Your Man Cont	e:March. 10 th , 2022 r Name:Miao Lin nuscript Title: Transcentrolled Trial Protocol nuscript number (if known):	rvical versus Transthoracic	Minimally Invasive Esophagectomy: A Randomized and
relat part to tr	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to the med	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript. in this manuscript without time limit. For all other items,
		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)
		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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months

Royalties or licenses

Consulting fees

X__None

_X__None

3

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending	X None	
'	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
_	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	XNone	
	group, paid or unpaid		
11		X None	
11	Stock or stock options		
12	Receipt of equipment	X_None	
12	Receipt of equipment, materials, drugs, medical	X_NOTIC	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		
Plea	ase summarize the above co	nflict of interest in the fo	lowing box:
	lone.		

Date:_____March. 10th, 2022_____

Consulting fees

_X__None

You	r Name: Mengjiang He _		
Mai	nuscript Title: Transce	rvical versus Transthoracic	Minimally Invasive Esophagectomy: A Randomized and
Con	trolled Trial Protocol		
Maı	nuscript number (if known):	ATM-22-1180-R1_	
rela part to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a
· Ciu	tionship, activity, interest, it	is preferable that you do	
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to the med	he epidemiology of hypertendication, even if that medica	nsion, you should declare a stion is not mentioned in the port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	planning of the work
1	All support for the present	X None	
_	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time initial for this item.		
		Time frame: past	26 months
2	Grants or contracts from	X None	30 months
_	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

5 Payment or honoraria for	XNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events	V. Naga	
6 Payment for expert testimony	XNone	
testimony		
7 Support for attending	X None	
meetings and/or travel		
gu array ar aran ar		
8 Patents planned, issued or	XNone	
pending		
9 Participation on a Data	X None	
Safety Monitoring Board or		
Advisory Board		
10 Leadership or fiduciary role	XNone	
in other board, society,		
committee or advocacy		
group, paid or unpaid		
11 Stock or stock options	XNone	
12 Receipt of equipment,	X_None	
materials, drugs, medical		
writing, gifts or other services		
13 Other financial or non-	XNone	
financial interests		
Please summarize the above co	onflict of interest in the foll	owing box:
		g
None.		

Date	e:March. 10 th , 2022		
You	r Name: Qiaomeng Yu _	_	
	<u> </u>	rvical versus Transthoracic	Minimally Invasive Esophagectomy: A Randomized and
	trolled Trial Protocol		
Mar	nuscript number (if known):	ATM-22-1180-R1_	
relate part to tr	ted to the content of your n ies whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of the same in doubt about whether to list a so.
	following questions apply touscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to th		nsion, you should declare a	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive me manuscript.
	em #1 below, report all sup time frame for disclosure is	·	in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as needed)	
		Time frame: Since the initia	planning of the work
1	All support for the present	X None	
1	manuscript (e.g., funding,	^_None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	

any entity (if not indicated

X__None

_X__None

in item #1 above).
Royalties or licenses

Consulting fees

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

Date:____March. 10th, 2022____

Consulting fees

_X__None

You	r Name: Yiqun Zhang		
Mai	nuscript Title: Transce	rvical versus Transthoracio	c Minimally Invasive Esophagectomy: A Randomized and
Con	trolled Trial Protocol		
Maı	nuscript number (if known):	ATM-22-1180-R1	
rela part to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t nuscript only.	o the author's relationship	os/activities/interests as they relate to the current
to the med	he epidemiology of hyperte dication, even if that medica	nsion, you should declare ation is not mentioned in to port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
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		needed)	l planning of the work
1		Time frame: Since the initia	ai planning of the work
	All support for the present	XNone	al planning or the work
	manuscript (e.g., funding,		al planning or the work
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	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		al planning or the work
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	XNone	
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	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	XNone Time frame: pas	

5 Payment or honoraria for	XNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events	V. Naga	
6 Payment for expert testimony	XNone	
testimony		
7 Support for attending	X None	
meetings and/or travel		
gu array ar aran ar		
8 Patents planned, issued or	XNone	
pending		
9 Participation on a Data	X None	
Safety Monitoring Board or		
Advisory Board		
10 Leadership or fiduciary role	XNone	
in other board, society,		
committee or advocacy		
group, paid or unpaid		
11 Stock or stock options	XNone	
12 Receipt of equipment,	X_None	
materials, drugs, medical		
writing, gifts or other services		
13 Other financial or non-	XNone	
financial interests		
Please summarize the above co	onflict of interest in the foll	owing box:
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None.		

Your Man Cont	e:March. 10 th , 2022 r Name: Yaxing Shen nuscript Title: Transcentrolled Trial Protocol nuscript number (if known):	rvical versus Transthoracic	Minimally Invasive Esophagectomy: A Randomized and
relat part to tr	ted to the content of your m ies whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to the med	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. In this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) 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	
2	Grants or contracts from	Time frame: past X None	36 months
۷	any entity (if not indicated in item #1 above).	NOTE	

Royalties or licenses

Consulting fees

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X__None

_X__None

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

Date:_____March. 10th, 2022_____

Consulting fees

X__None

You	ır Name: Hong Fan		
Ma	nuscript Title: Transce	rvical versus Transthoracio	Minimally Invasive Esophagectomy: A Randomized and
Con	ntrolled Trial Protocol		
Ma	nuscript number (if known):	ATM-22-1180-R1	
rela par to t	ated to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	e following questions apply t nuscript only.	o the author's relationship	os/activities/interests as they relate to the current
to t med	he epidemiology of hyperte dication, even if that medica	nsion, you should declare ation is not mentioned in to port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other items,
		Name all autities with	Sur a sifi a shi a ma / Ca ma ma a mha
		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)
		Time frame: Since the initia	al planning of the work
	T	1	
1	All support for the present manuscript (e.g., funding, provision of study materials,	XNone	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
2		Time frame: pas	t 36 months
_	Grants or contracts from	Time frame: pas	t 36 months
2	any entity (if not indicated		t 36 months
3			t 36 months

5 Payment or honoraria for	XNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events	V. Naga	
6 Payment for expert testimony	XNone	
testimony		
7 Support for attending	X None	
meetings and/or travel		
gu array ar aran ar		
8 Patents planned, issued or	XNone	
pending		
9 Participation on a Data	X None	
Safety Monitoring Board or		
Advisory Board		
10 Leadership or fiduciary role	XNone	
in other board, society,		
committee or advocacy		
group, paid or unpaid		
11 Stock or stock options	XNone	
12 Receipt of equipment,	X_None	
materials, drugs, medical		
writing, gifts or other services		
13 Other financial or non-	XNone	
financial interests		
Please summarize the above co	onflict of interest in the foll	owing box:
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None.		

Date	March 10th 2022
	March. 10 th , 2022 me: Pinghong Zhou
	ript Title: Transcervical versus Transthoracic Minimally Invasive Esophagectomy: A Randomized and
	ed Trial Protocol
	ript number (if known): ATM-22-1180-R1
relat part to tr	Interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third whose interests may be affected by the content of the manuscript. Disclosure represents a commitment parency and does not necessarily indicate a bias. If you are in doubt about whether to list a ship/activity/interest, it is preferable that you do so.
	owing questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> ript only.
to tł	hor's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains pidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive ion, even if that medication is not mentioned in the manuscript.
	#1 below, report all support for the work reported in this manuscript without time limit. For all other items, e frame for disclosure is the past 36 months.
	Name all entities with Specifications/Comments
	whom you have this (e.g., if payments were made to you or to your

		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)		
		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 in item #1 above).	XNone			
3	Royalties or licenses	XNone			
4	Consulting fees	XNone			

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events	V Nove			
6	Payment for expert testimony	XNone			
	testimony			_	
7	Support for attending	X None			
,	meetings and/or travel				
	The second secon				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	X None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X_None		_	
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
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You Mar Con	e:March. 10 th , 2022 r Name: Lijie Tan nuscript Title: Transcen trolled Trial Protocol nuscript number (if known):	rvical versus Transthoracic	Minimally Invasive Esophagectomy: A Randomized and		
relate part to tr	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.				
	following questions apply to uscript only.	o the author's relationships	/activities/interests as they relate to the current		
to th		nsion, you should declare a	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript.		
	em #1 below, report all suppetime frame for disclosure is	·	in this manuscript without time limit. For all other item	iS,	
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your		

		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)		
		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 in item #1 above).	XNone			
3	Royalties or licenses	XNone			
4	Consulting fees	XNone			

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