

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.

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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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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)

Tyler

2. Surname (Last Name)

Grenda

3. Date

23-July-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Minimally invasive transhiatal esophagectomy

6. Manuscript Identifying Number (if you know it)

VATS-2019-MIE-03

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

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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.

Tyler Grenda 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) Jules	2. Surname (Last Name) Lin	3. Date 23-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tyler R Grenda
5. Manuscript Title Minimally invasive transhiatal esophagectomy		
6. Manuscript Identifying Number (if you know it) VATS-2019-MIE-03		

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
Intuitive Surgical, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Robotic proctor

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 5. Relationships not covered above

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Dr. Lin reports financial disclosures from Intuitive Surgical, Inc, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)

Andrew

2. Surname (Last Name)

Chang

3. Date

23-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Tyler R Grenda

5. Manuscript Title

Minimally invasive transhiatal esophagectomy

6. Manuscript Identifying Number (if you know it)

VATS-2019-MIE-03

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Are there any relevant conflicts of interest?

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No

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Dr. Chang 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) Rishindra 2. Surname (Last Name) Reddy 3. Date 09-August-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Tyler Grenda

5. Manuscript Title Minimally Invasive Transhiatal Esophagectomy

6. Manuscript Identifying Number (if you know it) VATS-2019-MIE-03

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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
Intuitive Surgical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teaching Site, Speaker
Auris Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board

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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Rishindra Mamidi Reddy serves as an unpaid editorial board member of in Video-Assisted Thoracic Surgery from Mar 2020 to Mar 2022

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Dr. Reddy reports personal fees from Intuitive Surgical, personal fees from Auris Health, personal fees from Medtronic, outside the submitted work;

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