

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Qianyun

2. Surname (Last Name)

Wang

3. Date

03-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Xiaoyin Zhang

5. Manuscript Title

Safety analysis of application of mediastinal CO2 aeration in mediastinal esophagectomy

6. Manuscript Identifying Number (if you know it)

APM-20-804

### Section 2. The Work Under Consideration for Publication

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Dr. Wang has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Guoliang

2. Surname (Last Name)

Yao

3. Date

06-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Xiaoyin Zhang

5. Manuscript Title

Safety analysis of application of mediastinal CO2 aeration in mediastinal esophagectomy

6. Manuscript Identifying Number (if you know it)

APM-20-804

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Dr. Yao has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Hairong	2. Surname (Last Name) Xu	3. Date 06-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaoyin Zhang
5. Manuscript Title Safety analysis of application of mediastinal CO2 aeration in mediastinal esophagectomy		
6. Manuscript Identifying Number (if you know it) APM-20-804		

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Dr. Xu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Xuewei	2. Surname (Last Name) Jiang	3. Date 06-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaoyin Zhang
5. Manuscript Title Safety analysis of application of mediastinal CO2 aeration in mediastinal esophagectomy		
6. Manuscript Identifying Number (if you know it) APM-20-804		

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Dr. Jiang has nothing to disclose.

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1. Given Name (First Name)

Xiaoyin

2. Surname (Last Name)

Zhang

3. Date

06-April-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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