

#### **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.

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Byrne 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Ben	rst Name)	2. Surname (Last Name) Byrne	3. Date 07-September-2020	
4. Are you the cor	4. Are you the corresponding author? Yes Vo		Corresponding Author's Name James Gossage	
<ul> <li>5. Manuscript Title         Tracheal and left bronchial-oesophageal repair and salvage 3-phase oesophagectomy supported by extra-corporeal membrane oxygenation: a case report     </li> <li>6. Manuscript Identifying Number (if you know it)         AOE-20-43-R1     </li> </ul>				
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of compensation clicking the "Add	ı) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .	
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No	

Byrne 2



Section 5. Polationships not severed above
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Dr. Byrne has nothing to disclose.

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Harrison-Phipps 1



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1. Given Name (Fii Karen	rst Name)	2. Surname (Last Name) Harrison-Phipps		3. Date 07-September-2020	
4. Are you the cor	e you the corresponding author?  Yes  No		Corresponding Author's Nar James Gossage	me	
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Are there any rei	evant conflicts of intere	est?			
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Do you have any	patents, whether plan	ned, pending or issued, b	proadly relevant to the work?	Yes 🗸 No	

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Dr. Harrison-Phipps has nothing to disclose.

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Ong 2



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Do you have any	•		oadly relevant to the work?	Yes No	

Hallward 2



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Shah 2



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

Glover 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fii Guy	rst Name)	2. Surname (Last Name) Glover	3. Date 07-September-2020		
4. Are you the cor	u the corresponding author?		Corresponding Author's Name  James Gossage		
5. Manuscript Title Tracheal and left bronchial-oesophageal repair and salvage 3-phase oesophagectomy supported by extra-corporeal membrane oxygenation: a case report 6. Manuscript Identifying Number (if you know it) AOE-20-43-R1					
Section 2.	The Work Under Co	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	submitted work.		
of compensation clicking the "Add	) with entities as descri	ibed in the instructions. Us port relationships that we	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 Proper	rty Patents & Copyri	ghts		
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes No		

Glover 2



Section 5. Relationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Glover has nothing to disclose.

## **Evaluation and Feedback**

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#### **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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

### Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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Rizzo 1



Section 1. Identifying Inform	nation				
Given Name (First Name)  Victoria	2. Surname (Last Name) Rizzo	3. Date 08-June-2020			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name James Gossage			
5. Manuscript Title Tracheal and left bronchial-oesophageal fistula repair and salvage 3-phase oesophagectomy supported by extra-corporeal membrane oxygenation: a case report					
6. Manuscript Identifying Number (if you kr AOE-20-43-R1	now it)				
Section 2. The Work Under C					
The Work Under C	onsideration for Public	cation			
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Are there any relevant conflicts of interest? Yes V No					
Section 3. Relevant financial	activities outside the s	submitted work.			
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· · · · · · · · · · · · · · · · · · ·		re present during the 36 months prior to publication.			
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Rizzo 2



Section 5.					
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Gossage 1



Section 1.	Identifying Inform	ation			
Given Name (First Name)  James		2. Surname (Last Name) Gossage		3. Date 07-September-2020	
4. Are you the cor	the corresponding author? Yes No				
<ul> <li>5. Manuscript Title         Tracheal and left bronchial-oesophageal repair and salvage 3-phase oesophagectomy supported by extra-corporeal membrane oxygenation: a case report     </li> <li>6. Manuscript Identifying Number (if you know it)         AOE-20-43-R1     </li> </ul>					
Section 2.					
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Section 3.	Delevent finencial	:-:-:-	and all a discondinated and the		
	Relevant financial	activities	outside the submitted work.		
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Section 4.	Intellectual Proper	ty Pate	nts & Copyrights		
Do you have any			ng or issued, broadly relevant to the work	? ☐ Yes ✓ No	

Gossage 2



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