

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Mickael

2. Surname (Last Name)  
Chevallay

3. Date  
18-April-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Laparoscopic for advanced gastric cancer—minimally invasive for maximal results?

6. Manuscript Identifying Number (if you know it)  
TGH-20-82-LJF

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

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Dr. Chevallay 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)

Charles-Henri

2. Surname (Last Name)

Wassmer

3. Date

18-April-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Mickael Chevally

5. Manuscript Title

Laparoscopic for advanced gastric cancer—minimally invasive for maximal results?

6. Manuscript Identifying Number (if you know it)

TGH-20-82-LJF

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### Section 1. Identifying Information

1. Given Name (First Name) Marco	2. Surname (Last Name) Bonino	3. Date 18-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mickael Chevally
5. Manuscript Title Laparoscopic for advanced gastric cancer—minimally invasive for maximal results?		
6. Manuscript Identifying Number (if you know it) TGH-20-82-LJF		

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1. Given Name (First Name)  
Stefan

2. Surname (Last Name)  
Mönig

3. Date  
18-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Mickael Chevally

5. Manuscript Title  
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