Date:
 10/13/2021

 Your Name:
 Hounai Xie

 Manuscript Title:
 A randomized controlled trial of oral nutritional supplementation versus standard diet following

 Mckeown minimally invasive esophagectomy in patients with esophageal malignancy: a pilot study

 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.

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	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)
All support for the present	√_None	
provision of study materials,		
processing charges, etc.)		
No time limit for this item.		
	Time frame: past	36 months
Grants or contracts from	√None	
in item #1 above).		
Royalties or licenses	_√None	
Consulting fees	√None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial 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. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses

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

No relevant conflicts of interest to disclose in our study.

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

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 10/13/2021

 Your Name:
 Xiankai Chen

 Manuscript Title:
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 Your Name:
 Lei Xu

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 Your Name:
 Ruixiang Zhang

 Manuscript Title:
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 Your Name:
 Xiaozheng Kang

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 ______Xiufeng Wei

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