

**ICMJE DISCLOSURE FORM Number 1**

Date: 27 July 2024

Your Name: Bénédicte Hauquier

Manuscript Title: Propofol Curtails Survival in Perioperative and Critically Ill Patients by a Relative Reduction of 10 %: Should Propofol be Abandoned?

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 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>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	_____ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_____ None	
3	Royalties or licenses	_____ None	
4	Consulting fees	_____ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

I do not have any conflict of interest.
---

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 Number 2**

**Date:** 29 July 2024

**Your Name:** Sydney Blackman

**Manuscript Title:** Propofol Curtails Survival in Perioperative and Critically Ill Patients by a Relative Reduction of 10 %: Should Propofol be Abandoned?

**Manuscript number (if known):** \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

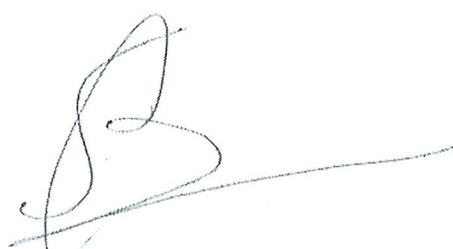
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	/
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	/
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> 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. /
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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.

 20 July 2024  
 B BLACKMAN SYDNEY

**ICMJE DISCLOSURE FORM Number 3**

Date: 29 July 2024

Your Name: Emily Perriens

Manuscript Title: Propofol Curtails Survival in Perioperative and Critically Ill Patients by a Relative Reduction of 10 %: Should Propofol be Abandoned?

Manuscript number (if known): \_\_\_\_\_

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3	Royalties or licenses	None	
4	Consulting fees	None	



5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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I do not have any conflict of interest.

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.

*See next page*

**ICMJE DISCLOSURE FORM Number 4**

Date: 25 July 2024

Your Name: Maha Bendoumou \_\_\_\_\_

Manuscript Title: Propofol Curtails Survival in Perioperative and Critically Ill Patients by a Relative Reduction of 10 %: Should Propofol be Abandoned?

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None /	
6	Payment for expert testimony	None /	
7	Support for attending meetings and/or travel	None /	
8	Patents planned, issued or pending	None /	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None /	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None /	
11	Stock or stock options	None /	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None /	
13	Other financial or non-financial interests	None /	

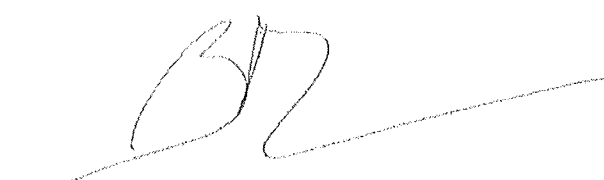
Please summarize the above conflict of interest in the following box:

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.

05 July 2021

  
 MAHA BENDOU ROU



**ICMJE DISCLOSURE FORM Number 5**

Date: 29 July 2024

Your Name: Ileana Ene

Manuscript Title: Propofol Curtails Survival in Perioperative and Critically Ill Patients by a Relative Reduction of 10 %: Should Propofol be Abandoned?

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ 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.



ILEANA ENE

**ICMJE DISCLOSURE FORM Number 6**

Date: 29 July 2024

Your Name: Aicha Van Engelm

Manuscript Title: Propofol Curtails Survival in Perioperative and Critically Ill Patients by a Relative Reduction of 10 %: Should Propofol be Abandoned?

Manuscript number (if known): \_\_\_\_\_

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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.

*AVS*

AICHA VAN ENGELPOM

**ICMJE DISCLOSURE FORM Number 7**

Date: 25 July 2024

Your Name: Anais Carrasco Sanchez

Manuscript Title: Propofol Curtails Survival in Perioperative and Critically Ill Patients by a Relative Reduction of 10 %: Should Propofol be Abandoned?

Manuscript number (if known): \_\_\_\_\_

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3	Royalties or licenses	_____ None	
4	Consulting fees	_____ 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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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.

  
 23 July 2024  
 ANAÏS CARRASCO SANCHEZ

**ICMJE DISCLOSURE FORM Number 8**

Date: 27 July 2024

Your Name: Maya Ramos Prieto

Manuscript Title: Propofol Curtails Survival in Perioperative and Critically Ill Patients by a Relative Reduction of 10 %: Should Propofol be Abandoned?

Manuscript number (if known): \_\_\_\_\_

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3	Royalties or licenses	____ None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None /	
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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.

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TAYA RAMOS PRIETO

**ICMJE DISCLOSURE FORM Number 9**

Date: 27 July 2024

Your Name: Ovidiu Vornicu

Manuscript Title: Propofol Curtails Survival in Perioperative and Critically Ill Patients by a Relative Reduction of 10 %: Should Propofol be Abandoned?

Manuscript number (if known): \_\_\_\_\_

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None.

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Dr. O. VORNICU  
 Anesthésie  
 CHU UCL Namur/ Site Godinne  
 Av. G. Thérassé, 1  
 B5530 Yvoir (Belgique)  
 INAMI : 1-5945810-100



**ICMJE DISCLOSURE FORM Number 10**

Date: 27 July 2024

Your Name: Arnaud Robert

Manuscript Title: Propofol Curtails Survival in Perioperative and Critically Ill Patients by a Relative Reduction of 10 %: Should Propofol be Abandoned?

Manuscript number (if known): \_\_\_\_\_

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

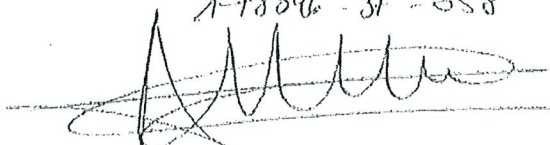
None.

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.

R Anna D Rebert  
1-78346-37-058

07/08/2024



**ICMJE DISCLOSURE FORM Number 11**

Date: 28 July 2024

Your Name: Gauthier Nendumba

Manuscript Title: Propofol Curtails Survival in Perioperative and Critically Ill Patients by a Relative Reduction of 10 %: Should Propofol be Abandoned?

Manuscript number (if known): \_\_\_\_\_

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3	Royalties or licenses	____ None	
4	Consulting fees	____ 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	

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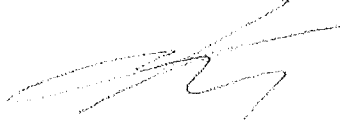
None.

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.

Dr. NEVONIA GARDNER

11886996900



**ICMJE DISCLOSURE FORM Number 12**

Date: 28 July 2024

Your Name: Julien Moury

Manuscript Title: Propofol Curtails Survival in Perioperative and Critically Ill Patients by a Relative Reduction of 10 %: Should Propofol be Abandoned?

Manuscript number (if known): \_\_\_\_\_

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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	
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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:

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*J. Mouy*  
*1-78354-29-080*

Dr Julian Mouy  
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MACCS SMU

**ICMJE DISCLOSURE FORM Number 13**

Date: 25 July 2024

Your Name: Anne-Sophie Dincq

Manuscript Title: Propofol Curtails Survival in Perioperative and Critically Ill Patients by a Relative Reduction of 10 %: Should Propofol be Abandoned?

Manuscript number (if known): \_\_\_\_\_

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3	Royalties or licenses	None	
4	Consulting fees	None	

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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.

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*AS Dincq*

**ICMJE DISCLOSURE FORM Number 14**

Date: 29 July 2024

Your Name: Patrick Evrard

Manuscript Title: Propofol Curtails Survival in Perioperative and Critically Ill Patients by a Relative Reduction of 10 %: Should Propofol be Abandoned?

Manuscript number (if known): \_\_\_\_\_

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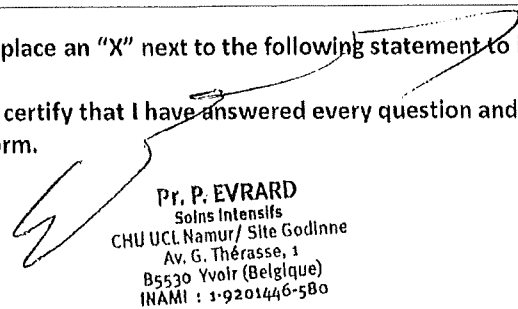
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.



**Pr. P. EVRARD**  
 Soins Intensifs  
 CHU UCL Namur/ Site Godinne  
 Av. G. Thérassé, 1  
 B5530 Yvoir (Belgique)  
 INAMI : 1-9201446-580

**ICMJE DISCLOSURE FORM Number 15**

Date: 29 July 2024

Your Name: Pierre Bulpa

Manuscript Title: Propofol Curtails Survival in Perioperative and Critically Ill Patients by a Relative Reduction of 10 %: Should Propofol be Abandoned?

Manuscript number (if known): \_\_\_\_\_

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3	Royalties or licenses	None	
4	Consulting fees	None	

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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:

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CHU DINANT-GOUDINE  
Pr P. BULPA (Solng Intertais)  
N° Id. 1.5052830.580 (403)

2024

**ICMJE DISCLOSURE FORM Number 16**

Date: 29 July 2024

Your Name: Isabelle Michaux

Manuscript Title: Propofol Curtails Survival in Perioperative and Critically Ill Patients by a Relative Reduction of 10 %: Should Propofol be Abandoned?

Manuscript number (if known): \_\_\_\_\_

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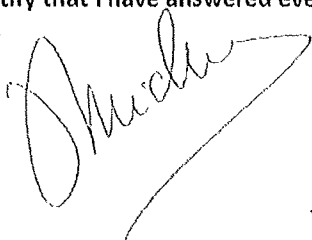
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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None.

Please place an "X" next to the following statement to indicate your agreement:

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Dr. S. Michaux  
1-5-0327-19730

**ICMJE DISCLOSURE FORM Number 17**

Date: 1st August 2024

Your Name: Patrick M Honore \_\_\_\_\_

Manuscript Title: Propofol Curtails Survival in Perioperative and Critically Ill Patients by a Relative Reduction of 10 %:  
Should Propofol be Abandoned?

Manuscript number (if known): \_\_\_\_\_

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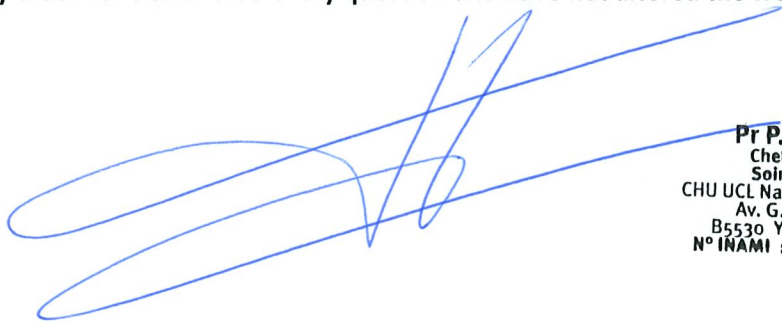
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11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

I do not have any conflict of interest.

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.



**Pr P. HONORE**  
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