

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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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) Gabrielle

2. Surname (Last Name) Peters

3. Date 05-December-2021

4. Are you the corresponding author? Yes No

Corresponding Author's Name Krishan Jethwa

5. Manuscript Title Pre-Operative Chemoradiotherapy With or Without Induction Chemotherapy for Operable Locally-Advanced Esophageal Cancer

6. Manuscript Identifying Number (if you know it) _____

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
RADIOLOGICAL SOCIETY OF NORTH AMERICA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2020 MEDICAL EDUCATION RESEARCH GRANT

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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Section 5. Relationships not covered above

Are there 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?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Peters reports grants from RADIOLOGICAL SOCIETY OF NORTH AMERICA, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Wesley

2. Surname (Last Name)
Talcott

3. Date
13-December-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Krishan Jethwa

5. Manuscript Title
Pre-Operative Chemoradiotherapy With or Without Induction Chemotherapy for Operable Locally-Advanced Esophageal Cancer

6. Manuscript Identifying Number (if you know it)

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Dr. Talcott has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Nicholas	2. Surname (Last Name) Peters	3. Date 05-December-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Krishan Jethwa
5. Manuscript Title Pre-Operative Chemoradiotherapy With or Without Induction Chemotherapy for Operable Locally-Advanced Esophageal Cancer		
6. Manuscript Identifying Number (if you know it)		

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Dr. Peters has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Andrew

2. Surname (Last Name)
Dhanasopan

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Krishan Jethwa

5. Manuscript Title
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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Novartis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
Deciphera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
Ipsen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
AstraZeneca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
Celgene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board

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Dr. Lacy reports other from Novartis, other from Deciphera, other from Ipsen, other from Merck, other from AstraZeneca, other from Celgene, outside the submitted work; .

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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.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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)
Michael

2. Surname (Last Name)
Cecchini

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Krishan Jethwa

5. Manuscript Title
Pre-Operative Chemoradiotherapy With or Without Induction Chemotherapy for Operable Locally-Advanced Esophageal Cancer

6. Manuscript Identifying Number (if you know it)

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Agios Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eisai Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
National Cancer Institute (1K08CA255465-01A1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Cecchini is funded on a career development award 1K08CA255465-01A1.



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

Are there 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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
 No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Cecchini reports personal fees from Agios Pharmaceuticals, personal fees from Eisai Inc, personal fees from AstraZeneca, grants from National Cancer Institute (1K08CA255465-01A1), outside the submitted work; .

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) Jeremy	2. Surname (Last Name) Kortmansky	3. Date 13-December-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Krishan Jethwa
5. Manuscript Title Pre-Operative Chemoradiotherapy With or Without Induction Chemotherapy for Operable Locally-Advanced Esophageal Cancer		
6. Manuscript Identifying Number (if you know it)		

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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Kortmansky has nothing to disclose.

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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) Stacey	2. Surname (Last Name) Stein	3. Date 13-December-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Krishan Jethwa
5. Manuscript Title Pre-Operative Chemoradiotherapy With or Without Induction Chemotherapy for Operable Locally-Advanced Esophageal Cancer		
6. Manuscript Identifying Number (if you know it)		

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Exelixis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
AstraZeneca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
QED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
Genentech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

Are there 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?

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Section 6. Disclosure Statement

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Dr. Stein reports other from Exelixis, other from AstraZeneca, other from QED, other from Genentech, other from Merck, outside the submitted work; .

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)
Stephen

2. Surname (Last Name)
Lattanzi

3. Date
13-December-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Krishan Jethwa

5. Manuscript Title
Pre-Operative Chemoradiotherapy With or Without Induction Chemotherapy for Operable Locally-Advanced Esophageal Cancer

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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. Lattanzi has nothing to disclose.

Evaluation and Feedback

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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) Henry	2. Surname (Last Name) Park	3. Date 03-December-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Krishan Jethwa
5. Manuscript Title Pre-Operative Chemoradiotherapy With or Without Induction Chemotherapy for Operable Locally-Advanced Esophageal Cancer		
6. Manuscript Identifying Number (if you know it)		

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AstraZeneca (consulting fees), Bristol Myers Squibb (speaking fees/honoraria), Galera Therapeutics (advisory board fees), Guidepoint (honoraria), Grand Rounds Health (honoraria), Healthcasts (honoraria), Healthline (honoraria), Rad Onc Questions (honoraria), RefleXion Medical (research funds), United States Food and Drug Administration (research funds)

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Dr. Park reports relationships not relevant to the current work: AstraZeneca (consulting fees), Bristol Myers Squibb (speaking fees/honoraria), Galera Therapeutics (advisory board fees), Guidepoint (honoraria), Grand Rounds Health (honoraria), Healthcasts (honoraria), Healthline (honoraria), Rad Onc Questions (honoraria), RefleXion Medical (research funds), United States Food and Drug Administration (research funds).

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4. Intellectual Property.

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) Daniel	2. Surname (Last Name) Boffa	3. Date 13-December-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Krishan Jethwa
5. Manuscript Title Pre-Operative Chemoradiotherapy With or Without Induction Chemotherapy for Operable Locally-Advanced Esophageal Cancer		
6. Manuscript Identifying Number (if you know it)		

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

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Boffa has nothing to disclose.

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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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1. Given Name (First Name)
Kimberly

2. Surname (Last Name)
Johung

3. Date
03-December-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Krishan Jethwa

5. Manuscript Title
Pre-Operative Chemoradiotherapy With or Without Induction Chemotherapy for Operable Locally-Advanced Esophageal Cancer

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1. Given Name (First Name) Krishan 2. Surname (Last Name) Jethwa 3. Date 13-December-2021

4. Are you the corresponding author? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
RadOncQuestions.com LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editor

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Dr. Jethwa reports other from RadOncQuestions.com LLC, outside the submitted work; .

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