

ICMJE DISCLOSURE FORM

Date: September 18, 2021

Your Name: Bao-Jia Luo

Manuscript Title: Effects of negative pressure wound therapy technology combined with intermittent flushing in the treatment of neck anastomotic leakage after esophageal cancer surgery

Manuscript number (if known): None

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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Your Name: Fang Shen

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