ICMJE DISCLOSURE FORM
Date:18.09.2022 Your Name:dr. Gabriella Kecskes
Manuscript Title: Pneumothorax/pneumomediastinum and pre-existing lung pathology in ventilated COVID-19 patients: a cohort study
Manuscript number (if known): JTD-22-817-R1
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.
The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u> .
The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

ms, 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.	_XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

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

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### ICM IF DISCLOSURE FORM

ICIVISE DISCESSORE I OTTIVI
Date:18.09.2022.
Your Name:dr. Albert Szabo
Manuscript Title: Pneumothorax/pneumomediastinum and pre-existing lung pathology in ventilated
COVID-19 patients: a cohort study
Manuscript number (if known): JTD-22-817-R1
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2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

6	Payment for expert	x_None	
	testimony	191742 3 3 1 1 2 3 4 4 5 5	
7	Support for attending meetings and/or travel	x_None	
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8	Patents planned, issued or pending	x_None	
9	Participation on a Data Safety Monitoring Board or	x_None	
10	Advisory Board Leadership or fiduciary role	x_None	
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	committee or advocacy group, paid or unpaid		colleges who there was an electron to be according
11	Stock or stock options	x_None	Shirt to
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12	Receipt of equipment,	x_None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests	x_None	

Please su	mmarize the above conflict of interest in the following box:	
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Date:18.09.2022.

100	r Name:dr. David Sutori			
		x/pneumomediastinum an	d pre-existing lung pathology in ventilated	
	VID-19 patients: a cohort			
Ma	nuscript number (if known): .	JTD-22-817-R1		
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1	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)	
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6	Payment for expert testimony	x_None
7	Support for attending meetings and/or travel	x_None
8	Patents planned, issued or pending	x_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None
11	Stock or stock options	x_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None
13	Other financial or non- financial interests	x_None

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

9<u>/</u>

Date:18.09.2022
Your Name: dr. Peter Maroti
Manuscript Title: Pneumothorax/pneumomediastinum and pre-existing lung pathology in ventilated
COVID-19 patients: a cohort study
Manuscript number (if known): JTD-22-817-R1
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Plea	se summarize the above conflict of interest in the following box:	

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Date:18.09.2022
Your Name: Gergely Marovics
Manuscript Title: Pneumothorax/pneumomediastinum and pre-existing lung pathology in ventilated
COVID-19 patients: a cohort study
Manuscript number (if known): JTD-22-817-R1
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	x_None	
	speakers bureaus, manuscript writing or educational events	10007 20070 10000	100 S 2025 S 2011 S 2025 S 2011 S 2025 S
6	Payment for expert testimony	x_None	
7	Support for attending meetings and/or travel	x_None	Linesonal III) redimun aqirasu
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Date:18.09.2022.
Your Name: dr. Tamas F. Molnar
Manuscript Title: Pneumothorax/pneumomediastinum and pre-existing lung pathology in ventilated
COVID-19 patients: a cohort study
Manuscript number (if known): JTD-22-817-R1
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