

ICMJE DISCLOSURE FORM

Date: 28, July, 2021

Your Name: Hong-Mei Gao 高红梅

Manuscript Title: Preliminary analysis of the benefits of different irradiation types on patients with postoperative locoregional recurrence of esophageal cell squamous carcinoma

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

We have no conflicts of interest to declare.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 28 July 2021

Your Name: Wen-Bin Shen

Manuscript Title: Preliminary analysis of the benefits of different irradiation types on patients with postoperative.

Manuscript number (if known):
 Locoregional recurrence of esophageal cell squamous carcinoma

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We declare that we have no conflicts of interest to this work.

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

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ICMJE DISCLOSURE FORM

Date: 28 July, 2021

Your Name: Xue-Yuan Zhang 张雪原

Manuscript Title: Preliminary analysis of the benefits of different irradiation types on patients with postoperative

Manuscript number (if known): locoregional recurrence of esophageal cell squamous carcinoma.

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ICMJE DISCLOSURE FORM

Date: 2024.7.28

Your Name: Jinrui Xu 许金茹

Manuscript Title: Preliminary analysis of the benefits of different irradiation types on patients with

Manuscript number (if known): _____ postoperative locoregional recurrence of esophageal cell squamous carcinoma.

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ICMJE DISCLOSURE FORM

Date: 2021.7.28
 Your Name: Shuguang Li 李曙光
 Manuscript Title: Preliminary analysis of the benefits of different irradiation types on patients with postoperative locoregional recurrence of esophageal cell squamous carcinoma.
 Manuscript number (if known): _____

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There are no conflicts of interest.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2021. 7. 28
 Your Name: Yan-Mei Li 李亚梅
 Manuscript Title: Retrospective analysis of the benefits of different irradiation types on patients with postoperative locoregional recurrence of esophageal cell squamous carcinoma.
 Manuscript number (if known): _____

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Please summarize the above conflict of interest in the following box:

We declared that we do not have any commercial or associative interest that represents a conflict of interest in connection with the work submitted.

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

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ICMJE DISCLOSURE FORM

Date: 28 July, 2021

Your Name: Shu-chai Zhu

Manuscript Title: Beliminary analysis of the benefits of different irradiation types on patients with postoperative locoregional recurrence of esophageal cell squamous carcinoma.

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