

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.

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Section 1. Identifying Inform	ation				
1. Given Name (First Name) Rodica	2. Surname (Last Name) Birla	3. Date 04-June-2020			
4. Are you the corresponding author?	✓ Yes No				
5. Manuscript Title Palliation of Dysphagia in Patients with	Unresectable Oesophageal Tumours - current metho	ods and indications - a review			
6. Manuscript Identifying Number (if you kn DMR-20-67	ow it)				
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Section 4. Intellectual Proper	ty Patents & Copyrights				
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	? Yes 🖌 No			



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Dr. Birla has nothing to disclose.

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1. Given Name (Fir Florin	rst Name)	2. Surname (Last Name) Achim	3. Date 04-June-2020		
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Birla Rodica		
5. Manuscript Title Palliation of Dysp		Unresectable Oesophagea	al Tumours - current methods and indications - a review		
6. Manuscript Ider DMR-20-67	ntifying Number (if you kr	low it)			
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Dr. Achim has nothing to disclose.

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4. Are you the corr	responding author?	Yes 🖌 No	Corresponding Author's Name Birla Rodica		
5. Manuscript Title Palliation of Dys		Unresectable Oesophage	al Tumours - current methods and indications - a review		
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Constantinoiu



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1. Given Name (First N Silviu		rname (Last Name) tantinoiu		3. Date 04-June-2020		
4. Are you the correspo	onding author?	Yes 🖌 No Corresponding Author's Name Birla Rodica		e		
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