

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jeroen

2. Surname (Last Name)

Hol

3. Date

14-July-2019

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Esophageal cancer treatment in elderly patients: an inconvenient truth

6. Manuscript Identifying Number (if you know it)

AOE-19-35

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Dr. Hol has nothing to disclose.

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1. Given Name (First Name)

Joos

2. Surname (Last Name)

Heisterkamp

3. Date

14-July-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jeroen C. Hol

5. Manuscript Title

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Dr. Heisterkamp has nothing to disclose.

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1. Given Name (First Name)
Ingrid

2. Surname (Last Name)
Martijnse

3. Date
14-July-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Jeroen C. Hol

5. Manuscript Title
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Robert

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Matthijsen

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☐ Yes

☒ No

Corresponding Author's Name
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Barbara

2. Surname (Last Name)
Langenhoff

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14-July-2019

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Jeroen C. Hol

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