

ICMJE DISCLOSURE FORM

Date: 2022/3/03
 Your Name: Xiankai Chen
 Manuscript Title: Vagus nerve preservation technique during minimally invasive esophagectomy
 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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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Time frame: past 36 months			
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

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

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None

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ICMJE DISCLOSURE FORM

Date: 2022/3/03

Your Name: Peng Luo

Manuscript Title: Vagus nerve preservation technique during minimally invasive esophagectomy

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/03
 Your Name: Hounai Xie
 Manuscript Title: Vagus nerve preservation technique during minimally invasive esophagectomy
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/03
 Your Name: Yafan Yang
 Manuscript Title: Vagus nerve preservation technique during minimally invasive esophagectomy
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/03
 Your Name: Ruixiang Zhang
 Manuscript Title: Vagus nerve preservation technique during minimally invasive esophagectomy
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/03
 Your Name: Jianjun Qin
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ICMJE DISCLOSURE FORM

Date: 2022/3/03
 Your Name: Christopher W. Seder
 Manuscript Title: Vagus nerve preservation technique during minimally invasive esophagectomy
 Manuscript number (if known): _____

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Date: 2022/3/03
 Your Name: Min P. Kim
 Manuscript Title: Vagus nerve preservation technique during minimally invasive esophagectomy
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ICMJE DISCLOSURE FORM

Date: 2022/3/03
 Your Name: Raja Flores
 Manuscript Title: Vagus nerve preservation technique during minimally invasive esophagectomy
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ICMJE DISCLOSURE FORM

Date: 2022/3/03
 Your Name: Lei Xu
 Manuscript Title: Vagus nerve preservation technique during minimally invasive esophagectomy
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/03
 Your Name: Yin Li
 Manuscript Title: Vagus nerve preservation technique during minimally invasive esophagectomy
 Manuscript number (if known): _____

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