

ICMJE DISCLOSURE FORM

Date: 08/28/2022

Your Name: Prashanth Giridhar

Manuscript Title: Impact of Radiation related lymphopenia on outcomes in Esophageal cancer: A systematic review and pooled analysis of clinical studies

Manuscript number (if known): AOE-22-15-R1

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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Please summarize the above conflict of interest in the following box:

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ICMJE DISCLOSURE FORM

Date: 08/28/2022

Your Name: Anjali VR

Manuscript Title: Impact of Radiation related lymphopenia on outcomes in Esophageal cancer: A systematic review and pooled analysis of clinical studies

Manuscript number (if known): AOE-22-15-R1

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Date: 08/28/2022

Your Name: Supriya Mallick

Manuscript Title: Impact of Radiation related lymphopenia on outcomes in Esophageal cancer: A systematic review and pooled analysis of clinical studies

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Date: 08/28/2022

Your Name: Rituraj Upadhyay

Manuscript Title: Impact of Radiation related lymphopenia on outcomes in Esophageal cancer: A systematic review and pooled analysis of clinical studies

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Date: 08/28/2022

Your Name: Thiraviyam Elumalai

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Date: 08/28/2022

Your Name: Vinod Solipuram

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Date: 08/28/2022

Your Name: Celina Chiodo

Manuscript Title: Impact of Radiation related lymphopenia on outcomes in Esophageal cancer: A systematic review and pooled analysis of clinical studies

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Date: 08/28/2022

Your Name: Cheng En Hsieh

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Date: 08/28/2022

Your Name: BhanuPrasad Venkatesulu

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