

## ICMJE DISCLOSURE FORM

Date: 2023.10.02

Your Name: Bo-Guen Kim

Manuscript Title: Clinical outcomes of fluoroquinolones combination therapy in patients with hospital-acquired pneumonia: a retrospective cohort study using national health insurance claims data in Korea

Manuscript number (if known): JTD-23-787

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)
<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

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

I have no competing interests.

**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: 2023.10.02

Your Name: Danbee Kang

Manuscript Title: Clinical outcomes of fluoroquinolones combination therapy in patients with hospital-acquired pneumonia: a retrospective cohort study using national health insurance claims data in Korea

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## ICMJE DISCLOSURE FORM

Date: September 20, 2023

Your Name: Kyung Hoon Min 민경훈

Manuscript Title: Clinical outcomes of fluoroquinolones combination therapy in patients with hospital-acquired pneumonia: a retrospective cohort study using national health insurance claims data in Korea

Manuscript number (if known): JTD-23-787

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

I have no real or potential conflicts of interest related to this manuscript.

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: 2023.10.02

Your Name: Juhee Cho

Manuscript Title: Clinical outcomes of fluoroquinolones combination therapy in patients with hospital-acquired pneumonia: a retrospective cohort study using national health insurance claims data in Korea

Manuscript number (if known): JTD-23-787

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## ICMJE DISCLOSURE FORM

Date: 2023.10.03

Your Name: Kyeongman Jeon

Manuscript Title: Clinical outcomes of fluoroquinolones combination therapy in patients with hospital-acquired pneumonia: a retrospective cohort study using national health insurance claims data in Korea

Manuscript number (if known): JTD-23-787

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