

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.

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1. Given Name (First Name) Rene		2. Surname (Last Name) Aleman	3. Date 29-September-202	20	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Raul J. Rosenthal		
5. Manuscript Title De Novo GERD Esophageal Surgery in Ba		ariatrics: A Literature Revi	ew and Analysis of the Current Treatment Opti	ons	
6. Manuscript Identifying Number (if you know it)					
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Dr. Aleman has nothing to disclose.

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1. Given Name (First Name) Emanuele		2. Surname (Last Name) Lo Menzo		3. Date 29-September-2020	
4. Are you the corresponding author?		Yes ✓ No Corresponding Author's Nar Raul J. Rosenthal		ne	
5. Manuscript Title De Novo GERD Esophageal Surgery in Ba		ariatrics: A Literature Revi	ew and Analysis of the Curre	ent Treatment Options	
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