

ICMJJE DISCLOSURE FORM

Date: March 22 2024
 Your Name: Masahiro Yanagita
 Manuscript Title: Intrapleural minocycline pleurodesis for bilateral pneumothorax due to septic pulmonary embolism: a case report
 Manuscript number (if known): JTD-23-1923

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.

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		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>__X__</u> None	
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>__X__</u> 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:

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: March 22, 2024

Your Name: Yoshihiro Kazama

Manuscript Title: Intrapleural minocycline pleurodesis for bilateral pneumothorax due to septic pulmonary embolism: a case report

Manuscript number (if known): JTD-23-1923

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ICMJE DISCLOSURE FORM

Date: 2024/03/25

Your Name: Shun-Mao Yang

Manuscript Title: Intrapleural minocycline pleurodesis for bilateral pneumothorax due to septic pulmonary embolism: a case report

Manuscript number (if known): JTD-23-1923

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

None of disclosure

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: March 22, 2024

Your Name: Amos Lal

Manuscript Title: Intrapleural minocycline pleurodesis for bilateral pneumothorax due to septic pulmonary embolism: a case report

Manuscript number (if known): JTD-23-1923

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4	Consulting fees	<input checked="" type="checkbox"/> None	

ICMJE DISCLOSURE FORM

Date: March 25, 2024

Your Name: DEBORA RUSSO

Manuscript Title: Intrapleural minocycline pleurodesis for bilateral pneumothorax due to septic pulmonary embolism: a case report

Manuscript number (if known): JTD-23-1923

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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

ICMJE DISCLOSURE FORM

Date: 23/Mar/2024

Your Name: Satoshi Watanabe

Manuscript Title: Intrapleural minocycline pleurodesis for bilateral pneumothorax due to septic pulmonary embolism: a case report

Manuscript number (if known): JTD-23-1923

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Boehringer Ingelheim	Grants to my institution
		Nippon Kayaku	Grants to my institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__ None	
6	Payment for expert testimony	__ None	
		Lilly	Honoraria for lectures
		Chugai Pharma	Honoraria for lectures
		Ono Pharmaceutical	Honoraria for lectures
		Taiho Pharmaceutical	Honoraria for lectures
		Kyowa Kirin	Honoraria for lectures
		Takeda Pharmaceutical	Honoraria for lectures
		AstraZeneca	Honoraria for lectures
		Novartis Pharma	Honoraria for lectures
		Bristol-Myers	Honoraria for lectures
		Daiichi Sankyo	Honoraria for lectures
		Nippon Kayaku	Honoraria for lectures
		Celltrion	Honoraria for lectures
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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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:

I received grants from Boehringer Ingelheim and Nippon Kayaku outside the submitted work. I received honoraria for lecture from Lilly, Chugai Pharma, Ono Pharmaceutical, Taiho Pharmaceutical, Kyowa Kirin, Takeda Pharmaceutical, AstraZeneca, Novartis Pharma, Bristol-Myers, Daiichi Sankyo, Nippon Kayaku, Celltrion outside the submitted work..

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: *March 25, 2024*

Your Name: *Ami Wada*

Manuscript Title: *Intraleural minocycline pleurodesis for bilateral pneumothorax due to septic pulmonary embolism: a case report*

Manuscript number (if known): *JTD-23-1923*

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

None.

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ICMJE DISCLOSURE FORM

Date: *March 25, 2024*

Your Name: *Yoshiaki Furuhata*

Manuscript Title: *Intrapleural minocycline pleurodesis for bilateral pneumothorax due to septic pulmonary embolism: a case report*

Manuscript number (if known): *JTD-23-1923*

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ICMJE DISCLOSURE FORM

Date: 22-March-2024

Your Name: JUN NAKAJIMA

Manuscript Title: Intrapleural minocycline pleurodesis for bilateral pneumothorax due to septic pulmonary embolism: a case report

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