

ICMJE DISCLOSURE FORM

Date: 11/9/2023  
 Your Name: Yousef Mattab, M.D.  
 Manuscript Title: Benign Airway obstruction: A clinical Practice Review of causes and Management Principles  
 Manuscript number (if known): \_\_\_\_\_

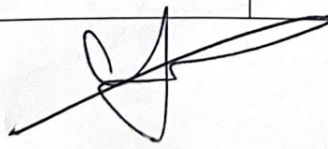
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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

NA

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: 11/9/23  
 Your Name: Schuyler A. Perez de Salmeron MSN, APRN, ACCNS-AG  
 Manuscript Title: Benign Airway Obstruction: A Clinical Practice Review of Causes and Managements Principles  
 Manuscript number (if known): \_\_\_\_\_

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

S. Salmeron

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>X</u> None	
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel	<u>X</u> None	
8	Patents planned, issued or pending	<u>X</u> None	
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11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non-financial interests	<u>X</u> None	

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N/A

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form. *S. Salmon*

## ICMJE DISCLOSURE FORM

Date: November 8, 2023  
 Your Name: Elizabeth Malsin  
 Manuscript Title: Benign Airway Obstruction: A Clinical Practice Review of Causes and Managements Principles  
 Manuscript number (if known): AMJ-23-103(AMJ-2023-DTB-05)

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