



5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> Zhe Wang <u>    </u> None	
6	Payment for expert testimony	<u>    </u> Zhe Wang <u>    </u> None	
7	Support for attending meetings and/or travel	<u>    </u> Zhe Wang <u>    </u> None	
8	Patents planned, issued or pending	<u>    </u> Zhe Wang <u>    </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> Zhe Wang <u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> Zhe Wang <u>    </u> None	
11	Stock or stock options	<u>    </u> Zhe Wang <u>    </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> Zhe Wang <u>    </u> None	
13	Other financial or non-financial interests	<u>    </u> Zhe Wang <u>    </u> None	

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

None.
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**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:     Agu. 3<sup>rd</sup>, 2022    

Your Name:     Minxuan Wu    

Manuscript Title:     Whole-Process Nursing Management for Laparo-gastroscopic Esophagectomy    

Manuscript number (if known):     JGO-22-669    

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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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>    Minxuan Wu    </u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>    Minxuan Wu    </u> None	
3	Royalties or licenses	<u>    Minxuan Wu    </u> None	
4	Consulting fees	<u>    Minxuan Wu    </u> None	

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13	Other financial or non-financial interests	<u>  </u> Minxuan Wu <u>  </u> None	

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None.
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## ICMJE DISCLOSURE FORM

Date:     Agu. 3<sup>rd</sup>, 2022    

Your Name:     Hui Zhao    

Manuscript Title:     Whole-Process Nursing Management for Laparo-gastroscopic Esophagectomy    

Manuscript number (if known):     JGO-22-669    

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>    Hui Zhao    </u> None	
3	Royalties or licenses	<u>    Hui Zhao    </u> None	
4	Consulting fees	<u>    Hui Zhao    </u> None	

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11	Stock or stock options	<u>  </u> Hui Zhao <u>  </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  </u> Hui Zhao <u>  </u> None	
13	Other financial or non-financial interests	<u>  </u> Hui Zhao <u>  </u> None	

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

None.

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## ICMJE DISCLOSURE FORM

Date:     Agu. 3<sup>rd</sup>, 2022    

Your Name:     Lina Cao    

Manuscript Title:     Whole-Process Nursing Management for Laparo-gastroscopic Esophagectomy    

Manuscript number (if known):     JGO-22-669    

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>    Lina Cao    </u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>    Lina Cao    </u> None	
3	Royalties or licenses	<u>    Lina Cao    </u> None	
4	Consulting fees	<u>    Lina Cao    </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>  </u> Lina Cao <u>  </u> None	
6	Payment for expert testimony	<u>  </u> Lina Cao <u>  </u> None	
7	Support for attending meetings and/or travel	<u>  </u> Lina Cao <u>  </u> None	
8	Patents planned, issued or pending	<u>  </u> Lina Cao <u>  </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  </u> Lina Cao <u>  </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>  </u> Lina Cao <u>  </u> None	
11	Stock or stock options	<u>  </u> Lina Cao <u>  </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  </u> Lina Cao <u>  </u> None	
13	Other financial or non-financial interests	<u>  </u> Lina Cao <u>  </u> None	

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None.
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## ICMJE DISCLOSURE FORM

Date:     Agu. 3<sup>rd</sup>, 2022    

Your Name:     Yufeng Ou    

Manuscript Title:     Whole-Process Nursing Management for Laparo-gastroscopic Esophagectomy    

Manuscript number (if known):     JGO-22-669    

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__Yufeng Ou__ None	
3	Royalties or licenses	__Yufeng Ou__ None	
4	Consulting fees	__Yufeng Ou__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>  </u> Yufeng Ou <u>  </u> None	
6	Payment for expert testimony	<u>  </u> Yufeng Ou <u>  </u> None	
7	Support for attending meetings and/or travel	<u>  </u> Yufeng Ou <u>  </u> None	
8	Patents planned, issued or pending	<u>  </u> Yufeng Ou <u>  </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  </u> Yufeng Ou <u>  </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>  </u> Yufeng Ou <u>  </u> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  </u> Yufeng Ou <u>  </u> None	
13	Other financial or non-financial interests	<u>  </u> Yufeng Ou <u>  </u> None	

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None.
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## ICMJE DISCLOSURE FORM

Date:     Agu. 3<sup>rd</sup>, 2022    

Your Name:     Ping Wang    

Manuscript Title:     Whole-Process Nursing Management for Laparo-gastroscopic Esophagectomy    

Manuscript number (if known):     JGO-22-669    

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>    Ping Wang    </u> None	
3	Royalties or licenses	<u>    Ping Wang    </u> None	
4	Consulting fees	<u>    Ping Wang    </u> None	

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6	Payment for expert testimony	<u>  </u> Ping Wang <u>  </u> None	
7	Support for attending meetings and/or travel	<u>  </u> Ping Wang <u>  </u> None	
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13	Other financial or non-financial interests	<u>  </u> Ping Wang <u>  </u> None	

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None.
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## ICMJE DISCLOSURE FORM

Date:     Agu. 3<sup>rd</sup>, 2022    

Your Name:     Lingli Yang    

Manuscript Title:     Whole-Process Nursing Management for Laparo-gastroscopic Esophagectomy    

Manuscript number (if known):     JGO-22-669    

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>    Lingli Yang    </u> None	
3	Royalties or licenses	<u>    Lingli Yang    </u> None	
4	Consulting fees	<u>    Lingli Yang    </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__Lingli Yang__ None	
6	Payment for expert testimony	__Lingli Yang__ None	
7	Support for attending meetings and/or travel	__Lingli Yang__ None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	__Lingli Yang__ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__Lingli Yang__ None	
11	Stock or stock options	__Lingli Yang__ None	
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13	Other financial or non-financial interests	__Lingli Yang__ None	

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## ICMJE DISCLOSURE FORM

Date:     Agu. 3<sup>rd</sup>, 2022    

Your Name:     Li Dong    

Manuscript Title:     Whole-Process Nursing Management for Laparo-gastroscopic Esophagectomy    

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13	Other financial or non-financial interests	<u>  </u> Li Dong <u>  </u> None	

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## ICMJE DISCLOSURE FORM

Date:     Agu. 3<sup>rd</sup>, 2022    

Your Name:     Yiqun Zhang    

Manuscript Title:     Whole-Process Nursing Management for Laparo-gastroscopic Esophagectomy    

Manuscript number (if known):     JGO-22-669    

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	__Yiqun Zhang__ None	
4	Consulting fees	__Yiqun Zhang__ None	

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6	Payment for expert testimony	___ Yiqun Zhang ___ None	
7	Support for attending meetings and/or travel	___ Yiqun Zhang ___ None	
8	Patents planned, issued or pending	___ Yiqun Zhang ___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ Yiqun Zhang ___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ Yiqun Zhang ___ None	
11	Stock or stock options	___ Yiqun Zhang ___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ Yiqun Zhang ___ None	
13	Other financial or non-financial interests	___ Yiqun Zhang ___ None	

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## ICMJE DISCLOSURE FORM

Date:     Agu. 3<sup>rd</sup>, 2022    

Your Name:     Yaxing Shen    

Manuscript Title:     Whole-Process Nursing Management for Laparo-gastroscopic Esophagectomy    

Manuscript number (if known):     JGO-22-669    

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>    Yaxing Shen    </u> None	
3	Royalties or licenses	<u>    Yaxing Shen    </u> None	
4	Consulting fees	<u>    Yaxing Shen    </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>   </u> Yaxing Shen <u>   </u> None	
6	Payment for expert testimony	<u>   </u> Yaxing Shen <u>   </u> None	
7	Support for attending meetings and/or travel	<u>   </u> Yaxing Shen <u>   </u> None	
8	Patents planned, issued or pending	<u>   </u> Yaxing Shen <u>   </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>   </u> Yaxing Shen <u>   </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>   </u> Yaxing Shen <u>   </u> None	
11	Stock or stock options	<u>   </u> Yaxing Shen <u>   </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>   </u> Yaxing Shen <u>   </u> None	
13	Other financial or non-financial interests	<u>   </u> Yaxing Shen <u>   </u> None	

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

None.
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**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.