

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)
Dimitrios

2. Surname (Last Name)
Schizas

3. Date
02-September-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Surgery for Metachronic Metastasized Esophageal Cancer

6. Manuscript Identifying Number (if you know it)
AOE-2020-MTEC-06

Section 2. The Work Under Consideration for Publication

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Dr. Schizas has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Michail	2. Surname (Last Name) Vailas	3. Date 02-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dimitrios Schizas
5. Manuscript Title Surgery for Metachronic Metastasized Esophageal Cancer		
6. Manuscript Identifying Number (if you know it) AOE-2020-MTEC-06		

Section 2. The Work Under Consideration for Publication

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Dr. Vailas has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Maria	2. Surname (Last Name) Sotiropoulou	3. Date 02-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dimitrios Schizas
5. Manuscript Title Surgery for Metachronic Metastasized Esophageal Cancer		
6. Manuscript Identifying Number (if you know it) AOE-2020-MTEC-06		

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1. Given Name (First Name) Alkistis	2. Surname (Last Name) Kapelouzou	3. Date 02-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dimitrios Schizas
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Theodore

2. Surname (Last Name)
Liakakos

3. Date
02-September-2020

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Corresponding Author's Name
Dimitrios Schizas

5. Manuscript Title
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