

ICMJE DISCLOSURE FORM

Date: 03/12/2021

Your Name: Valentina Gnoni

Manuscript Title: Obstructive Sleep Apnea and Multiple Facets of a Neuroinflammatory Response: a Narrative Review

Manuscript number (if known): JTD-CUS-2020-020

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

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

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

I have no conflict of interest to declare.

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

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

ICMJE DISCLOSURE FORM

Date: 03/12/2021

Your Name: Katarina Ilic

Manuscript Title: Obstructive Sleep Apnea and Multiple Facets of a Neuroinflammatory Response: a Narrative Review

Manuscript number (if known): JTD-CUS-2020-020

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Dr Ilic K was supported by Croatian Science Foundation grant NeuroReact, IP-2016-06-8636 (to SK-B), and European Union through the European Regional Development Fund, Operational Programme Competitiveness and	However, the funder had no role indirectly or directly in the topic or delivery of this manuscript.

		Cohesion, grant agreement No. KK.01.1.1.01.0007 (CoRE – Neuro).	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

I have no conflict of interest to declare. Dr Ilic K was supported by Croatian Science Foundation grant NeuroReact, IP-2016-06-8636 (to SK-B), and European Union through the European Regional Development Fund, Operational Programme Competitiveness and Cohesion, grant agreement No. KK.01.1.1.01.0007 (CoRE –Neuro).

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

ICMJE DISCLOSURE FORM

Date: 03/12/2021

Your Name: Panagis Drakatos

Manuscript Title: Obstructive Sleep Apnea and Multiple Facets of a Neuroinflammatory Response: a Narrative Review

Manuscript number (if known): JTD-CUS-2020-020

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Time frame: past 36 months			
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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	Jazz Pharmaceuticals	Personal Consulting Fees and funded OSA preceptorship at GSTT.

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

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

I have received consulting fees from Jazz pharmaceutical on OSA and excessive daytime sleepiness. Jazz pharmaceuticals also funded an OSA preceptorship at the sleep center at GSTT.

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

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

ICMJE DISCLOSURE FORM

Date: 03/12/2021

Your Name: Marija M. Petrinovic

Manuscript Title: Obstructive Sleep Apnea and Multiple Facets of a Neuroinflammatory Response: a Narrative Review

Manuscript number (if known): JTD-CUS-2020-020

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4	Consulting fees	<u>None</u>	

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

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

I have no conflict of interest to declare.

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

ICMJE DISCLOSURE FORM

Date: 03/12/2021

Your Name: Diana Cash

Manuscript Title: Obstructive Sleep Apnea and Multiple Facets of a Neuroinflammatory Response: a Narrative Review

Manuscript number (if known): JTD-CUS-2020-020

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

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

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

ICMJE DISCLOSURE FORM

Date: 03/12/2021

Your Name: Joerg Steier

Manuscript Title: Obstructive Sleep Apnea and Multiple Facets of a Neuroinflammatory Response: a Narrative Review

Manuscript number (if known): JTD-CUS-2020-020

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3	Royalties or licenses	<div>_____ None</div> <div></div> <div></div>	
4	Consulting fees	<div>_____ None</div> <div></div> <div></div>	

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

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ICMJE DISCLOSURE FORM

Date: 03/12/2021

Your Name: Mary J Morrell

Manuscript Title: Obstructive Sleep Apnea and Multiple Facets of a Neuroinflammatory Response: a Narrative Review

Manuscript number (if known): JTD-CUS-2020-020

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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	
6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	____ None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____ None	
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ICMJE DISCLOSURE FORM

Date: 03/12/2021

Your Name: Zdravko Petanjek

Manuscript Title: Obstructive Sleep Apnea and Multiple Facets of a Neuroinflammatory Response: a Narrative Review

Manuscript number (if known): JTD-CUS-2020-020

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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I have no conflict of interest to declare.

Oetarijeh 7.

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

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

ICMJE DISCLOSURE FORM

Date: 03/12/2021

Your Name: SVJETLANA KALANJ BOGNAR

Manuscript Title: Obstructive Sleep Apnea and Multiple Facets of a Neuroinflammatory Response: a Narrative Review

Manuscript number (if known): JTD-CUS-2020-020

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Time frame: past 36 months			
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		Cohesion, grant agreement No. KK.01.1.1.01.0007 (CoRE – Neuro).	
3	Royalties or licenses	____ None	
4	Consulting fees	____ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	
6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	____ None	
8	Patents planned, issued or pending	____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	____ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____ None	
11	Stock or stock options	____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	____ None	

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

There has been no support from any non-academic organization for the submitted work; no financial relationships with any organizations that might have an interest in the submitted work in the previous 3 years; no other relationships or activities that could appear to have influenced the submitted work. One of my research associates, Dr Ilic K, was supported by Croatian Science Foundation grant NeuroReact, IP-2016-06-8636 (to SK-B), and European Union through the European Regional Development Fund, Operational Programme Competitiveness and Cohesion, grant agreement No. KK.01.1.1.01.0007 (CoRE –Neuro).

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ICMJE DISCLOSURE FORM

Date: 2/12/2021

Your Name: Dr Ivana Rosenzweig

Manuscript Title: Obstructive Sleep Apnea and Multiple Facets of a Neuroinflammatory Response: a Narrative Review

Manuscript number (if known): JTD-CUS-2020-020

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