## ICMJE DISCLOSURE FORM

Date:10/01/24		
Your Name:Sri Sivarajan		
Manuscript Title: Endoluminal vacuum therapy using a fenestrated surgical drain for management of anastomotic leak		
following esophagectomy		
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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	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	
	Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	_XNone	

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

Date:10	/01/24
Your Name _Love	ena Sreedharan
Manuscript Title:	Endoluminal vacuum therapy using a fenestrated surgical drain for management of anastomotic leak
following esophage	ectomy
Manuscript numb	per (if known):

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	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None		
3	Royalties or licenses	X_None		
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	X_None	
	pending		
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9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	X_NOTIE	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	•		
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
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Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
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## ICMJE DISCLOSURE FORM

Date:10/01/2024			
Your Name: Bhaskar Kumar			
Manuscript Title: Endoluminal vacuum therapy using a fenestrated surgical drain for management of anastomotic leak			
following esophagectomy			
Manuscript number (if known):			

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	Time frame: past 36 months		
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3	Royalties or licenses	x_None	
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	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	x_None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	y None	
11	Stock or stock options	_xNone	
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