

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Roberta

2. Surname (Last Name)
De Santis Santiago

3. Date
25-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lorenzo Berra

5. Manuscript Title
High Pleural Pressure Prevents Alveolar Overdistension and Hemodynamic Collapse in ARDS with Obesity

6. Manuscript Identifying Number (if you know it)
Blue-201909-1687OC.R2

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Dr. De Santis Santiago has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Maddalena

2. Surname (Last Name)

Teggia Droghi

3. Date

29-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lorenzo Berra

5. Manuscript Title

High Pleural Pressure Prevents Alveolar Overdistension and Hemodynamic Collapse in ARDS with Obesity

6. Manuscript Identifying Number (if you know it)

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Dr. Teggia Droghi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jacopo	2. Surname (Last Name) Fumagalli	3. Date 26-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lorenzo Berra
5. Manuscript Title High Pleural Pressure Prevents Alveolar Overdistension and Hemodynamic Collapse in ARDS with Obesity		
6. Manuscript Identifying Number (if you know it) Blue-201909-1687OC.R2		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Francesco	2. Surname (Last Name) Marrazzo	3. Date 04-October-1988
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lorenzo Berra
5. Manuscript Title High Pleural Pressure Prevents Alveolar Overdistension and Hemodynamic Collapse in ARDS with Obesity		
6. Manuscript Identifying Number (if you know it) Blue-201909-1687OC.R2		

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Gaetano

2. Surname (Last Name)
Florio

3. Date
26-May-2020

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Yes No

Corresponding Author's Name
Lorenzo Berra

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Luigi	2. Surname (Last Name) Grassi	3. Date 31-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lorenzo Berra
5. Manuscript Title High Pleural Pressure Prevents Alveolar Overdistension and Hemodynamic Collapse in ARDS with Obesity		
6. Manuscript Identifying Number (if you know it) Blue-201909-1687OC.R2		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Grassi has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Susimeire	2. Surname (Last Name) Gomes	3. Date 27-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lorenzo Berra
5. Manuscript Title High Pleural Pressure Prevents Alveolar Overdistension and Hemodynamic Collapse in ARDS with Obesity		
6. Manuscript Identifying Number (if you know it) Blue-201909-1687OC.R2		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Gomes has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Caio Cesar

2. Surname (Last Name)
Araujo Morais

3. Date
03-June-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Lorenzo Berra

5. Manuscript Title
High Pleural Pressure Prevents Alveolar Overdistension and Hemodynamic Collapse in ARDS with Obesity

6. Manuscript Identifying Number (if you know it)
Blue-201909-1687OC.R2

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Timpel S.A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 6. Disclosure Statement

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Dr. Araujo Morais reports grants from Timpel S.A., during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ozires

2. Surname (Last Name)

Ramos

3. Date

27-May-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Lorenzo Berra

5. Manuscript Title

High Pleural Pressure Prevents Alveolar Overdistension and Hemodynamic Collapse in ARDS with Obesity

6. Manuscript Identifying Number (if you know it)

Blue-201909-1687OC.R2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Ramos has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Maurizio

2. Surname (Last Name)
Bottiroli

3. Date
26-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lorenzo Berra, MD

5. Manuscript Title
High Pleural Pressure Prevents Alveolar Overdistension and Hemodynamic Collapse in ARDS with Obesity

6. Manuscript Identifying Number (if you know it)
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Dr. Bottiroli has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Riccardo

2. Surname (Last Name)
Pinciroli

3. Date
25-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
High Pleural Pressure Prevents Alveolar Overdistension and Hemodynamic Collapse in ARDS with Obesity

6. Manuscript Identifying Number (if you know it)
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Dr. Pincirolì has nothing to disclose.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Imber	3. Date 30-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lorenzo Berra
5. Manuscript Title High Pleural Pressure Prevents Alveolar Overdistension and Hemodynamic Collapse in ARDS with Obesity		
6. Manuscript Identifying Number (if you know it) Blue-201909-1687OC.R2		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Imber has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Aranya

2. Surname (Last Name)
Bagchi

3. Date
25-May-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Lorenzo Berra

5. Manuscript Title
High Pleural Pressure Prevents Alveolar Overdistension and Hemodynamic Collapse in ARDS with Obesity

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Lungpacer Medical, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Bagchi reports personal fees from Lungpacer Medical, Inc, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Kenneth

2. Surname (Last Name)
Shelton

3. Date
25-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lorenzo Berra

5. Manuscript Title
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Dr. Shelton has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Abraham	2. Surname (Last Name) Sonny	3. Date 25-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lorenzo Berra
5. Manuscript Title High Pleural Pressure Prevents Alveolar Overdistension and Hemodynamic Collapse in ARDS with Obesity		
6. Manuscript Identifying Number (if you know it) Blue-201909-1687OC.R2		

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Section 1. Identifying Information

1. Given Name (First Name)
Edward

2. Surname (Last Name)
Bittner

3. Date
25-May-2020

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Yes No

Corresponding Author's Name
Lorenzo Berra

5. Manuscript Title
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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Marcelo

2. Surname (Last Name)
Amato

3. Date
04-June-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Lorenzo Berra

5. Manuscript Title
High Pleural Pressure Prevents Alveolar Overdistension and Hemodynamic Collapse in ARDS with Obesity

6. Manuscript Identifying Number (if you know it)
Blue-201909-1687OC.R2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Nihon Kodan - Orange Med Timpel S.A Medtronics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Marcelo B. P. Amato, MD reports that his research laboratory has received grants in the last five years from the listed companies, collaborating in projects related to education, mechanical ventilation and Electrical Impedance Tomography.
Timpel S.A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dr. Marcelo B. P. Amato is also a minority shareholder in Timpel

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Amato reports grants from Nihon Kodan - Orange Med
Timpel S.A
Medtronics, other from Timpel S.A., outside the submitted work; .

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
Kacmarek

3. Date
26-May-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Lorenzo Berra

5. Manuscript Title
High Pleural Pressure Prevents Alveolar Overdistension and Hemodynamic Collapse in ARDS with Obesity

6. Manuscript Identifying Number (if you know it)
Blue-201909-1687OC.R2

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mechanical Ventilation
Orange Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mechanical ventilation
Orange medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Nihon Kodon	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Webinar
Medtronics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Dr. Kacmarek reports grants from Medtronics, grants from Orange Medical , personal fees from Orange medical , personal fees from Nihon Kodon , personal fees from Medtronics, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lorenzo

2. Surname (Last Name)
Berra

3. Date
25-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
High Pleural Pressure Prevents Alveolar Overdistension and Hemodynamic Collapse in ARDS with Obesity

6. Manuscript Identifying Number (if you know it)
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Berra has nothing to disclose.

Evaluation and Feedback

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