

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Riccardo	2. Surname (Last Name) Lemini	3. Date 16-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emmanuel Gabriel
5. Manuscript Title Prognostic models for stage I-III esophageal cancer: a comparison between existing calculators.		
6. Manuscript Identifying Number (if you know it) JGO-20-337		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Lemini reports grants from Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Tamara	2. Surname (Last Name) Diaz Vico	3. Date 16-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emmanuel Gabriel
5. Manuscript Title Prognostic models for stage I-III esophageal cancer: a comparison between existing calculators.		
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Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 1. Identifying Information

1. Given Name (First Name) Denslow	2. Surname (Last Name) Trumbull	3. Date 16-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emmanuel Gabriel
5. Manuscript Title Prognostic models for stage I-III esophageal cancer: a comparison between existing calculators.		
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Dr. Trumbull has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kristopher

2. Surname (Last Name) Attwood

3. Date 16-August-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Emmanuel Gabriel

5. Manuscript Title Prognostic models for stage I-III esophageal cancer: a comparison between existing calculators.

6. Manuscript Identifying Number (if you know it) JGO-20-337

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roswell Park Cancer Institute and National Cancer Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant P30CA016056

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employment at Roswell Park Comprehensive Cancer Center

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Dr. Attwood reports grants from Roswell Park Cancer Institute and National Cancer Institute, during the conduct of the study; and employment at Roswell Park Comprehensive Cancer Center.

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1. Given Name (First Name) Aaron	2. Surname (Last Name) Spaulding	3. Date 16-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emmanuel Gabriel
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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Enrique	2. Surname (Last Name) Elli	3. Date 16-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emmanuel Gabriel
5. Manuscript Title Prognostic models for stage I-III esophageal cancer: a comparison between existing calculators.		
6. Manuscript Identifying Number (if you know it) JGO-20-337		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Elli has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dorin	2. Surname (Last Name) Colibaseanu	3. Date 16-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emmanuel Gabriel
5. Manuscript Title Prognostic models for stage I-III esophageal cancer: a comparison between existing calculators.		
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Colibaseanu reports grants from Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Moshim

2. Surname (Last Name) Kukar

3. Date 16-August-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Emmanuel Gabriel

5. Manuscript Title Prognostic models for stage I-III esophageal cancer: a comparison between existing calculators.

6. Manuscript Identifying Number (if you know it) JGO-20-337

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roswell Park Cancer Institute and National Cancer Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant P30CA016056

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employment at Roswell Park Comprehensive Cancer Center

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Dr. Kukar reports grants from Roswell Park Cancer Institute and National Cancer Institute , during the conduct of the study; and employment at Roswell Park Comprehensive Cancer Center.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____ Emmanuel

2. Surname (Last Name) _____ Gabriel

3. Date _____ 16-August-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Prognostic models for stage I-III esophageal cancer: a comparison between existing calculators.

6. Manuscript Identifying Number (if you know it)
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Roswell Park Cancer Institute and National Cancer Institute (NCI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant P30CA016056
Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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