

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Akash	2. Surname (Last Name) Adhia	3. Date 06-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name David Odell, MD, MMSc
5. Manuscript Title Adherence to Quality Measures Improves Survival in Esophageal Cancer in a Retrospective Cohort Study of the National Cancer Database from 2004 to 2016		
6. Manuscript Identifying Number (if you know it) JTD-20-1347		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Adhia has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Joe	2. Surname (Last Name) Feinglass	3. Date 02-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name David Odell, MD, MMSc
5. Manuscript Title Adherence to Quality Measures Improves Survival in Esophageal Cancer in a Retrospective Cohort Study of the National Cancer Database from 2004 to 2016		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Feinglass has nothing to disclose.

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name David Odell
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1. Given Name (First Name)
David

2. Surname (Last Name)
Odell

3. Date
06-July-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
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Are there any relevant conflicts of interest? ☒ 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American Cancer Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant K07 CA216330.

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Dr. Odell reports grants from American Cancer Society, during the conduct of the study; .

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