

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) JunAn	2. Surname (Last Name) Li	3. Date 09-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Baichun Liu
5. Manuscript Title Endoscopic incision and selective cutting for primary treatment of benign esophageal anastomotic stricture: outcomes of 5 cases with a minimum follow-up of 12 months		
6. Manuscript Identifying Number (if you know it)		

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

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Li has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name) Hongyu	2. Surname (Last Name) Zhao	3. Date 09-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Baichun Liu
5. Manuscript Title Endoscopic incision and selective cutting for primary treatment of benign esophageal anastomotic stricture: outcomes of 5 cases with a minimum follow-up of 12 months		
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Dr. Zhao has nothing to disclose.

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1. Given Name (First Name)

Zhiming

2. Surname (Last Name)

Ma

3. Date

09-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Baichun Liu

5. Manuscript Title

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Baichun

2. Surname (Last Name)

Liu

3. Date

09-May-2020

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Yes  No

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