Date:June. 5 th , 2	023
Your Name:Hongcl	neng Zhu
Manuscript Title:	Interim position emission tomography / computed tomography during multimodality treatment
of locally advanced es	ophageal cancer: A scoping review
Manuscript number (if	rknown):

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)
		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	X_None	
4	Consulting fees	XNone	

	T	T			
5	Payment or honoraria for	X None			
,	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None			
,	meetings and/or travel				
	,				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	X None			
10	in other board, society,	X			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
42		V. NI			
12	Receipt of equipment, materials, drugs, medical	X_None			
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
1					

None.			

Date:June. 5 th , 202	<u>23</u>
Your Name: <u>Shengna</u>	an Hao
Manuscript Title:	Interim position emission tomography / computed tomography during multimodality treatment
of locally advanced esop	phageal cancer: A scoping review
Manuscript number (if k	nown):

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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus, manuscript writing or				
	educational events				
6	Payment for expert	X None			
	testimony				
	·				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	X None			
10	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				
4.5		V N			
13	Other financial or non- financial interests	XNone			
	illialiciai iliterests				
Ple	Please summarize the above conflict of interest in the following box:				
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None.			

Date:June. 5 th , 202	<u>23</u>
Your Name: Ihsuan 1	iseng
Manuscript Title:	Interim position emission tomography / computed tomography during multimodality treatment
of locally advanced esor	phageal cancer: A scoping review
Manuscript number (if k	nown):

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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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus, manuscript writing or				
	educational events				
6	Payment for expert	X None			
	testimony				
	·				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	X None			
10	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				
4.5		V N			
13	Other financial or non- financial interests	XNone			
	illialiciai iliterests				
Ple	Please summarize the above conflict of interest in the following box:				
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None.			

Date:Jun	e. 5 th , 2023
Your Name:	Jingyi Shen
Manuscript Tit	e:Interim position emission tomography / computed tomography during multimodality treatment
of locally advai	ced esophageal cancer: A scoping review
Manuscript nu	nber (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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		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					
6	Payment for expert	X None				
	testimony					
	·					
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or	XNone				
	pending					
9	Participation on a Data	XNone				
	Safety Monitoring Board or Advisory Board					
10	Leadership or fiduciary role	X None				
10	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					
4.5		V N				
13	Other financial or non- financial interests	XNone				
	illialiciai iliterests					
Ple	Please summarize the above conflict of interest in the following box:					
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None.			

Date:June. 5 th , 2023	
Your Name: <u>Eleonor Rivin del Campo</u>	
Manuscript Title: <u>Interim position emission tomography /</u>	computed tomography during multimodality treatment
of locally advanced esophageal cancer: A scoping review	
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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		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					
6	Payment for expert	X None				
	testimony					
	·					
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or	XNone				
	pending					
9	Participation on a Data	XNone				
	Safety Monitoring Board or Advisory Board					
10	Leadership or fiduciary role	X None				
10	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					
4.5		V N				
13	Other financial or non- financial interests	XNone				
	illialiciai iliterests					
Ple	Please summarize the above conflict of interest in the following box:					
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None.			

Date:June. 5 th , 2023				
Your Name: Amy Davies				
Manuscript Title:Interim	position emission tomography	/ computed tomography	during multimodality	treatment
of locally advanced esophageal	cancer: A scoping review			
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) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
	T	Time trainer since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone				
	lectures, presentations,					
	speakers bureaus, manuscript writing or					
	educational events					
6	Payment for expert	X None				
	testimony					
	·					
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or	XNone				
	pending					
9	Participation on a Data	XNone				
	Safety Monitoring Board or Advisory Board					
10	Leadership or fiduciary role	X None				
10	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					
4.5		V N				
13	Other financial or non- financial interests	XNone				
	illialiciai iliterests					
Ple	Please summarize the above conflict of interest in the following box:					
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None.			

Date:June. 5 th , 202	<u>3</u>
Your Name:Eva Sege	ov
Manuscript Title:I	nterim position emission tomography / computed tomography during multimodality treatment
of locally advanced esop	hageal cancer: A scoping review
Manuscript number (if k	nown):

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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		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				
6	Payment for expert	X None			
	testimony				
	·				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	X None			
10	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				
4.5		V N			
13	Other financial or non- financial interests	XNone			
	illialiciai iliterests				
Ple	Please summarize the above conflict of interest in the following box:				
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None.			

Date: <u>June. 5th, 2023</u>	
Your Name:Qiufang Liu	<u>1</u>
Manuscript Title:Int	erim position emission tomography / computed tomography during multimodality treatment
of locally advanced esopha	ageal cancer: A scoping review
Manuscript number (if kno	own):

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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus, manuscript writing or				
	educational events				
6	Payment for expert	X None			
	testimony				
	·				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	X None			
10	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				
4.5		V N			
13	Other financial or non- financial interests	XNone			
	illialiciai iliterests				
Ple	Please summarize the above conflict of interest in the following box:				
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None.			

Date:June. 5 th , 20	<u>123</u>
Your Name:Yun Che	<u>en</u>
Manuscript Title:	Interim position emission tomography / computed tomography during multimodality treatment
of locally advanced eso	phageal cancer: A scoping review
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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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus, manuscript writing or				
	educational events				
6	Payment for expert	X None			
	testimony				
	·				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	X None			
10	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				
4.5		V N			
13	Other financial or non- financial interests	XNone			
	illialiciai iliterests				
Ple	Please summarize the above conflict of interest in the following box:				
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None.			

Date: <u>June. 5th, 202</u>	<u>3</u>
Your Name:Shaoli So	ng
Manuscript Title:I	nterim position emission tomography / computed tomography during multimodality treatment
of locally advanced esop	hageal cancer: A scoping review
Manuscript number (if k	nown):

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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		Time frame: past	36 months
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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus, manuscript writing or				
	educational events				
6	Payment for expert	X None			
	testimony				
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7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	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				
Ple	Please summarize the above conflict of interest in the following box:				

None.			

Date:June. 5 th , 2023	
Your Name: Kuaile Zhao	<u></u>
Manuscript Title: Inter	rim position emission tomography / computed tomography during multimodality treatment
of locally advanced esophag	eal cancer: A scoping review
Manuscript number (if know	/n):

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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6	Payment for expert	X None			
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	•				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	XNone			
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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				
Ple	Please summarize the above conflict of interest in the following box:				

None.			