

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 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.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**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

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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)<br>EVANGELIA  | 2. Surname (Last Name)<br>AKOUMIANAKI                               | 3. Date<br>17-January-2014           |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>_____ |
| 5. Manuscript Title<br>THE APPLICATION OF ESOPHAGEAL PRESSURE MEASUREMENT IN PATIENTS WITH RESPIRATORY FAILURE | _____   |                                      |
| 6. Manuscript Identifying Number (if you know it)<br>201312-2193CI.R1  | _____   |                                      |

### 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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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

### 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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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### 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. AKOUMIANAKI 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) \_\_\_\_\_ Giacomo

2. Surname (Last Name) \_\_\_\_\_ Bellani

3. Date \_\_\_\_\_ 17-January-2014

4. Are you the corresponding author?  Yes  No Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title \_\_\_\_\_

6. Manuscript Identifying Number (if you know it) \_\_\_\_\_ Blue-201312-2193CI.R1

### 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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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 |
|---------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| Draeger Medical     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Chiesi Farmaceutica | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |          |

### 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. Bellani reports personal fees from Draeger Medical, grants from Chiesi Farmaceutica, 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)  
Laurent

2. Surname (Last Name)  
Brochard

3. Date  
17-January-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
THE APPLICATION OF ESOPHAGEAL PRESSURE MEASUREMENT IN PATIENTS WITH RESPIRATORY FAILURE

6. Manuscript Identifying Number (if you know it)  
Blue-201312-2193CI.R1

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Are there any relevant conflicts of interest?  Yes  No

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| Name of Entity   | Grant?                              | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments                            |
|------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| Draeger          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Research on SmartCare               |
| Draeger          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research on SmartCare               |
| General Electric | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Research on lung volume measurement |
| Covidien         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Research on PAV+                    |
| Vygon            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Research on CPAP                    |



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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. Brochard reports grants from Draeger, personal fees from Draeger, grants from General Electric, grants from Covidien, grants from Vygon, 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)  
LUCIANO

2. Surname (Last Name)  
GATTINONI

3. Date  
20-January-2014

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Laurent Brochard

5. Manuscript Title  
THE APPLICATION OF ESOPHAGEAL PRESSURE MEASUREMENT IN PATIENTS WITH RESPIRATORY FAILURE

6. Manuscript Identifying Number (if you know it)  
Blue-201312-2193CI.R1

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If yes, please fill out the appropriate information below.

| Name of Entity                                 | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| GRIFOLS, KCI, BBraun, Baxter, Grifols, Kedrion | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

### 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 1. Identifying Information

|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>Salvatore  | 2. Surname (Last Name)<br>Grasso                                    | 3. Date<br>21-January-2014                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Brochard Laurent |
| 5. Manuscript Title<br>THE APPLICATION OF ESOPHAGEAL PRESSURE MEASUREMENT IN PATIENTS WITH ACUTE RESPIRATORY FAILURE |   |   |
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- No other relationships/conditions/circumstances that present a potential conflict of interest

Payment for lectures including service on speakers bureaus (Maquet, Solna, Sweden; BellCo Mirandola Italy; Drager, Lubecca, Germany)  
Payment for development of educational presentations (Maquet, Solna, Sweden)

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### Section 6. Disclosure Statement

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Dr. Grasso reports and Payment for lectures including service on speakers bureaus (Maquet, Solna, Sweden; BellCo Mirandola Italy; Drager, Lubecca, Germany)  
Payment for development of educational presentations (Maquet, Solna, Sweden).

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

GUERIN

2. Surname (Last Name)

CLAUDE

3. Date

16-January-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

THE APPLICATION OF ESOPHAGEAL PRESSURE MEASUREMENT IN PATIENTS WITH RESPIRATORY FAILURE

6. Manuscript Identifying Number (if you know it)

201312-2193CI.R1

### 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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Dr. CLAUDE 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)<br>Salvatore Maurizio   | 2. Surname (Last Name)<br>Maggiore                                  | 3. Date<br>18-January-2014                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Laurent Brochard |
| 5. Manuscript Title<br>THE APPLICATION OF ESOPHAGEAL PRESSURE MEASUREMENT IN PATIENTS WITH RESPIRATORY FAILURE |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>Blue-201312-2193CI.R1                                     |   |   |

### 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.

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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 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Maggiore has nothing to disclose.

### Evaluation and Feedback

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**Other:** Anything not covered under the previous three boxes

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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)  Davide       2. Surname (Last Name)  Chiumello       3. Date  21-January-2014

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
 The application of esophageal pressure measurement in patients with respiratory failure

6. Manuscript Identifying Number (if you know it)  
 Blue 201312-2193CI.R1

### 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

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.

| Patent?  | Pending?                 | Issued?                             | Licensed?                           | Royalties?               | Licensee? | Comments |
|----------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-----------|----------|
| A61J1500 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Nutrivent |          |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6. Disclosure Statement

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Dr. Chiumello reports In addition, Dr. Chiumello has a patent A61J1500 licensed to Nutrivent.

### 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)<br>Amal   | 2. Surname (Last Name)<br>Jubran                                    | 3. Date<br>16-January-2014                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Laurent Brochard |
| 5. Manuscript Title<br>THE APPLICATION OF ESOPHAGEAL PRESSURE MEASUREMENT IN PATIENTS WITH RESPIRATORY FAILURE |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>Blue-201312-2193CI.R1                                     |   |   |

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Jubran 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)<br>Stephen  | 2. Surname (Last Name)<br>Loring                                    | 3. Date<br>21-January-2014           |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>_____ |
| 5. Manuscript Title<br>THE APPLICATION OF ESOPHAGEAL PRESSURE MEASUREMENT IN PATIENTS WITH RESPIRATORY FAILURE | _____   |                                      |
| 6. Manuscript Identifying Number (if you know it)<br>201312-2193CI.R1  | _____   |                                      |

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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

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



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Dr. Loring has nothing to disclose.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

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**Grant:** A grant from an entity, generally [but not always] paid to your organization

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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) Jordi

2. Surname (Last Name) Mancebo

3. Date 16-January-2014

4. Are you the corresponding author?  Yes  No Corresponding Author's Name Laurent Brochard

5. Manuscript Title The application of esophageal pressure measurement in patients with respiratory failure

6. Manuscript Identifying Number (if you know it) Blue-201312-2193CI.R1

### 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                            |
|------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Covidien         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Research on PAV+                    |
| General Electric | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Research on lung volumes            |
| Maquet           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NAVA probes for research            |
| Airl Liquide     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Data monitoring safety board member |
| Faron            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Steering committee member           |
| A-Lung           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Steering committee member           |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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### 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. Mancebo reports grants from Covidien, grants from General Electric, non-financial support from Maquet, personal fees from Airl Liquide, personal fees from Faron, personal fees from A-Lung, outside the submitted work; .

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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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)

Nicolò

2. Surname (Last Name)

Patroniti

3. Date

18-January-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Laurent Brochard

5. Manuscript Title

THE APPLICATION OF ESOPHAGEAL PRESSURE MEASUREMENT IN PATIENTS WITH RESPIRATORY FAILURE

6. Manuscript Identifying Number (if you know it)

Blue-201312-2193CI.R1

### 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.

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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 5. Relationships not covered above

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### 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. Patroniti 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)<br>Paolo  | 2. Surname (Last Name)<br>Pelosi                                    | 3. Date<br>16-January-2014           |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>_____ |
| 5. Manuscript Title<br>THE APPLICATION OF ESOPHAGEAL PRESSURE MEASUREMENT IN PATIENTS WITH RESPIRATORY FAILURE | _____   |                                      |
| 6. Manuscript Identifying Number (if you know it)<br>201312-2193CI.R1  | _____   |                                      |

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

### Section 5. Relationships not covered above

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### 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. Pelosi has nothing to disclose.

### Evaluation and Feedback

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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) Antonio      2. Surname (Last Name) Pesenti      3. Date \_\_\_\_\_

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Laurent Brochard

5. Manuscript Title  
The application of esophageal pressure measurement in patients with respiratory failure

6. Manuscript Identifying Number (if you know it)  
Blue-201312-2193CI.R1

### 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.

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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 |
|----------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| MAQUET         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| NOVALUNG       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| GAMBRO         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| DRAEGER        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |          |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. Pesenti reports personal fees from MAQUET, personal fees from NOVALUNG, personal fees from GAMBRO, grants from DRAEGER, outside the submitted work; .

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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)

STEFANO

2. Surname (Last Name)

NAVA

3. Date

20-January-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

Blue-201312-2193CI.R1

### Section 2. The Work Under Consideration for Publication

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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

### 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 5. Relationships not covered above

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Dr. NAVA has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 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".

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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**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

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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)<br>V. Marco   | 2. Surname (Last Name)<br>Ranieri                                   | 3. Date<br>17-January-2014                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Laurent Brochard |
| 5. Manuscript Title<br>THE APPLICATION OF ESOPHAGEAL PRESSURE MEASUREMENT IN PATIENTS WITH RESPIRATORY FAILURE |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>Blue-201312-2193CI.R1                                     |   |   |

### 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

### 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

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

Dr. Ranieri 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)<br>Daniel   | 2. Surname (Last Name)<br>Talmor                                    | 3. Date<br>16-January-2014              |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Brochard |
| 5. Manuscript Title<br>THE APPLICATION OF ESOPHAGEAL PRESSURE MEASUREMENT IN PATIENTS WITH RESPIRATORY FAILURE |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>Blue-201312-2193CI.R1                                     |   |   |

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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. Talmor has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>Pierpaolo  | 2. Surname (Last Name)<br>Terragni                                  | 3. Date<br>17-January-2014                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Laurent Brochard |
| 5. Manuscript Title<br>THE APPLICATION OF ESOPHAGEAL PRESSURE MEASUREMENT IN PATIENTS WITH RESPIRATORY FAILURE |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>Blue-201312-2193CI.R1                                     |   |   |

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Dr. Terragni 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)<br>Martin   | 2. Surname (Last Name)<br>Tobin                                     | 3. Date<br>21-January-2014                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Laurent Brochard |
| 5. Manuscript Title<br>THE APPLICATION OF ESOPHAGEAL PRESSURE MEASUREMENT IN PATIENTS WITH RESPIRATORY FAILURE |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>Blue-201312-2193CI.R1                                     |   |   |

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royalty for two books on critical care published by McGraw-Hill

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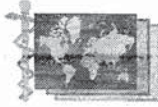
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Dr. Tobin reports he receives royalty for two books on critical care published by McGraw-Hill.

### 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)

FRANCO

2. Surname (Last Name)

VALENZA

3. Date

28/01/2014

4. Are you the corresponding author?

Yes

No

5. Manuscript Title

The application of esophageal pressure measurement in patients

6. Manuscript Identifying Number (if you know it)

BLUE-201312-2193C1.R1

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**ICMJE**

INTERNATIONAL COMMITTEE *of*  
MEDICAL JOURNAL EDITORS

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