Date:2021/7/21
Your Name: Shiya Wang
Manuscript Title: Effect of sequential high-flow nasal cannula oxygen therapy and non-invasive positive-pressure
ventilation in patients with difficult weaning from mechanical ventilation after extubation on respiratory mechanics
Manuscript number (if known):ATM-21-3408

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 <u>current</u> manuscript only.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	X_None	
1		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	None	

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
		.,	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X_None	
	group, paid or unpaid	X None	
11	Stock or stock options	None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	-A_none	
	Interior interests		
Ple	ease summarize the above o	conflict of interest in th	ne following box:
			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	none		
			The state of the s

Date:2021/7/21	
	200
Your Name: Hanken L	1000
Manuscript Title:Effect of sequen	tial high-flow nasal cannula oxygen therapy and non-invasive positive-pressure
Walluscript Title. Effect of sequen	ult weaning from mechanical ventilation after extubation on respiratory mechanics
ventilation in patients with diffici	ult weaning from mechanical ventuation arter extubation of the
Manuscript number (if known):_	ATM-21-3408

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 <u>current</u> <u>manuscript only</u>.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame; Since the initia	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.	None	
100		Time frame: past	36 months
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	X_None_	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	_X_None	
	meetings and/or travel		
	10		
8	Patents planned, issued or	X_None	
0	pending	- None	
	pending	7	
9	Participation on a Data	X None	
3	Safety Monitoring Board or	Amone	
	Advisory Board		
10	Leadership or fiduciary role	X_None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
**	Stock of Stock options	Airone	
			Figure 1 and
12	Receipt of equipment,	_X_None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
10	financial interests		
			CARL CONTRACTOR OF THE CONTRAC
Die	ase summarize the above of	onflict of interest in the	following hov:
Pie	ase summarize the above t	onnice of interest in the	TOTOWING DOX.
	. none		
	none		
			П
L			
_			

Date:2021/7/	(m. a. a.)	1		
Your Name:_	Guangsheng	L. I. I. d. flam and	cannula oxygen therapy and non-invasive posi	tive-pressure
Manuscript Ti	tle: <u>Effect/of sequen</u>	ial high-flow has	Cannula Oxygen therapy and the partition on resnit	ratory mechanics
ventilation in	patients with difficu	It weaning from	echanical ventilation after extubation on respin	uto. j
Manuscript n	umber (if known):	_ATM-21-3408		
			and the second s	
		ack you to discle	se all relationships/activities/interests listed be	low that are

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 <u>current</u> <u>manuscript only</u>.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)  a) 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.	_X_None	
		Time frame: pas	t 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	Payment or honoraria for	X None	
	lectures, presentations, speakers bureaus,	Z None	
	manuscript writing or educational events		
	Payment for expert testimony	None	
	Support for attending	X None	
	meetings and/or travel		
			- Marian
-	Patents planned, issued or	X_None	L. J. space at 1500
	pending	None	
	Participation on a Data	X None	A CHARLES OF THE CONTRACT OF T
	Safety Monitoring Board or Advisory Board		STATE OF THE STATE
0	Leadership or fiduciary role	X None	
	in other board, society, committee or advocacy group, paid or unpaid	None	
L	Stock or stock options	None	A THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE
	Receipt of equipment,	X None	Mary Bay Star 1201
	materials, drugs, medical writing, gifts or other services		
	Other financial or non- financial interests	X_None	
		Part of the state	Philipp and Commission

none		

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

Date:2021/7/21
Your Name: Zhenjie Jiang
Manuscript Title: Effect of sequential high-flow nasal cannula oxygen therapy and non-invasive positive-pressure
ventilation in patients with difficult weaning from mechanical ventilation after extubation on respiratory mechanics
Manuscript number (if known):ATM-21-3408

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 <u>current</u> <u>manuscript only</u>.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	_X_None	
		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	None	
4	Consulting fees	None	

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

Date:2021/7/21 D
Your Name: <u>Daozhu Zhang</u> Manuscript Title: Effect of sequential high-flow pasal cannula oxygen therapy and non-invasive positive-pressure
ventilation in patients with difficult weaning from mechanical ventilation after extubation on respiratory mechanics
Manuscript number (if known):ATM-21-3408

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 <u>current</u> <u>manuscript only</u>.

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.

- Constitution of the Cons		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)
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.	Time frame: Since the initia	planning of the work
		Time frame: pas	t 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	None	

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

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

Date:2021/7/21
Your Name: Ruxue Deng
Manuscript Title: Effect of sequential high-flow nasal cannula oxygen therapy and non-invasive positive-pressure
ventilation in patients with difficult weaning from mechanical ventilation after extubation on respiratory mechanics
Manuscript number (if known):ATM-21-3408

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 <u>current</u> manuscript only.

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.

		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)
2.5		Time frame: Since the initi	al 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.	_X_None	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	_X_None	
4	Consulting fees	X_None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
6		7	
6	educational events		
	Payment for expert	None	
	testimony		
7	Summer Summer Summer	V	
<b>′</b>	Support for attending meetings and/or travel	_X_None	
		e charles to	
8	Patents planned, issued or	<u></u> None	
	pending		
_		V	
	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		AND THE RESERVE OF THE PARTY OF
	Leadership or fiduciary role	X None	Marie IV. or V.
	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
	Stock or stock options	X_None	MACRICAL STREET, STREE
		Sent 2 Year \$4.65 (1)	ADAMA SALES
_		CANAL TO SEE THE	
	Receipt of equipment,	_X_None	
	materials, drugs, medical		
	writing, gifts or other services		
_	Other financial or non-	X None	
A. C.	financial interests	Notice	Carlos Control of the
1.	inches interests		

	none

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

Date:2021/7/21
Your Name: Qingwen Sun
Manuscript Title: Effect of sequential high-flow nasal cannula oxygen therapy and non-invasive positive-pressure
ventilation in patients with difficult weaning from mechanical ventilation after extubation on respiratory mechanics
Manuscript number (if known):ATM-21-3408

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 <u>current</u> <u>manuscript only</u>.

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	None	
4	Consulting fees	<u>X_None</u>	

3

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
Payment for expert testimony	None	
Support for attending meetings and/or travel	X_None	
Patents planned, issued or pending	X_None	
Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
Leadership or fiduciary role in other board, society, committee or advocacy	X_None	
Stock or stock options	X_None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
Other financial or non- financial interests	X_None	
ease summarize the above o	conflict of interest in the follo	wing box:
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial interests	lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial interests

Date:2021/7/21
Your Name: Think Lin
Manuscript Title: Effect of sequential high-flow nasal cannula oxygen therapy and non-invasive positive-pressure ventilation in patients with difficult weaning from mechanical ventilation after extubation on respiratory mechanics
ventilation in patients with difficult weaning from mechanical ventilation areas successful and successful areas are successful and successful areas a
Manuscript number (if known):ATM-21-3408

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 <u>current</u> manuscript only.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the init	Specifications/Comments (e.g., if payments were made to you or to your institution)  al 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.	_X_None	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	✓None	
8	Patents planned, issued or pending	<u> </u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>X</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		
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	X_None	
Ple	ease summarize the above o	conflict of interest in the fo	llowing box:
	hone.		

D-42024/7/24		
Pate:2021/7/21	'n	
Manuscript Title:Effect of some	ential high-flow nasal car	nnula oxygen therapy and non-invasive positive-pressure
ventilation in patients with dif	ficult weaning from mech	nanical ventilation after extubation on respiratory mechanics
Manuscript number (if known)	):ATM-21-3408	
In the interest of transparency related to the content of your parties whose interests may be to transparency and does not relationship/activity/interest,  The following questions apply manuscript only.  The author's relationships/activity to the epidemiology of hypertemedication, even if that medications	r, we ask you to disclose a manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you do to the author's relationshivities/interests should be ension, you should declaration is not mentioned in poort for the work report	e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive
	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)  al planning of the work
All support for the present	None	
manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		
	Time frame: pas	st 36 months

None

None

None

Grants or contracts from any entity (if not indicated

in item #1 above).
Royalties or licenses

Consulting fees

3

4

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X_None	
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
•	Datasta slaves d lessed as	≯ None	
8	Patents planned, issued or pending	None	1 O
	penong		
9	Participation on a Data Safety Monitoring Board or	<u></u> ✓ None	
10	Advisory Board Leadership or fiduciary role	≯ None	
10	in other board, society, committee or advocacy group, paid or unpaid	Zivone	
11	Stock or stock options	<u></u> → None	
12	Receipt of equipment,	<u></u> ≯None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	<u></u> ✓ None	
	financial interests		
		1/	

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

Pate:2021/7/21
our Name: Chun Your
Nanuscript Title: Effect of sequential high-flow nasal cannula oxygen therapy and non-invasive positive-pressure
entilation in patients with difficult weaning from mechanical ventilation after extubation on respiratory mechanics
Nanuscript number (if known):ATM-21-3408

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 <u>current</u> manuscript only.

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.

		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)
450		Time frame: Since the initi	al 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.	_X_None	
		Time frame: pas	st 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	Payment or honoraria for	_X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony	Ivone	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or	X_None	
	pending		
_	De distantian en a Deta	V 11	
9	Participation on a Data Safety Monitoring Board or	X_None	
	Advisory Board		
10		X None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,		
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

none		

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

Date:2021/7/21
Your Name: Yuanda Xu
Manuscript Title: Effect of sequential high-flow nasal cannula oxygen therapy and non-invasive positive-pressure
ventilation in patients with difficult weaning from mechanical ventilation after extubation on respiratory mechanics
Manuscript number (if known):ATM-21-3408

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 <u>current</u> manuscript only.

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.

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

5	Payment or honoraria for	×_None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	<u></u> ✓ None	THE RESIDENCE OF THE PARTY OF T
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
3	Other financial or non- financial interests	None	

pone	

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

Date:2021/7/21		
Your Name: /ivg Cong		
Manuscript Title: Effect of sequential high-flow nasal cannula oxygen therapy and non-invasive positive-pressure		
ventilation in patients with difficult weaning from mechanical ventilation after extubation on respiratory mechanics		
Manuscript number (if known):ATM-21-3408		

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 <u>current</u> <u>manuscript only</u>.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Interviewes Singesthe Initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
		.,	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X_None	
	group, paid or unpaid Stock or stock options	X None	
11		None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	-A_none	
	Interior interests		
Ple	ease summarize the above o	conflict of interest in th	ne following box:
			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	none		
			The state of the s