

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)
Dimitrios

2. Surname (Last Name)
Moris

3. Date
17-February-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Less can sometimes be more: minimally invasive esophagectomy for esophageal cancer

6. Manuscript Identifying Number (if you know it)

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Dr. Moris has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Dimitrios	2. Surname (Last Name) Giannis	3. Date 17-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dimitrios Moris
5. Manuscript Title Less can sometimes be more: minimally invasive esophagectomy for esophageal cancer		
6. Manuscript Identifying Number (if you know it)		

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Dr. Giannis has nothing to disclose.

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1. Given Name (First Name) Marcelo	2. Surname (Last Name) Cerullo	3. Date 17-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dimitrios Moris
5. Manuscript Title Less can sometimes be more: minimally invasive esophagectomy for esophageal cancer		
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Section 1. Identifying Information

1. Given Name (First Name)
Diamantis

2. Surname (Last Name)
Tsilimigras

3. Date
17-February-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dimitrios Moris

5. Manuscript Title

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