

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. 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".

#### 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.

#### 5. Relationships not covered above.

Use this section to report 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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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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) Tommaso	2. Surname (Last Name) Schepis	3. Date 16-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title ENDOSCOPIC MANAGEMENT OF ESOPHAGEAL PERFORATIONS AND TEARS		
6. Manuscript Identifying Number (if you know it) AOE-2020-MEP-08(AOE-2020-28)		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Schepis has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name) Ivo

2. Surname (Last Name) Boskoski

3. Date 16-February-2021

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
ENDOSCOPIC MANAGEMENT OF ESOPHAGEAL PERFORATIONS AND TEARS

6. Manuscript Identifying Number (if you know it)  
AOE-2020-MEP-08(AOE-2020-28)

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boston Scientific	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Endo Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scientific Board Member
Apollo Endosurgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant Holder

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Dr. Boskoski reports personal fees from Boston Scientific, from Endo Tools, personal fees from Apollo Endosurgery, from null, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Vincenzo

2. Surname (Last Name)

Bove

3. Date

16-February-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

5. Manuscript Title

ENDOSCOPIC MANAGEMENT OF ESOPHAGEAL PERFORATIONS AND TEARS

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Dr. Bove has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Rosario

2. Surname (Last Name)

Landi

3. Date

16-February-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

5. Manuscript Title

ENDOSCOPIC MANAGEMENT OF ESOPHAGEAL PERFORATIONS AND TEARS

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Valerio	2. Surname (Last Name) Pontecorvi	3. Date 16-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title ENDOSCOPIC MANAGEMENT OF ESOPHAGEAL PERFORATIONS AND TEARS		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Maria Valeria	2. Surname (Last Name) Matteo	3. Date 16-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title ENDOSCOPIC MANAGEMENT OF ESOPHAGEAL PERFORATIONS AND TEARS		
6. Manuscript Identifying Number (if you know it) AOE-2020-MEP-08(AOE-2020-28)		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Matteo has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Francesca	2. Surname (Last Name) Mangiola	3. Date 16-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title ENDOSCOPIC MANAGEMENT OF ESOPHAGEAL PERFORATIONS AND TEARS		
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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Mangiola has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Luca	2. Surname (Last Name) Sessa	3. Date 16-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title ENDOSCOPIC MANAGEMENT OF ESOPHAGEAL PERFORATIONS AND TEARS		
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Dr. Sessa has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Guido      2. Surname (Last Name) Costamagna      3. Date 16-February-2021

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
ENDOSCOPIC MANAGEMENT OF ESOPHAGEAL PERFORATIONS AND TEARS

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Cook Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boston Scientific	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Olympus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Costamagna reports personal fees from Cook Medical, personal fees from Boston Scientific, personal fees from Olympus, during the conduct of the study; .

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