

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.

Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Fourdrain 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	Given Name (First Name) 2. Surname (La		3. Date 29-November-2019
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name D'Journo XB
5. Manuscript Title Hybrid approaches to minimally invasive esophagectomy		ve esophagectomy	
6. Manuscript Ider AOE-2019-MIE-0	ntifying Number (if you kr 2	now it)	
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Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyri	yhts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

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Section 5.				
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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.			
Section 6.	Disclosure Statement			
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Fourdrain ha	s nothing to disclose.			

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Thomas 1



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4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name D'Journo XB		
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D'Journo 1



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D'Journo 2



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