ICMJE DISCLOSURE FORM

Date:	17/May/2023	
Your Name:	Kazuhiko Mori	
Manuscript Title: viewpoint of	Can mediastinoscopic esophagectomy be a choice of curative	ve surgery? From the
•	utcomes: A clinical practice review	
Manuscript numb	ber (if known): DMR-22-63	

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 <u>current</u>

manuscript only.

The author's relationships/activities/interests should be <u>defined</u> <u>broadly</u>. 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,

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	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.	_XNone					
	Time frame: past 36 months						
2	Grants or contracts from any entity (if not indicated	XNone					

	in item #1 above).	
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	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	_XNone
	testimony	
7	Support for attending meetings and/or travel	_XNone
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	or pending	
9	Dorticipation on a Data	V. N.
9	Participation on a Data Safety Monitoring Board	_XNone
	or Advisory Board	
10	Leadership or fiduciary	X_None
	role in other board,	
	society, committee or	
	advocacy group, paid or	
4.4	unpaid	N
11	Stock or stock options	_XNone
12	Receipt of equipment,	X None
12	materials, drugs, medical	_XNone
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	services	
13	Other financial or non-	_XNone
	financial interests	

Please summarize the above conflict of interest in the following box:

None declared			

Please place an "X" next to the following statement to indicate your agreement:

 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this

form.