ICMJE DISCLOSURE FORM

Date:22 January 2024	
Your Name: Takatoshi Osako	
Manuscript Title:	
Rare thoracic findings of catamenial pneumothorax due to repeated relapse and spontaneous	
remission: a case report	
Manuscript number (if known): CCTS-23-7	

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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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, 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	✓X_None	

5 6 7	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel	✓XNone ✓XNone ✓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	✓ _X_None	
11	Stock or stock options	✓XNone	
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:

No conflict of interest included		

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: 22 January 2024
Your Name: Teruhisa Takuwa
Manuscript Title: Rare thoracic findings of catamenial pneumothorax due to repeated relapse and
spontaneous remission: a case report
Manuscript number (if known): CCTS-23-7

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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		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	✓XNone	
	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	✓X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	✓ _X_None	
4	Consulting fees	✓XNone	

5	Payment or honoraria for lectures, presentations,	✓XNone
	speakers bureaus, manuscript writing or educational events	
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	✓ _X_None
	Advisory Board	
10	Leadership or fiduciary role	✓XNone
	in other board, society, committee or advocacy	
11	group, paid or unpaid Stock or stock options	✓ X None
	Stock of Stock options	
12	Descript of a major and	✓ X None
12	Receipt of equipment, materials, drugs, medical	✓XNone
	writing, gifts or other services	
13	Other financial or non-	✓XNone
	financial interests	

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

No conflict of interest included		

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.