ICMJE DISCLOSURE FORM

Da	te: 8/9/23		
	ur Name:Raghav Cha	andra, MD	
Ma	nuscript Title: To Ra	diate or Not To Radiate: T	hat Is The Question? A Commentary on "Neoadjuvant
			minimally invasive esophagectomy for locally advanced
		inoma: a prospective mult	cicenter randomized controlled
tria	al"		
Ma	inuscript number (if known)):CCO-	23-43
rel par to	ated to the content of your ries whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
to me	the epidemiology of hypertedication, even if that medic	ension, you should declar cation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. The manuscript without time limit. For all other items
		I	Ja 10 11 12
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	institution
		needed)	
		Time frame: Since the initi	al planning of the work
	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
)	Grants or contracts from	None	or so monais
	any entity (if not indicated		
	in item #1 above).		
2	Royalties or licenses	None	

Consulting fees

None

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
0	5 5 .	N.	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	14011C	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	None	
13	financial interests	None	
	illialiciai liiterests		
	wase summarize the above co		ollowing box:

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

___x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 8/9/2023
Your Name:_Scott I. Reznik, MD
Manuscript Title:To Radiate or Not to Radiate: That Is the Questions: A Commentary on "Neoadjuvant
Chemoradiotherapy vs. Neoadjuvant Therapy Followed by Minimally Invasive Esophagectomy for Locally Advanced
Esophageal Squamous Cell Carcinoma: A Prospective Multicenter Randomized Trial
Manuscript number (if known): CCO-23-43

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The author's relationships/activities/interests should be <u>defined 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, the time frame for disclosure is the past 36 months.

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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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	Onconano	stockholder
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
10	services		
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Plea	se summarize the above co	nflict of interest in the foll	owing box:

The investment in Onconano has no direct relationship with this manuscript. This company manufactures products currently in clinical trials

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