

ICMJE DISCLOSURE FORM

Date: 11th November 2022_____

Your Name: Sara Palomares Casasús_____

Manuscript Title: Esophageal adenocarcinoma after laparoscopic adjustable gastric banding: a case report and literature review

Manuscript number (if known):_____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	___ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
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13	Other financial or non-financial interests	___ None	

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None

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ICMJE DISCLOSURE FORM

Date: 11th November 2022_____

Your Name: María-Carmen Fernández-Moreno_____

Manuscript Title: Esophageal adenocarcinoma after laparoscopic adjustable gastric banding: a case report and literature review

Manuscript number (if known):_____

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ICMJE DISCLOSURE FORM

Date: 11th November 2022_____

Your Name: Fernando López Mozos_____

Manuscript Title: Esophageal adenocarcinoma after laparoscopic adjustable gastric banding: a case report and literature review

Manuscript number (if known):_____

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ICMJE DISCLOSURE FORM

Date: 11th November 2022_____

Your Name: María Eugenia Barrios Carvajal_____

Manuscript Title: Esophageal adenocarcinoma after laparoscopic adjustable gastric banding: a case report and literature review

Manuscript number (if known):_____

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Date: 11th November 2022_____

Your Name: Roberto Martí Obiol_____

Manuscript Title: Esophageal adenocarcinoma after laparoscopic adjustable gastric banding: a case report and literature review

Manuscript number (if known):_____

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Date: 11th November 2022 _____

Your Name: Joaquín Ortega Serrano _____

Manuscript Title: Esophageal adenocarcinoma after laparoscopic adjustable gastric banding: a case report and literature review

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