## **ICMJE DISCLOSURE FORM**

Your Name: Janusz Jankowski Manuscript Title: How well are patients with Barrett's esophagus treated in the UK: the gap in management Manuscript number (if known):	Dat	e:5Sep2022		
Manuscript number (if known):AOE-22-31	You	r Name: Janusz Jankowski_		
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 current manuscript only.  The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertait 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 ite 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 planning of the work  None  None  None  None  Time frame: past 36 months  None  None  Time frame: past 36 months  None  None  None	Ma	nuscript Title: How wel	l are patients with Barrett	t's esophagus treated in the UK: the gap in management
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2 Grants or contracts from any entity (if not indicated in item #1 above). None				
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in item #1 above).	2	Grants or contracts from	·	
·		I		
3 Royalties or licensesNone		·-		
	3	Royalties or licenses	None	

Consulting fees

None

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

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.

## **ICMJE DISCLOSURE FORM**

Dat	e:5Sep2022		
Υοι	ir Name:Sharon B Love_		
Ma	nuscript Title: How wel	l are patients with Barrett	t's esophagus treated in the UK: the gap in management
Ma	nuscript number (if known):	AOE-22-31	
rela par to t	ited to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al 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.	None	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	MRC	Sharon B. Love's salary is supported by MRC grant MC_UU_00004/08
3	Royalties or licenses	None	
4	Consulting fees	None	

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

Sharon B. Love's salary is supported by MRC grant MC_UU_00004/08		

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.