| Date:10/15/2021   |
|---|
| /our Name:_Chunji Chen  |
| Manuscript Title: Application of low anterior mediastinal tracheostomy for locally advanced cervicothoracic |
| esophageal cancer undergoing total laryngopharyngoesophagectomy: a case report                              |
| 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>.

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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 initial  | planning of the work  |
| 1 | All support for the present                        | XNone  |   |
|   | manuscript (e.g., funding,                         |  |   |
|   | provision of study materials,                      |  |   |
|   | medical writing, article processing charges, etc.) |  |   |
|   | No time limit for this item.                       |  |   |
|   | No time illinit for this item.                     |  |   |
|   |  |  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                           | X None   |   |
|   | any entity (if not indicated                       |  |   |
|   | in item #1 above).                                 |  |   |
| 3 | Royalties or licenses                              | XNone  |   |
|   |  |  |   |
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| 4 | Consulting fees                                    | _XNone   |   |
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| lectures, presentations, speakers bureaus, manuscript writing or educational events  3 Payment for expert testimony  3 Support for attending meetings and/or travel  4 Support for attending meetings and/or travel  4 Patents planned, issued or pending  5 Patents planned, issued or pending  6 Participation on a Data Safety Monitoring Board or Advisory Board  6 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  7 Stock or stock options  8 Patents planned, issued orX_None   |     |  |                               |   |  |
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| manuscript writing or educational events    Payment for expert   X None   |     |  |                               |   |  |
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| Payment for expert testimony    X_None  |     |  |                               |   |  |
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| Support for attending meetings and/or travel  | -   |  |                               |   |  |
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| group, paid or unpaid  Stock or stock options X_None  |     |  |                               |   |  |
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| Date:10/11/2021   |
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| /our Name:_Raja M. Flores   |
| Manuscript Title: Application of low anterior mediastinal tracheostomy for locally advanced cervicothoracic |
| esophageal cancer undergoing total laryngopharyngoesophagectomy: a case report                              |
| Manuscript number (if known):   |

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| 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. | Time frame: Since the initial XNone  | pranning or the work  |
|   |   | 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   |   |

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| Date:10/12/2021   |    |
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| Your Name:_ Biniam Kidane   |    |
| Manuscript Title: Application of low anterior mediastinal tracheostomy for locally advanced cervicothoracic esophageal cand | er |
| undergoing total laryngopharyngoesophagectomy: a case report  |    |
| Manuscript number (if known):   |    |

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|   |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|
| 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. | Time frame: Since the initial XNone  | pranning or the work  |
|   |   | 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   |   |

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

| Date:  |
|--|
| Your Name: Masatsugu Hamaji  |
| Manuscript Title: Application of low anterior mediastinal tracheostomy for locally advanced cervicothora |
| esophageal cancer undergoing total laryngopharyngoesophagectomy: a case report                           |
| 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.

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|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution)  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: past  | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None  |   |
| 3 | Royalties or licenses   | None  |   |
| 4 | Consulting fees   | None  |   |

| 5    | Payment or honoraria for  | None                           |  |  |  |
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|      | lectures, presentations,  |                                |  |  |  |
|      | speakers bureaus,<br>manuscript writing or  |                                |  |  |  |
|      | educational events  |                                |  |  |  |
| 6    | Payment for expert  | None                           |  |  |  |
|      | testimony   |                                |  |  |  |
| 7    | Support for attending   | None                           |  |  |  |
| ,    | meetings and/or travel  | None                           |  |  |  |
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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                           |  |  |  |
|      |   |                                |  |  |  |
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| 12   | Receipt of equipment, materials, drugs, medical   | None                           |  |  |  |
|      | writing, gifts or other   |                                |  |  |  |
|      | services  |                                |  |  |  |
| 13   | Other financial or non-   | None                           |  |  |  |
|      | financial interests   |                                |  |  |  |
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| riea | se place an "X" next to the   | ionowing statement to inc      | ncate your agreement:                                    |  |  |
|      | I certify that I have answer  | ed every question and hav      | e not altered the wording of any of the questions on th  |  |  |
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| Date:10/15/2021   |
|---|
| /our Name:_Xunfeng Guo  |
| Manuscript Title: Application of low anterior mediastinal tracheostomy for locally advanced cervicothoracic |
| esophageal cancer undergoing total laryngopharyngoesophagectomy: a case report                              |
| 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.

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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 initial planning of the work       |  |   |  |  |
| 1 | All support for the present                              | XNone  |   |  |  |
|   | manuscript (e.g., funding, provision of study materials, |  |   |  |  |
|   | medical writing, article                                 |  |   |  |  |
|   | processing charges, etc.)                                |  |   |  |  |
|   | No time limit for this item.                             |  |   |  |  |
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|   | Time frame: past 36 months                               |  |   |  |  |
| 2 | Grants or contracts from                                 | X_None   |   |  |  |
|   | any entity (if not indicated                             |  |   |  |  |
|   | in item #1 above).                                       |  |   |  |  |
| 3 | Royalties or licenses                                    | X_None   |   |  |  |
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| 4 | Consulting foos  | X None   |   |  |  |
| 4 | Consulting fees  | _^NOTIE  |   |  |  |
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| 5   | Payment or honoraria for                                 | X None                        |  |  |  |
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| ,   | lectures, presentations,                                 | XNone                         |  |  |  |
|     | speakers bureaus,  |                               |  |  |  |
|     | manuscript writing or                                    |                               |  |  |  |
|     | educational events                                       |                               |  |  |  |
| 5   | Payment for expert                                       | X None                        |  |  |  |
|     | testimony  |                               |  |  |  |
|     | ,  |                               |  |  |  |
| 7   | Support for attending                                    | X None                        |  |  |  |
|     | meetings and/or travel                                   |                               |  |  |  |
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| 3   | Patents planned, issued or                               | XNone                         |  |  |  |
|     | pending  |                               |  |  |  |
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| 9   | Participation on a Data                                  | _XNone                        |  |  |  |
|     | Safety Monitoring Board or                               |                               |  |  |  |
| 10  | Advisory Board   | V N-                          |  |  |  |
| 10  | Leadership or fiduciary role                             | _XNone                        |  |  |  |
|     | in other board, society,                                 |                               |  |  |  |
|     | committee or advocacy                                    |                               |  |  |  |
| 1   | group, paid or unpaid                                    | V None                        |  |  |  |
| 11  | Stock or stock options                                   | XNone                         |  |  |  |
|     |  |                               |  |  |  |
| 12  | Receipt of equipment,                                    | X None                        |  |  |  |
| .2  | materials, drugs, medical                                |                               |  |  |  |
|     | writing, gifts or other                                  |                               |  |  |  |
|     | services   |                               |  |  |  |
| 13  | Other financial or non-                                  | X None                        |  |  |  |
| 13  | financial interests                                      | XNOTIC                        |  |  |  |
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| Ι,  | Author has no conflicts of inter                         | est to disclose.              |  |  |  |
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| Ple | ase place an "X" next to the                             | e tollowing statement to in   | aicate your agreement:                                 |  |  |
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| >   | <code>K<math>\_</math> I</code> certify that I have answ | ered every question and h     | ave not altered the wording of any of the questions on |  |  |
|     | form.  |                               |  |  |  |
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