

ICMJE DISCLOSURE FORM

Date: 28/11/21

Your Name: Dr Colm Mac Eochagain

Manuscript Title: PARANEOPLASTIC SYNDROMES IN ESOPHAGEAL CANCER - A NARRATIVE REVIEW

Manuscript number (if known): AOE-21-65

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.

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4	Consulting fees	___ None	

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6	Payment for expert testimony	___ None	
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Your Name: Dr Karine Ronan

Manuscript Title: PARANEOPLASTIC SYNDROMES IN ESOPHAGEAL CANCER - A NARRATIVE REVIEW

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