

ICMJE DISCLOSURE FORM

Date: 12/13/2021

Your Name: Katherine Wick

Manuscript Title: **Pathogenetic and Prognostic Value of the Receptor for Advanced Glycation End-Products in Non-intubated Hospitalized Patients with COVID-19 Pneumonia**

Manuscript Number (if known): 157499-INS-CMED-1

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

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Date: 12/13/2021

Your Name: Lianne Siegel

Manuscript Title: **Pathogenetic and Prognostic Value of the Receptor for Advanced Glycation End-Products in Non-intubated Hospitalized Patients with COVID-19 Pneumonia**

Manuscript Number (if known): 157499-INS-CMED-1

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ICMJE DISCLOSURE FORM

Date: 12/11/2021

Your Name: James D. Neaton

Manuscript Title: **Pathogenetic and Prognostic Value of the Receptor for Advanced Glycation End-Products in Non-intubated Hospitalized Patients with COVID-19 Pneumonia**

Manuscript Number (if known): **157499-INS-CMED-1**

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Date: 12/13/2021

Your Name: Cathryn Oldmixon

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Date: 12/10/2021

Your Name: Robin L. Dewar

Manuscript Title: **Pathogenetic and Prognostic Value of the Receptor for Advanced Glycation End-Products in Non-intubated Hospitalized Patients with COVID-19 Pneumonia**

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Date: 2/3/2022

Your Name: H. Clifford Lane

Manuscript Title: **Pathogenetic and Prognostic Value of the Receptor for Advanced Glycation End-Products in Non-intubated Hospitalized Patients with COVID-19 Pneumonia**

Manuscript Number (if known): 157499-INS-CMED-

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 281 1516 380"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 525 1516 653"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 743 1516 842"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1089 1516 1188"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1308 1516 1407"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1526 1516 1625"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1740 1516 1839"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1923 1516 1955"> <tr><td></td><td></td></tr> </table>						

		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)
	society, committee or advocacy group, paid or unpaid		
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 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: 12/13/2021

Your Name: Jens D. Lundgren

Manuscript Title: **Pathogenetic and Prognostic Value of the Receptor for Advanced Glycation End-Products in Non-intubated Hospitalized Patients with COVID-19 Pneumonia**

Manuscript Number (if known): 157499-INS-CMED-1

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	Click the tab key to add additional rows.							

	No time limit for this item.	
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Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 60px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="380 216 1515 363"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="380 457 1515 611"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="380 724 1515 865"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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

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ICMJE DISCLOSURE FORM

Date: 12/14/2021

Your Name: B. Taylor Thompson

Manuscript Title: **Pathogenetic and Prognostic Value of the Receptor for Advanced Glycation End-Products in Non-intubated Hospitalized Patients with COVID-19 Pneumonia**

Manuscript Number (if known): 157499-INS-CMED-1

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ICMJE DISCLOSURE FORM

Date: 12/10/2021

Your Name: Michael A. Matthay

Manuscript Title: **Pathogenetic and Prognostic Value of the Receptor for Advanced Glycation End-Products in Non-intubated Hospitalized Patients with COVID-19 Pneumonia**

Manuscript Number (if known): **157499-INS-CMED-1**

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Citius Pharmaceuticals	Payments to me for consultation on ARDS
		Novartis Pharmaceuticals	Payments to me for consultation on ARDS
		Johnson and Johnson Pharmaceuticals	Payments to me for consultation on ARDS
		Gilead Pharmaceuticals	Payments to me for consultation on COVID-19
		Pliant Therapeutics	Payments to me for consultation on ARDS
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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STROBE Statement—Checklist of items that should be included in reports of *cross-sectional studies*

	Item No	Recommendation
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract <input checked="" type="checkbox"/>
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found <input checked="" type="checkbox"/>
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported <input checked="" type="checkbox"/> Introduction pages 2 and 3
Objectives	3	State specific objectives, including any prespecified hypotheses <input checked="" type="checkbox"/> Last paragraph of introduction, page 3
Methods		
Study design	4	Present key elements of study design early in the paper <input checked="" type="checkbox"/> First paragraph of methods, p12
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection <input checked="" type="checkbox"/> First paragraph of methods, p 12, plus supplemental methods
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants <input checked="" type="checkbox"/> First paragraph of methods, p 12, plus supplemental methods
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable <input checked="" type="checkbox"/> Outcomes described in first paragraph of methods and supplement. Exposures, predictors, confounders, and effect modifiers described in statistical methods.
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group <input checked="" type="checkbox"/> Measurement of biomarkers detailed in the methods
Bias	9	Describe any efforts to address potential sources of bias <input checked="" type="checkbox"/> Data are from a randomized controlled trial, but potential bias from participants without measured sRAGE is addressed in the results.
Study size	10	Explain how the study size was arrived at <input checked="" type="checkbox"/> Study size dictated by RCT size and available plasma
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why <input checked="" type="checkbox"/> Statistical methods pages 14-15
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding <input checked="" type="checkbox"/> (b) Describe any methods used to examine subgroups and interactions <input checked="" type="checkbox"/> (c) Explain how missing data were addressed <input checked="" type="checkbox"/> (d) If applicable, describe analytical methods taking account of sampling strategy N/A (e) Describe any sensitivity analyses N/A
Results		
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed <input checked="" type="checkbox"/> These data are provided in the study diagram Figure 1 (b) Give reasons for non-participation at each stage <input checked="" type="checkbox"/> Results page 4 and flow

		diagram
		(c) Consider use of a flow diagram <input checked="" type="checkbox"/>
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders <input checked="" type="checkbox"/> Table 1 (b) Indicate number of participants with missing data for each variable of interest <input checked="" type="checkbox"/> Included in results
Outcome data	15*	Report numbers of outcome events or summary measures <input checked="" type="checkbox"/> Included in results pages 5-7 and supplemental results
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included <input checked="" type="checkbox"/> (b) Report category boundaries when continuous variables were categorized <input checked="" type="checkbox"/> (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period <input checked="" type="checkbox"/> Results are presented as rate ratios and absolute event rates are reported
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses <input checked="" type="checkbox"/>
Discussion		
Key results	18	Summarise key results with reference to study objectives <input checked="" type="checkbox"/> Discussion paragraph 1 page 7-8
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias <input checked="" type="checkbox"/> Discussion page 11
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence <input checked="" type="checkbox"/>
Generalisability	21	Discuss the generalisability (external validity) of the study results <input checked="" type="checkbox"/>
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based <input checked="" type="checkbox"/>

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at www.strobe-statement.org.