

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name)

Tommi

2. Surname (Last Name)

Järvinen

3. Date

08-June-2019

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Esophageal stent failure: a retrospective cohort study

6. Manuscript Identifying Number (if you know it)

AOE-19-28

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

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Dr. Järvinen has nothing to disclose.

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1. Given Name (First Name)

Ilkka

2. Surname (Last Name)

Ilonen

3. Date

08-June-2019

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Yes  No

Corresponding Author's Name

Tommi Järvinen

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1. Given Name (First Name)

Juha

2. Surname (Last Name)

Kauppi

3. Date

08-June-2019

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Yes  No

Corresponding Author's Name

Tommi Järvinen

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Jari

2. Surname (Last Name)

Räsänen

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08-June-2019

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Yes  No

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