

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) Mickael	2. Surname (Last Name) Chevallay	3. Date 23-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stefan Mönig
5. Manuscript Title Role of surgery in the management of metastatic esophageal cancer		
6. Manuscript Identifying Number (if you know it) _____		

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Are there any relevant conflicts of interest? Yes No

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Dr. Chevally has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Minoa	2. Surname (Last Name) Jung	3. Date 23-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stefan Mönig
5. Manuscript Title Role of surgery in the management of metastatic esophageal cancer		
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Dr. Jung has nothing to disclose.

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1. Given Name (First Name) Charles-Henri	2. Surname (Last Name) Wassmer	3. Date 23-September-2020
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5. Manuscript Title Role of surgery in the management of metastatic esophageal cancer		
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1. Given Name (First Name)

Stefan

2. Surname (Last Name)

Mönig

3. Date

23-September-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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