose al	I relationships/activities/interests listed below that are
rel	ated to the content of your	manuscript. "Related" me	ans any relation with for-profit or not-for-profit third
pa	rties whose interests may be	e affected by the content	of the manuscript. Disclosure represents a commitment
to	transparency and does not i	necessarily indicate a bias	. If you are in doubt about whether to list a
rel	ationship/activity/interest,	it is preferable that you do	o so.
The to me	e author's relationships/act the epidemiology of hyperte edication, even if that medic	ivities/interests should be ension, you should declare ation is not mentioned in pport for the work reporte	ips/activities/interestsas they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications / Comments
		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 initia	al 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	
		T: C	126
2	Grants or contracts from	Time frame: pas	t 36 months
۷.	Grants or contracts from any entity(if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
1	Consulting fees	None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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	

All authors have completed the ICMJE uniform disclosure form. The authors have no conflic	ts of
interest to declare.	

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

Date: 2021-11-18_

Payment or honoraria for

Yo	ur Name: Linxi Huang				
Ma	Manuscript Title: Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter				
<u>ret</u>	rospective cohort study				
Ma	nuscript number (if known)	:_ <u>JTD-21-1217-CL</u>			
In t	the interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that are		
rel	ated to the content of your	manuscript. "Related" mea	ans any relation with for-profit or not-for-profit third		
pa	rties whose interests may b	e affected by the content o	of the manuscript. Disclosure represents a commitment		
to	transparency and does not i	necessarily indicate a bias.	If you are in doubt about whether to list a		
rel	ationship/activity/interest,	it is preferable that you do	so.		
Th	e following questions apply	to the author's relationshi	ps/activities/interestsas they relate to the <u>current</u>		
ma	nuscript only.				
Th	e author's relationships/act	ivities/interests should be	defined broadly. For example, if your manuscript pertains		
to	the epidemiology of hyperto	ension, you should declare	all relationships with manufacturers of antihypertensive		
me	edication, even if that medic	cation is not mentioned in t	the manuscript.		
In i	item #1 below, report all su	pport for the work reporte	d in this manuscript without time limit. For all other items,		
the	e time frame for disclosure i	s the past 36 months.			
		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 initial	planning of the work		
1	All support for the present	None			
	manuscript (e.g., funding,				
	provision of study materials,				
	medical writing, article				
	processing charges, etc.) No time limit for this item.				
	No time limit for this item.				
		T ion of form of the state of	26		
2		Time frame: past	36 Months		
2	Grants or contracts from any entity(if not indicated in	None			
	item #1 above).				
3	Royalties or licenses	None			
3	noyalties of licerises	None			
4	Consulting fees	None			

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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	

All authors have completed the ICMJE uniform disclosure form. The authors have no conflic	ts of
interest to declare.	

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

Date: 2021-11-18_

Payment or honoraria for

Yo	ur Name: Wenbing Qiu		
Ma	nuscript Title: Weaning C	Critically III Patients from N	Mechanical Ventilation: a protocol from a multicenter
<u>ret</u>	rospective cohort study		
Ma	anuscript number (if known)	:_ <u>JTD-21-1217-CL</u>	
In t	the interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that are
rel	ated to the content of your	manuscript. "Related" me	ans any relation with for-profit or not-for-profit third
pa	rties whose interests may b	e affected by the content o	of the manuscript. Disclosure represents a commitment
to	transparency and does not i	necessarily indicate a bias.	If you are in doubt about whether to list a
rel	ationship/activity/interest,	it is preferable that you do) so.
ma The	nuscript only. e author's relationships/acti the epidemiology of hyperto	ivities/interests should be ension, you should declare	ps/activities/interestsas they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
me	edication, even if that medic	cation is not mentioned in	the manuscript.
	item #1 below, report all su e time frame for disclosure is	• •	d in this manuscript without time limit. For all other items,
		r	
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	institution
		needed)	
		Time frame: Since the initia	l planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time for more most	2C mantha
2	Grants or contracts from	Time frame: past	36 months
2	any entity(if not indicated in	None	
	item #1 above).		
3	Royalties or licenses	None	
_	111 / 01111000		
4	Consulting fees	None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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	

All authors have completed the ICMJE uniform disclosure form. The authors have no conflic	ts of
interest to declare.	

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

Date: 2021-11-18_

Consulting fees

Payment or honoraria for

None

None

4

10	Your Name: Huangyao Ru					
Manuscript Title: Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter						
ret	retrospective cohort study					
Ma	Manuscript number (if known):_JTD-21-1217-CL					
In	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are					
rel	ated to the content of your	manuscript. "Related" mea	ans any relation with for-profit or not-for-profit third			
ра	rties whose interests may b	e affected by the content o	of the manuscript. Disclosure represents a commitment			
to	transparency and does not i	necessarily indicate a bias.	If you are in doubt about whether to list a			
rel	ationship/activity/interest,	it is preferable that you do	SO.			
Th to me	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. 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)			
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)			
1	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None	(e.g., if payments were made to you or to your institution) I planning of the work			
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution) I planning of the work			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None Time frame: past	(e.g., if payments were made to you or to your institution) I planning of the work			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None Time frame: past	(e.g., if payments were made to you or to your institution) I planning of the work			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None Time frame: past	(e.g., if payments were made to you or to your institution) I planning of the work			
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None Time frame: pastNone	(e.g., if payments were made to you or to your institution) I planning of the work			

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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	

All authors have completed the ICMJE uniform disclosure form. The authors have no conflic	ts of
interest to declare.	

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

Payment or honoraria for

	ite:_2021-11-18			
Yo	our Name: DanniWang			
M	anuscript Title: Weaning (Critically III Patients from M	lechanical Ventilation: a protocol from a multicenter	
re	trospective cohort study			
M	anuscript number (if known)	:_JTD-21-1217-CL		
In	the interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that are	
re	lated to the content of your	manuscript. "Related" mea	ans any relation with for-profit or not-for-profit third	
pa	rties whose interests may b	e affected by the content o	f 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	
re	lationship/activity/interest,	it is preferable that you do	so.	
Th to mo	anuscript only. The author's relationships/act the epidemiology of hypert edication, even if that medic	ivities/interests should be ension, you should declare cation is not mentioned in to pport for the work reporte s the past 36 months.	d in this manuscript without time limit. For all other ite	ve
		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 ladd rows as		
		none (add rows as needed)		
		needed)	planning of the work	
1	All support for the present	-	planning of the work	
1	All support for the present manuscript (e.g., funding,	needed) Time frame: Since the initia	planning of the work	
1	1	needed) Time frame: Since the initia	planning of the work	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	needed) Time frame: Since the initia	planning of the work	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	needed) Time frame: Since the initia	planning of the work	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	needed) Time frame: Since the initia	planning of the work	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	needed) Time frame: Since the initia	planning of the work	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	needed) Time frame: Since the initiaNone		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	needed) Time frame: Since the initiaNone Time frame: past		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	needed) Time frame: Since the initiaNone		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in	needed) Time frame: Since the initiaNone Time frame: past		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in item #1 above).	needed) Time frame: Since the initiaNone		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in	needed) Time frame: Since the initiaNone Time frame: past		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in item #1 above).	needed) Time frame: Since the initiaNone		

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

All authors have completed the ICMJE uniform disclosure form. The authors ha interest to declare.	ve no conflicts of
interest to declare.	

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

Date:_2021-11-18_

Payment or honoraria for

at are nird ment t pertains rtensive
nird ment <u>t</u> pertains
nird ment <u>t</u> pertains
nird ment <u>t</u> pertains
t pertains
<u>t</u> pertains
pertains
pertains
pertains
her items,
E

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

All authors have completed the ICMJE uniform disclosure form. The authors ha interest to declare.	ve no conflicts of
interest to declare.	

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

Date: 2021-11-18_

Consulting fees

None

You	Your Name: Huifang Zheng				
Manuscript Title: Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter					
retrospective cohort study					
Mar	Manuscript number (if known): <u>JTD-21-1217-CL</u>				
In th	ne interest of transparency,	we ask you to disclose all r	elationships/activities/interests listed below that are		
rela	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 tr	ransparency and does not no	ecessarily indicate a bias. I	f you are in doubt about whether to list a		
rela	tionship/activity/interest, it	is preferable that you do s	60.		
The to th	author's relationships/activne epidemiology of hyperter lication, even if that medica	rities/interests should be <u>d</u> nsion, you should declare a ition is not mentioned in th port for the work reported	s/activities/interestsas they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript. in this manuscript without time limit. For all other items,		
the	time frame for disclosure is	the past 36 months.			
the	time frame for disclosure is		Specifications/Comments		
the	time frame for disclosure is	Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)		
the	time frame for disclosure is	Name all entities with whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your		
the	time frame for disclosure is	Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)		
		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)		
1	All support for the present	Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)		
	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)		
	All support for the present	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)		
	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	(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.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution) 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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	(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. Grants or contracts from any entity(if not indicated in	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	(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. Grants or contracts from any entity(if not indicated in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: pastNone	(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. Grants or contracts from any entity(if not indicated in	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work		

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

5

Date	e:_2021-11-18				
You	r Name: Liuer Zuo				
Mar	nuscript Title: Weaning Cr	itically III Patients from Me	chanical Ventilation: a protocol from a multicenter		
retr	retrospective cohort study				
Mar	nuscript number (if known):	JTD-21-1217-CL			
rela part to tr rela	ted to the content of your miles whose interests may be ransparency and does not not took tionship/activity/interest, it	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I is preferable that you do s			
	nuscript only.	o the author's relationship:	s/activities/interestsas they relate to the <u>current</u>		
to th	-	nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.		
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,		
		Name all entities with	Specifications/Comments		
		whom you have this relationship or indicate none (add rows as needed)	(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.	None			
		Time frame: past	36 months		
2	Grants or contracts from any entity(if not indicated in item #1 above).	None			
3	Royalties or licenses	None			
4	Consulting fees	None			

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

Date: 2021-11-18_

	r Name: Peiling Zeng		
Mar	nuscript Title: Weaning Cr	itically III Patients from Me	echanical Ventilation: a protocol from a multicenter
retro	ospective cohort study		
Mar	nuscript number (if known):	JTD-21-1217-CL	
relate to trelate	ted to the content of your n ies whose interests may be ransparency and does not no tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. s/activities/interestsas they relate to the current
to the med	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. In this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your
		none (add rows as	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.	none (add rows as needed)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	none (add rows as needed) Time frame: Since the initia	planning of the work
1 2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	none (add rows as needed) Time frame: Since the initia None	planning of the work
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in	none (add rows as needed) Time frame: Since the initia None Time frame: past	planning of the work

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

Date: 2021-11-18_

5

You	r Name: Jian Zhong		
Mar	nuscript Title: Weaning Cr	itically III Patients from Me	echanical Ventilation: a protocol from a multicenter
retr	ospective cohort study		
Mar	nuscript number (if known):	JTD-21-1217-CL	
rela part to tr rela	ted to the content of your miles whose interests may be ransparency and does not not took tionship/activity/interest, it	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I is preferable that you do s	
	following questions apply to nuscript only.	o the author's relationship	s/activities/interestsas they relate to the <u>current</u>
to the med	ne epidemiology of hyperter lication, even if that medica em #1 below, report all sup	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. 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)
		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.	None	
2		Time frame: past	36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

Date: 2021-11-18_

	Your Name: Yanhui Rong				
Mar	Manuscript Title: Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter				
retro	retrospective cohort study				
Mar	nuscript number (if known):	JTD-21-1217-CL			
relate part to tr	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.		
	following questions apply to uscript only.	o the author's relationship	s/activities/interestsas they relate to the current		
to th		nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.		
	em #1 below, report all supp time frame for disclosure is	•	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 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.	None			
2	Cuanta an area to 1	Time frame: past	36 months		
2	Grants or contracts from any entity(if not indicated in item #1 above).	None			
3	Royalties or licenses	None			
4	Consulting fees	None			

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

Date: 2021-11-18_

5

_	r Name: Min Fan				
	Manuscript Title: Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter				
retr	retrospective cohort study				
Mar	nuscript number (if known):	JTD-21-1217-CL			
rela part to to	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.		
	following questions apply to uscript only.	o the author's relationship	s/activities/interestsas they relate to the current		
to th		nsion, you should declare a	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive manuscript.		
	em #1 below, report all supp time frame for disclosure is	•	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 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.	None			
		Time frame: past	36 months		
2	Grants or contracts from any entity(if not indicated in item #1 above).	None			
3	Royalties or licenses	None			
4	Consulting fees	None			

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

Date: _2021-11-18					
Your Name: Jianwei Li					
Manuscript Title: Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter					
retr	retrospective cohort study				
Mar	nuscript number (if known):_	JTD-21-1217-CL			
rela part to to	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment if you are in doubt about whether to list a so.		
	following questions apply to nuscript only.	o the author's relationship	s/activities/interestsas they relate to the <u>current</u>		
to th	•	nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.		
	em #1 below, report all supp time frame for disclosure is	•	in this manuscript without time limit. For all other items,		
		Name all entities with whom you have this	Specifications/Comments		
		relationship or indicate none (add rows as needed)	(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.	None			
		Time frame: past	36 months		
2	Grants or contracts from any entity(if not indicated in item #1 above).	None			
3	Royalties or licenses	None			
4	Consulting fees	None			

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

Date: 2021-11-18_

<u>You</u>	Your Name: Shaoqing Cai				
Mar	Manuscript Title: Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter				
retr	ospective cohort study				
Mar	nuscript number (if known):	<u>JTD-21-1217-CL</u>			
rela part to to	ted to the content of your n ies whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment if you are in doubt about whether to list a so.		
	following questions apply to nuscript only.	o the author's relationship	s/activities/interestsas they relate to the <u>current</u>		
to th		nsion, you should declare a	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript.		
	em #1 below, report all sup time frame for disclosure is	•	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 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.	None			
		Time frame: past	36 months		
2	Grants or contracts from any entity(if not indicated in item #1 above).	None			
	B 1.1 II	None			
3	Royalties or licenses	None			

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

Date: 2021-11-18_

	r Name: Qiuye Kou				
	Manuscript Title: Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter				
	ospective cohort study				
	nuscript number (if known):				
rela part to ti	ted to the content of your managed in terms of your managed interests may be ransparency and does not not not managed in the second in the sec	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a		
reia	tionship/activity/interest, it	is preferable that you do s	50.		
	following questions apply to nuscript only.	o the author's relationship	s/activities/interestsas they relate to the current		
to tl		nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.		
	em #1 below, report all sup time frame for disclosure is	·	in this manuscript without time limit. For all other items,		
		Name all entities with whom you have this	Specifications/Comments		
		relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)		
		relationship or indicate none (add rows as needed)	institution)		
1	All support for the present	relationship or indicate none (add rows as needed) Time frame: Since the initial	institution)		
1	All support for the present manuscript (e.g., funding,	relationship or indicate none (add rows as needed)	institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials,	relationship or indicate none (add rows as needed) Time frame: Since the initial	institution)		
1	manuscript (e.g., funding, provision of study materials, medical writing, article	relationship or indicate none (add rows as needed) Time frame: Since the initial	institution)		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relationship or indicate none (add rows as needed) Time frame: Since the initial	institution)		
1	manuscript (e.g., funding, provision of study materials, medical writing, article	relationship or indicate none (add rows as needed) Time frame: Since the initial	institution)		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relationship or indicate none (add rows as needed) Time frame: Since the initial	institution)		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relationship or indicate none (add rows as needed) Time frame: Since the initial None	planning of the work		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	planning of the work		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	relationship or indicate none (add rows as needed) Time frame: Since the initial None	planning of the work		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	planning of the work		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in	relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	planning of the work		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in item #1 above).	relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: pastNone	planning of the work		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in item #1 above).	relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: pastNone	planning of the work		

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

Date: 2021-11-18_

Your Name: Enhe Liu					
Manuscript Title:Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter					
retrospective cohort study					
Mar	Manuscript number (if known): <u>JTD-21-1217-CL</u>				
In th	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are				
rela	related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third				
part	parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment				
to tr	ransparency and does not no	ecessarily indicate a bias.	If you are in doubt about whether to list a		
rela	tionship/activity/interest, it	is preferable that you do s	so.		
The	following questions apply t	o the author's relationship	s/activities/interestsas they relate to the current		
man	uscript only.				
The	author's relationships/activ	rities/interests should be <u>d</u>	lefined broadly. For example, if your manuscript pertains		
to th	ne epidemiology of hyperte	nsion, you should declare a	all relationships with manufacturers of antihypertensive		
med	lication, even if that medica	tion is not mentioned in th	ne manuscript.		
In it	em #1 below, report all sup	port for the work reported	in this manuscript without time limit. For all other items,		
the	time frame for disclosure is	the past 36 months.			
		I	I		
		Name all entities with	Specifications/Comments		
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your		
		none (add rows as	institution)		
		needed)			
		Time frame: Since the initia	planning of the work		
1	All support for the present	None			
-	manuscript (e.g., funding,				
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
	No time limit for this item.				
	No time limit for this item.				
		Time frame: past	36 months		
2	Grants or contracts from	Time frame: past	36 months		
2	Grants or contracts from any entity(if not indicated in	-	36 months		
	Grants or contracts from any entity(if not indicated in item #1 above).	None	36 months		
2	Grants or contracts from any entity(if not indicated in	-	36 months		
	Grants or contracts from any entity(if not indicated in item #1 above).	None	36 months		
	Grants or contracts from any entity(if not indicated in item #1 above).	None	36 months		

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

Date: 2021-11-18_

<u>You</u>	r Name: Zhuandi Lin		_
	· —	itically Ill Patients from Me	chanical Ventilation: a protocol from a multicenter
	ospective cohort study		
	nuscript number (if known):		
rela part	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of	elationships/activities/interests listed below that are is any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a
rela	tionship/activity/interest, it	is preferable that you do s	0.
The to the med	nuscript only. author's relationships/active he epidemiology of hyperter dication, even if that medica em #1 below, report all sup	rities/interests should be <u>d</u> nsion, you should declare a tion is not mentioned in th port for the work reported	s/activities/interestsas they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains Il relationships with manufacturers of antihypertensive e manuscript. 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)
		whom you have this relationship or indicate none (add rows as	(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.	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	(e.g., if payments were made to you or to your institution) planning of the work
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	(e.g., if payments were made to you or to your institution) planning of the work
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: pastNone	(e.g., if payments were made to you or to your institution) planning of the work

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

Date: 2021-11-18_

You	r Name: Jingjing Cai		_		
	Manuscript Title: Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter				
	ospective cohort study				
	nuscript number (if known):				
rela	ted to the content of your m	nanuscript. "Related" mear	elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment		
-	-	•	f you are in doubt about whether to list a		
	tionship/activity/interest, it	•	•		
	following questions apply to nuscript only.	o the author's relationship	s/activities/interestsas they relate to the <u>current</u>		
to th		nsion, you should declare a	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript.		
		•	in this manuscript without time limit. For all other items,		
the	time frame for disclosure is	tne past 36 months.			
the	time frame for disclosure is		Specifications /Commonts		
the	time frame for disclosure is	Name all entities with	Specifications/Comments (e.g., if payments were made to you or to your		
the	time frame for disclosure is		Specifications/Comments (e.g., if payments were made to you or to your institution)		
the	time frame for disclosure is	Name all entities with whom you have this	(e.g., if payments were made to you or to your		
the	time frame for disclosure is	Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)		
the	time frame for disclosure is	Name all entities with whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)		
the	All support for the present	Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)		
	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)		
	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	(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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	(e.g., if payments were made to you or to your institution) 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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	(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. Grants or contracts from any entity(if not indicated in	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	(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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	(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. Grants or contracts from any entity(if not indicated in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: pastNone	(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. Grants or contracts from any entity(if not indicated in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: pastNone	(e.g., if payments were made to you or to your institution) planning of the work		

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

Date: 2021-11-18_

	_
ritically III Patients from M	echanical Ventilation: a protocol from a multicenter
manuscript. "Related" mea e affected by the content on necessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
to the author's relationship	os/activities/interestsas they relate to the <u>current</u>
ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
oport for the work reported the past 36 months.	d in this manuscript without time limit. For all other items,
Name all entities with	Specifications/Comments
whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
-	al planning of the work
None	
None	
None	
	36 months
	t 36 months
Time frame: pas	t 36 months
Time frame: pas	t 36 months
Time frame: pas	t 36 months
Time frame: pas	t 36 months
	: JTD-21-1217-CL , we ask you to disclose all manuscript. "Related" mean eaffected by the content of necessarily indicate a bias. It is preferable that you do not to the author's relationship exities/interests should be gension, you should declare a ation is not mentioned in the poort for the work reported the past 36 months. Name all entities with whom you have this relationship or indicate

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

Date	e:_2021-11-18		
You	r Name: Fen Li		
Mar	nuscript Title: Weaning Cr	itically III Patients from Me	echanical Ventilation: a protocol from a multicenter
retro	ospective cohort study		
Mar	nuscript number (if known):	JTD-21-1217-CL	
relate to trelate	ted to the content of your miles whose interests may be ransparency and does not not took tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I is preferable that you do	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. s/activities/interestsas they relate to the current
to th	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in th	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. in this manuscript without time limit. For all other items,
	time frame for disclosure is	•	•
		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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

Date	e:_2021-11-18			
Your Name: Yanhong Wang				
Mar	nuscript Title: Weaning Cr	itically Ill Patients from Me	echanical Ventilation: a protocol from a multicenter	
	ospective cohort study			
Mar	nuscript number (if known):	<u>JTD-21-1217-CL</u>		
rela part to to	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.	
	following questions apply to uscript only.	o the author's relationship	s/activities/interestsas they relate to the current	
to th	•	nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive 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	Specifications/Comments	
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)	
		needed) Time frame: Since the initial	planning of the work	
1	All support for the present	None	planning of the work	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NOTIC		
		Time frame: past	36 months	
2	Grants or contracts from any entity(if not indicated in item #1 above).	None		
3	Royalties or licenses	None		
4	Consulting fees	None		

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

Date: 2021-11-18_

You	r Name: Xinfeng Lin		_
Mar	nuscript Title: Weaning Cr	itically Ill Patients from Me	chanical Ventilation: a protocol from a multicenter
	ospective cohort study		
	nuscript number (if known):		
rela part	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment
	ransparency and does not no tionship/activity/interest, it	•	f you are in doubt about whether to list a o.
	following questions apply to nuscript only.	o the author's relationship	s/activities/interestsas they relate to the <u>current</u>
to tl	•	nsion, you should declare a	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript.
		•	in this manuscript without time limit. For all other items,
the	time frame for disclosure is	tne past 36 months.	
the	time frame for disclosure is		Specifications/Comments
the	time frame for disclosure is	Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
the	time frame for disclosure is	Name all entities with whom you have this	(e.g., if payments were made to you or to your
the	time frame for disclosure is	Name all entities with whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
1	All support for the present	Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution) planning of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	(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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	(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. Grants or contracts from any entity(if not indicated in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	(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. Grants or contracts from any entity(if not indicated in	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	(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. Grants or contracts from any entity(if not indicated in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: pastNone	(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. Grants or contracts from any entity(if not indicated in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: pastNone	(e.g., if payments were made to you or to your institution) planning of the work

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of interest to declare.
interest to declare.

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

Date: 2021-11-18_

You	r Name: Weitao Chen		
Mar	nuscript Title: Weaning Cr	itically III Patients from Me	echanical Ventilation: a protocol from a multicenter
retr	ospective cohort study		
Mar	nuscript number (if known):	JTD-21-1217-CL	
rela part to ti	ted to the content of your nies whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.
	following questions apply to nuscript only.	o the author's relationship	s/activities/interestsas they relate to the current
to tl	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in th	·
	em #1 below, report all sup time frame for disclosure is	•	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 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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

Date: 2021-11-18_

	r Name: Youshan Gao		
		itically III Patients from Me	chanical Ventilation: a protocol from a multicenter
	ospective cohort study		
	nuscript number (if known):		
rela part	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of	elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a
rela	tionship/activity/interest, it	is preferable that you do s	0.
mar The to the	nuscript only. author's relationships/active ne epidemiology of hyperter	rities/interests should be <u>d</u> nsion, you should declare a	efined broadly. For example, if your manuscript pertains
med	lication, even if that medica	tion is not mentioned in th	e manuscript.
	em #1 below, report all supp time frame for disclosure is	•	in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
1	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution) planning of the work
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	(e.g., if payments were made to you or to your institution) planning of the work
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: pastNone	(e.g., if payments were made to you or to your institution) planning of the work
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: pastNone	(e.g., if payments were made to you or to your institution) planning of the work

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

Consulting fees

None

Date: _2021-11-18					
Your Name: Shifang Huang					
Mar	Manuscript Title: Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter				
retr	ospective cohort study				
Mar	nuscript number (if known):	JTD-21-1217-CL			
In th	ne interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that are		
rela	ted to the content of your n	nanuscript. "Related" mea	ns any relation with for-profit or not-for-profit third		
part	ies whose interests may be	affected by the content of	the manuscript. Disclosure represents a commitment		
to t	ransparency and does not n	ecessarily indicate a bias.	If you are in doubt about whether to list a		
rela	tionship/activity/interest, it	is preferable that you do	so.		
The	following questions apply t	o the author's relationship	os/activities/interestsas they relate to the current		
mar	nuscript only.				
	•	_	defined broadly. For example, if your manuscript pertains		
to t	he epidemiology of hyperte	nsion, you should declare a	all relationships with manufacturers of antihypertensive		
med	lication, even if that medica	tion is not mentioned in the	he manuscript.		
In it	em #1 below, report all sup	port for the work reported	I in this manuscript without time limit. For all other items,		
the	time frame for disclosure is	the past 36 months.			
			0 10 11 10		
		Name all entities with	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate none (add rows as	institution)		
		needed)			
		Time frame: Since the initia	l planning of the work		
1	All support for the present	None			
1	manuscript (e.g., funding,				
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: pasi	t 36 months		
2		Time frame: past	t 36 months		
2	No time limit for this item. Grants or contracts from any entity(if not indicated in		t 36 months		
2	Grants or contracts from any entity(if not indicated in item #1 above).		t 36 months		
2	No time limit for this item. Grants or contracts from any entity(if not indicated in		t 36 months		
	Grants or contracts from any entity(if not indicated in item #1 above).	None	t 36 months		

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

Consulting fees

None

	e:_2021-11-18		
<u>You</u>	r Name: Ling Sang		
Mar	nuscript Title: Weaning Cr	itically Ill Patients from M	echanical Ventilation: a protocol from a multicenter
retr	ospective cohort study		
Mar	nuscript number (if known):		
rela part	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a
rela	tionship/activity/interest, it	t is preferable that you do	so.
	following questions apply touscript only.	o the author's relationship	os/activities/interestsas they relate to the <u>current</u>
to tl	•	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is	•	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		whom you have this relationship or indicate none (add rows as	(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.)	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution) al planning of the work
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiation of the initiatio	(e.g., if payments were made to you or to your institution) al planning of the work
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the inition None Time frame: Time frame: pas	(e.g., if payments were made to you or to your institution) al planning of the work
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None Time frame: pasNone	(e.g., if payments were made to you or to your institution) al planning of the work
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the inition None Time frame: Time frame: pas	(e.g., if payments were made to you or to your institution) al planning of the work

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

5

Date	e:_ <u>2021-11-18</u>		
<u>You</u>	r Name: Yuanda Xu		
Mar	nuscript Title: Weaning Cr	itically III Patients from Me	echanical Ventilation: a protocol from a multicenter
<u>retr</u>	ospective cohort study		
Mar	nuscript number (if known):	JTD-21-1217-CL	
rela part to to rela The	ted to the content of your name ties whose interests may be ransparency and does not not tionship/activity/interest, it following questions apply to	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I is preferable that you do	relationships/activities/interests listed below that are not any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. s/activities/interestsas they relate to the current
<u>mar</u>	nuscript only.		
to the med	he epidemiology of hyperter dication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	l 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	
		Time frame: past	36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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

Date: 2021-11-18_

Your Name: Kouxing Zhang					
Mar	Manuscript Title: Weaning Critically III Patients from Mechanical Ventilation: a protocol from a multicenter				
retr	ospective cohort study				
Mar	nuscript number (if known):	JTD-21-1217-CL			
rela part to ti	ted to the content of your nices whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment if you are in doubt about whether to list a so.		
	following questions apply to nuscript only.	o the author's relationship	s/activities/interestsas they relate to the <u>current</u>		
to t		nsion, you should declare a	efined broadly. For example, if your manuscript pertains Il relationships with manufacturers of antihypertensive 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)		
		whom you have this relationship or indicate none (add rows as	(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.	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	(e.g., if payments were made to you or to your institution) planning of the work		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	(e.g., if payments were made to you or to your institution) planning of the work		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: pastNone	(e.g., if payments were made to you or to your institution) planning of the work		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: pastNone	(e.g., if payments were made to you or to your institution) planning of the work		

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of
interest to declare.

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