Date:0ct24, 2023	_
Your Name:Jie Mei	
Manuscript Title: The efficacy of pulmonary rehabilitation training program for patients after lung	
transplantation	
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 <u>current 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.

		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	_x_None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
7	Support for attending	x None	
,	meetings and/or travel	xNone	
	-		
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
	Stock of Stock options	_xivoiic	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_xNone	
	financial interests		
Plea	ase summarize the above co	onflict of interest in the fo	ollowing box:
N	lone		

Date:0ct24, 2023
/our Name:Jing Hu
Manuscript Title: The efficacy of pulmonary rehabilitation training program for patients after lung
ransplantation
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 <u>current 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.

		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.	_x_None	
		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	

5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
7	Support for attending	x None	
,	meetings and/or travel	xNone	
	-		
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
	Stock of Stock options	_xivoiic	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_xNone	
	financial interests		
Plea	ase summarize the above co	onflict of interest in the fo	ollowing box:
N	lone		

Date:	10/31/23
Your Name:	Eric Maier Krause
Manuscript Title:	The efficacy of pulmonary rehabilitation training program for patients after lung
transplantation_	
Manuscript numl	per (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 <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.

		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).	x_None	
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

_			
	Payment or honoraria for	x None	
	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	x None	
	testimony	_X	
	testimony		
'	Support for attending	xNone	
	meetings and/or travel	xNone	
	meetings and/or traver		
3	Patents planned, issued or	xNone	
	pending		
)	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
LO	Leadership or fiduciary role	x None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	x None	
	эт э		
2	Receipt of equipment,	x None	
_	materials, drugs, medical		
	writing, gifts or other		+
,	services		
Ì			
3		x None	
3	Other financial or non-	xNone	
3		xNone	
3	Other financial or non-	xNone	
3	Other financial or non-	x_None	
	Other financial or non-financial interests		ollowing box:
	Other financial or non-		ollowing box:
Ple	Other financial or non- financial interests		ollowing box:
Ple	Other financial or non-financial interests		ollowing box:
Ple	Other financial or non- financial interests		ollowing box:
Ple	Other financial or non- financial interests		ollowing box:
Ple	Other financial or non- financial interests		ollowing box:
Ple	Other financial or non- financial interests		ollowing box:
Ple	Other financial or non- financial interests		ollowing box:
Ple	Other financial or non-financial interests ease summarize the above continued in the conti	onflict of interest in the f	
Ple	Other financial or non- financial interests	onflict of interest in the f	
Ple	Other financial or non-financial interests ease summarize the above continued in the conti	onflict of interest in the f	
Ple	Other financial or non-financial interests ease summarize the above continue None	onflict of interest in the fo	Indicate your agreement:
Ple	Other financial or non-financial interests ease summarize the above continue None	onflict of interest in the fo	

Date:0ct24, 2023
Your Name:Toyofumi F. Chen-Yoshikawa
Manuscript Title: The efficacy of pulmonary rehabilitation training program for patients after lung
transplantation
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 <u>current 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	_x_None	pranning of the work
		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	

		1			
5	Payment or honoraria for	_xNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
6	educational events	y None			
6	Payment for expert testimony	_xNone			
	testimony				
7	Support for attending	x None			
•	meetings and/or travel				
8	Patents planned, issued or	x None			
-	pending				
9	Participation on a Data	xNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role in other board, society, committee or advocacy	x_None			
11	group, paid or unpaid Stock or stock options	x None			
11	Stock of Stock options	_xNone			
12	Receipt of equipment,	x None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	_xNone			
	financial interests				
	, ., .				
Ple	Please summarize the above conflict of interest in the following box:				

None			

Date: October 24, 2023	
Your Name: Antonio Alvarez	
Manuscript Title: The efficacy of pulmonary rehabilitation training program for patients after lung	
transplantation	
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 <u>current 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	

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

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.

Signed: Antonio Alvarez

Date:0ct24, 2023	_
Your Name: Xiaojun Wang	
Manuscript Title: The efficacy of pulmonary rehabilitation training program for patients after lung	
transplantation	
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 <u>current 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.

		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.	_x_None	
		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	

5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	Nana	
6	Payment for expert testimony	_xNone	
	testillolly		
7	Support for attending	x None	
,	meetings and/or travel		
	leege aa, e. aa.e.		
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
	Stock of Stock options		
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	_xNone	
		cu . c	
Plea	ase summarize the above co	onflict of interest in the f	ollowing box:
	Vone		
- 1			