

ICMJE DISCLOSURE FORM

Date: 12. August 12, 2023

Your Name: Kasper Steen

Manuscript Title: Optimal surgical treatment of pleural infection stage II and III: Video Assisted Thoracoscopic Surgery vs Thoracotomy

Manuscript number (if known): JTD-23-928-CL

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.	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 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:

KS has no COI

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: 08/08/23

Your Name: Josephine Thane Pfeil Sørensen

Manuscript Title: Optimal surgical treatment of pleural infection stage II and III: Video Assisted Thoracoscopic Surgery vs Thoracostomy

Manuscript number (if known): JTD-23-928-CL

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Time frame: past 36 months			
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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:

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: 10/08/23

Your Name: Merete Christensen

Manuscript Title: Optimal surgical treatment of pleural infection stage II and III: Video Assisted Thoracoscopic Surgery vs Thoracostomy

Manuscript number (if known): JTD-23-928-CL

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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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 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:

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: 8. august 2023 _____

Your Name: Rene Horsleben Petersen _____

Manuscript Title: Optimal surgical treatment of pleural infection stage II and III: Video Assisted Thoracoscopic Surgery vs Thoracotomy

Manuscript number (if known): JTD-23-928-CL

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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 lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca	Payment to me
		Medtronic	Payment to me
		Ambu	Payment to me
		Medela	Payment to me
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	AstraZeneca	Payment to me
		BMS	Payment to me
		Roche	Payment to me
		Merck Sharp & Dohme (MSD)	Payment to me
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:

René Horsleben Petersen has received a speaker's fee from Medtronic, AstraZeneca, Ambu and Medela and on the advisory board for AstraZeneca, Bristol-Myers Squibb, Roche and Merck Sharp & Dohme (MSD).

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: 28. July 2023 _____

Your Name: Babu Naidu

Manuscript Title: Optimal surgical treatment of pleural infection stage II and III: Video Assisted Thoracoscopic Surgery vs Thoracotomy

Manuscript number (if known): JTD-23-928-CL

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Time frame: past 36 months			
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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:

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: 30. July 2023 _____

Your Name: Morten Bendixen _____

Manuscript Title: Optimal surgical treatment of pleural infection stage II and III: Video Assisted Thoracoscopic Surgery vs Thoracotomy

Manuscript number (if known): JTD-23-928-CL

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

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

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: 28. July 2023 _____

Your Name: Najib M rahman _____

Manuscript Title: Optimal surgical treatment of pleural infection stage II and III: Video Assisted Thoracoscopic Surgery vs Thoracotomy

Manuscript number (if known): JTD-23-928-CL

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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	Rocket Medical UK	Payment to me
		Cook Medical USA	Payment to me

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:

Najib M Rahman has received consulting fee from Rocket Medical UK and Cook Medical USA.

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: 01-08-2023

Your Name: Christian B. Laursen

Manuscript Title: Optimal surgical treatment of pleural infection stage II and III: Video Assisted Thoracoscopic Surgery vs Thoracotomy

Manuscript number (if known): JTD-23-928-CL

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	Munksgaard (publisher)	Royalties as author of bookchapters / book editor
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca A/S	Payment for lectures at educational events / symposia / courses organised by AstraZeneca
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	ERS TUS training program committee member	Unpaid
		ERS Monograph Deputy Chief Editor	Unpaid
		Board Member, Organization of Danish Medical Societies	Unpaid
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	

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

Christian B. Laursen has received payment for lectures at educational events / symposia / courses organised by AstraZeneca and royalties as author of bookchapters / book editor from Munksgaard (publisher). Unpaid, he is ERS TUS training program committee member, ERS Monograph Deputy Chief Editor and a Board Member, Organization of Danish Medical Societies.

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: 28. July 2023 _____

Your Name: Thomas Decker Christensen _____

Manuscript Title: Optimal surgical treatment of pleural infection stage II and III: Video Assisted Thoracoscopic Surgery vs Thoracotomy

Manuscript number (if known): JTD-23-928-CL

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca	Payment to me
		Bristol Myers Squibb	Payment to me
		Novartis	Payment to me
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	AstraZeneca	Payment to me
		Sanofi	Payment to me
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:

Thomas Decker Christensen has been on the speaker bureaus for AstraZeneca, Bristol-Myers and Novartis and has been in an Advisory Board for AstraZeneca and Sanofi.

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.