ICMJE DISCLOSURE FORM

Date:5/31/2021
Your Name:Danjing Zhao
Manuscript Title:Endoscopic Palliation of Esophageal Cancer
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_xNone	
2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: past _xNone _xNone	36 months
4	Consulting fees	_xNone	

5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
7	Support for attending meetings and/or travel	_xNone	
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	••	
11	Stock or stock options	_xNone	
12	Receipt of equipment,	y None	
12	materials, drugs, medical	_xNone	
	writing, gifts or other		
	services		
13	Other financial or non-	_xNone	
	financial interests		

Please place an "X" next to the following statement to indicate your agreement:

__x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: (2/202)		
Your Name: Kair) Shahbahlami	
Manuscript Title:	the C	
Manuscript number (if known):		

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	-	1	
		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None	
speakers bureaus, manuscript writing or educational events		
manuscript writing or educational events		
educational events		
Payment for expert		
testimony	None	
Support for attending meetings and/or travel	_X_None	
Patents planned, issued or pending	None	
Participation on a Data	None	
Safety Monitoring Board or		
	None	Section 1 Section 2 Sectio
in other board, society,	None	
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	None	
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Receipt of equipment, materials, drugs, medical	None	
	None	
	Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,	Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- None

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Your Name: #112A	N (FORMSO	
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	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
.2	Grants or contracts from any entity (if not indicated	_None	
	in item #1 above).		
3	Royalties or licenses		
4	Consulting fees	None	

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	testimony	
7	Support for attending	V None
	meetings and/or travel	
Vojeva		
8	Patents planned, issued or	<u>V</u> None
	pending	
9	Participation on a Data	✓None
	Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>V</u> None
11	Stock or stock options	<u>V</u> None
12	Receipt of equipment,	None
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