

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.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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

Kingma 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Feike	rst Name)	2. Surname (Last Name) Kingma	3. Date 07-February-2021		
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Dr. Nieponice		
5. Manuscript Title Technical notes esophagectomy		-assisted and laparoscopi	c jejunostomy placement for tube feeding after		
6. Manuscript Ider NA	ntifying Number (if you kr	now it)			
Section 2.	The Work Under Co	onsideration for Publi	cation		
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) ata monitoring board, study design, manuscript preparation,) for	
Section 3.	Relevant financial	activities outside the	submitted work.		
of compensation) with entities as descri	ibed in the instructions. U	nether you have financial relationships (regardless of amouse one line for each entity; add as many lines as you need be re present during the 36 months prior to publication.		
Are there any rel	evant conflicts of intere	est?			
	I				
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts		
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No		

Kingma 2



Section 5. Relationships not covered above
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Kingma has nothing to disclose.

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Turchi 1



Section 1. Identifying Inform	nation					
1. Given Name (First Name) Matias	2. Surname (Last Name) Turchi	3. Date 07-February-2021				
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Feike Kingma (during review process) and Alejandro Ni				
5. Manuscript TitleTechnical notes and outcomes of robo esophagectomy6. Manuscript Identifying Number (if you keep to be a sound or sound outcome)	5. Manuscript Title Technical notes and outcomes of robot-assisted and laparoscopic jejunostomy placement for tube feeding after esophagectomy					
NA						
Section 2. The Work Under C	Consideration for Public	cation				
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,				
Section 3. Polyant financia						
Relevant financia	activities outside the s	submitted work.				
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication .						
Are there any relevant conflicts of inte	rest? Yes V No					
Section 4. Intellectual Prope	rty Patents & Copyri	ghts				
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Turchi 2



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Lovera 1



Section 1.	dentifying Inform	ation		
1. Given Name (First Romina	Name)	2. Surname (Last Name) Lovera	3. Date 07-February-2021	
4. Are you the corres	the corresponding author? Yes Vo		Corresponding Author's Name Feike Kingma (during review process) and Alejandro Nieg	
5. Manuscript Title Technical notes and esophagectomy	d outcomes of robot-	assisted and laparoscopio	jejunostomy placement for tube feeding after	
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any aspect of the sub statistical analysis, etc	mitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,	
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Do you have any pa	atents, whether plann	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Lovera 2



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Ramirez 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Mauricio	2. Surname (Last Name) Ramirez	3. Date 07-February-2021	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Feike Kingma (during review process) and Alejandro Nieg	
5. Manuscript Title Technical notes and outcomes of robo esophagectomy	t-assisted and laparoscopic	jejunostomy placement for tube feeding after	
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Ramirez 2



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Badaloni 1



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4. Are you the correspo	the corresponding author? Yes Vo		Corresponding Author's Name Feike Kingma (during review process) and Alejandro Niega		
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van Hillegersberg 1



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1. Given Name (First Name Richard	<u>e</u>)	2. Surnan	ne (Last Nan gersberg	ne)		3. Date 07-February-2021
4. Are you the correspond	ing author?	Yes	✓ No	Correspond Feike King		or's Name ng review process) and Alejandro Nie
5. Manuscript Title Technical notes and outcomes of robot-assisted and laparoscopic jejunostomy placement for tube feeding after esophagectomy						
6. Manuscript Identifying NA	Number (if you kno	ow it)				
Section 2. The V	Vork Under Co	nsiderat	ion for P	ublication		
•	d work (including	but not lim		its, data monitoring	_	ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Section 3. Relev	ant financial a	activities	outside 1	the submitted	work.	
of compensation) with 6	entities as descril a. You should rep onflicts of intere	oed in the ort relationst?	instructior nships tha 'es	ns. Use one line fo	or each er	cial relationships (regardless of amount ntity; add as many lines as you need by a 36 months prior to publication .
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ntuitive Surgical Inc.		✓				Clinical Research Grant 2018
ntuitive Surgical Inc.					√	I act as a proctor for centers who start performing robot-assisted minimally invasive esophagectomy
Section 4. Intell	ectual Proper	ty Pate	nts & Cop	pyrights		
Do you have any patent	s, whether planr	ied, pendi	ng or issue	ed, broadly releva	nt to the	work? ☐ Yes ✓ No

van Hillegersberg 2



Section 5. Polationships 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. van Hillegersberg has received a clinical research grant from Intuitive Surgical Inc. and acts as a proctor for Intuitive Surgical Inc., outside the submitted work.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

van Hillegersberg 3



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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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Definitions.

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

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

Ruurda 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Jelle	2. Surname (Last Name) Ruurda	3. Date 07-February-2021		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Feike Kingma (during review process) and Alejandro Nies		
 5. Manuscript Title Technical notes and outcomes of robotesophagectomy 6. Manuscript Identifying Number (if you known) 		c jejunostomy place	ment for tube feeding after	
Section 2. The Work Under Co	onsideration for Publi	ention		
	ve payment or services from but not limited to grants, da	a third party (governr	nent, commercial, private foundation, etc.) for study design, manuscript preparation,	
Section 3. Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes in of compensation) with entities as descriclicking the "Add +" box. You should repart there any relevant conflicts of interesting the second conflicts of interesting the	bed in the instructions. Use port relationships that we stranged by Yes No ormation below.	se one line for each or e present during the		
Name of Entity	Grant? Personal No.	n-Financial support?	Comments	
ntuitive Surgical Inc.	✓		Clinical Research Grant 2020	
ntuitive Surgical Inc.			I act as a proctor for centers who start performing robot-assisted minimally invasive esophagectomy	
Section 4. Intellectual Property Patents & Copyrights				
Do you have any patents, whether plant	ned, pending or issued, br	roadly relevant to th	e work? Yes V No	

Ruurda 2



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Ruurda 3



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3. Relevant financial activities outside the submitted work.

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

Nieponice 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fir Alejandro	st Name)	2. Surname (Last Name) Nieponice		3. Date 07-February-2021		
4. Are you the corr	esponding author?	? Yes No				
5. Manuscript Title Technical notes and outcomes of robot-assisted and laparoscopic jejunostomy placement for tube feeding after esophagectomy						
6. Manuscript Identifying Number (if you know it) NA						
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.			
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication .						
Are there any rele	evant conflicts of intere	est? Y	′es ✓ No			
Section 4.	Intellectual Proper	ty Pate	nts & Copyrights			
Do you have any	patents, whether plan	ned, pendi	ng or issued, broadly relevant to the work	?		

Nieponice 2



Section 5. Polationships not sovered above
Relationships not covered above
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Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Nieponice has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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