

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Gabriel

2. Surname (Last Name)  
Saliba

3. Date  
17-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Magnus Nilsson

5. Manuscript Title

Surgical treatment of Siewert type II gastroesophageal junction cancer: esophagectomy, total gastrectomy or other options?

6. Manuscript Identifying Number (if you know it)

AOE-2020-GEJA-02

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Dr. Saliba has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Masaru

2. Surname (Last Name)  
Hayami

3. Date  
17-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Magnus Nilsson

5. Manuscript Title

Surgical treatment of Siewert type II gastroesophageal junction cancer: esophagectomy, total gastrectomy or other options?

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AOE-2020-GEJA-02

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Dr. Hayami has nothing to disclose.

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1. Given Name (First Name)  
Fredrik
2. Surname (Last Name)  
Kleebro
3. Date  
17-April-2020
4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Magnus Nilsson
5. Manuscript Title  
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Dr. Klevebro has nothing to disclose.

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Magnus

2. Surname (Last Name)  
Nilsson

3. Date  
17-April-2020

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