

ICMJE DISCLOSURE FORM

Date: 12/15/2021

Your Name: Till Ploenes

Manuscript Title: The pathological oral cavity as a preventable source of postoperative pneumonia in thoracic surgery - a prospective observational study

Manuscript number (if known): _____

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

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

The author's relationships/activities/interests should be defined broadly. 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)
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><input checked="" type="checkbox"/> None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u><input checked="" type="checkbox"/> None</u>	
3	Royalties or licenses	<u><input checked="" type="checkbox"/> None</u>	

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	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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:

None

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

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

ICMJE DISCLOSURE FORM

Date: 12/16/2021

Your Name: Arianne Pollock

Manuscript Title: The pathological oral cavity as a preventable source of postoperative pneumonia in thoracic surgery - a prospective observational study

Manuscript number (if known): JTD-21-1178-R2

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.

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3	Royalties or licenses	<u>x</u> None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>x</u> None	
6	Payment for expert testimony	<u>x</u> None	
7	Support for attending meetings and/or travel	<u>x</u> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>x</u> None	
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ICMJE DISCLOSURE FORM

Date: 12/16/2021

Your Name: Karl-Heinz Jöckel
 Manuscript Title: The pathological oral cavity as a preventable source of postoperative pneumonia in thoracic surgery - a prospective observational study

Manuscript number (if known): JTD-21-1178-

R2

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Time frame: past 36 months			
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3	Royalties or licenses	None	

4	Consulting fees	<u>None</u>
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>None</u>
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

2-4.7

ICMJE DISCLOSURE FORM

Date: 12/16/2021

Your Name: Sandra Kampe

Manuscript Title: The pathological oral cavity as a preventable source of postoperative pneumonia in thoracic surgery - a prospective observational study

Manuscript number (if known): JTD-21-1178-R2

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

4	Consulting fees	<u><input checked="" type="checkbox"/> None</u>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u><input checked="" type="checkbox"/> None</u>	
6	Payment for expert testimony	<u><input checked="" type="checkbox"/> None</u>	
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ICMJE DISCLOSURE FORM

Date: 16/16/2021

Your Name: Kaid

Darwiche

Manuscript Title: The pathological oral cavity as a preventable source of postoperative pneumonia in thoracic surgery - a prospective observational study

Manuscript number (if known): JTD-21-1178-

R2

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>x</u> None 	
3	Royalties or licenses	<u>x</u> None	

4	Consulting fees	bess, PulmonX Boston Scientific, Storz,	To me To the institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Olympus, Boston Scientific, Broncus Medical, Erbe, Böhringer, PulmonX	To the institution
6	Payment for expert testimony	<u>x</u> None	
7	Support for attending meetings and/or travel	<u>x</u> None	
8	Patents planned, issued or pending	<u>x</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>x</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>x</u> None	
11	Stock or stock options	<u>x</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>x</u> None	
13	Other financial or non-financial interests	Pulmonx, PneumRx, Nuveira, Epigenomics, Broncus, Novartis, Roche, Boston Scientific	Research grants, to the institution

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

I received different fees for research/lectures/consulting but all issues are not related to this study.

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: 12/16/2021

Your Name: Christian Taube

Manuscript Title: The pathological oral cavity as a preventable source of postoperative pneumonia in thoracic surgery - a prospective observational study

Manuscript number (if known): JTD-21-1178-R2

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ICMJE DISCLOSURE FORM

Date: 12/16/2021

Your Name: Tan Buer

Manuscript Title: The pathological oral cavity as a preventable source of postoperative pneumonia in thoracic surgery - a prospective observational study

Manuscript number (if known): JTD-21-1178-R2

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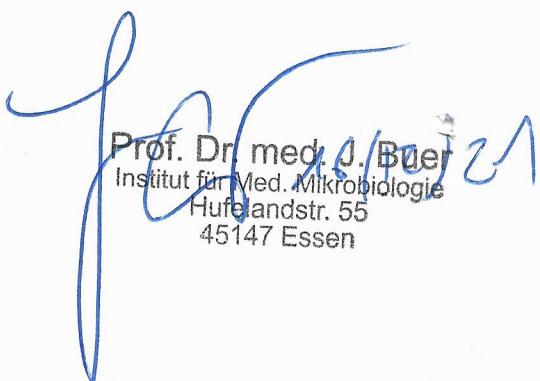
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Please summarize the above conflict of interest in the following box:

"None"

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

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Prof. Dr. med. J. Buer
Institut für Med. Mikrobiologie
Hufelandstr. 55
45147 Essen

ICMJE DISCLOSURE FORM

Date: 12/16/2021

Your Name: Clemens Aigner

Manuscript Title: The pathological oral cavity as a preventable source of postoperative pneumonia in thoracic surgery - a prospective observational study

Manuscript number (if known): JTD-21-1178-R2

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No COI to declare regarding this submission

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

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