	ICMJE	DISCLOSURE FORM
Date:	2023/11/25	
Your Name:	Junli Zhang	
Manuscript Title	e: Postoperative superior anast	omotic leakage classification and treatment strategy
	e esophagogastric junction cancer_	
Manuscript nun	nber (if known):	
related to the co parties whose in to transparency	ontent of your manuscript. "Related nterests may be affected by the cont	ose all relationships/activities/interests listed below that are I" means any relation with for-profit or not-for-profit third tent of the manuscript. Disclosure represents a commitment bias. If you are in doubt about whether to list a ou do so.
The following quantuscript only		onships/activities/interests as they relate to the current
to the epidemio	-	Id be <u>defined broadly</u> . For example, if your manuscript pertains eclare all relationships with manufacturers of antihypertensive ed in the manuscript.
	v, report all support for the work re for disclosure is the past 36 months.	ported in this manuscript without time limit. For all other items,
	Name all entities with	Specifications/Comments
	whom you have this relationship or indicate	(e.g., if payments were made to you or to your te institution)

		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)
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 initialXNone	planning of 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	

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

 $\underline{\textbf{X}} \quad \textbf{I certify that I have answered every question and have not altered the wording of any of the questions on this form.}$

	ICIVIJE DISCLOSORE FORIVI
Date:	2023/11/25
Your Name:	Changzheng Li
	Postoperative superior anastomotic leakage classification and treatment strategy
for postoperative	esophagogastric junction cancer
Manuscript numb	er (if known):
related to the con parties whose into to transparency a	transparency, we ask you to disclose all relationships/activities/interests listed below that are tent of your manuscript. "Related" means any relation with for-profit or not-for-profit third erests may be affected by the content of the manuscript. Disclosure represents a commitment and does not necessarily indicate a bias. If you are in doubt about whether to list a ity/interest, it is preferable that you do so.
The following que manuscript only.	stions apply to the author's relationships/activities/interests as they relate to the current
	ionships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains gy of hypertension, you should declare all relationships with manufacturers of antihypertensive

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

medication, even if that medication is not mentioned in the manuscript.

		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
-	educational events	V N	
6	Payment for expert	XNone	
	testimony		
7	Company for attanding	V. None	
,	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
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 group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests		
	manda meetests		
Dla	ease summarize the above c	onflict of interest in the fo	llowing hox:
	Lase Janninanize the above to		
	None		

Date:	_2023/11/25	
Your Name:	Pengfei Ma	
Manuscript Title:	Postoperative superior anastomotic leakage classification and treatment strategy	y
for postoperative e	ophagogastric junction cancer	
Manuscript number	(if known):	
-		
In the interest of tra	nsparency, we ask you to disclose all relationships/activities/interests listed below	that are
related to the conte	nt of your manuscript. "Related" means any relation with for-profit or not-for-profi	t third
parties whose inter	sts may be affected by the content of the manuscript. Disclosure represents a com-	mitment

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
-	educational events	V N	
6	Payment for expert	XNone	
	testimony		
7	Company for attanding	V. None	
,	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
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 group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests		
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Dla	ease summarize the above c	onflict of interest in the fo	llowing hox:
	Lase Janninanize the above to		
	None		

Date:	_2023/11/25			
Your Name:	Yanghui Cao			
Manuscript Title:	Postoperative superior anastomotic leakage classification and treatment strategy			
for postoperative esophagogastric junction cancer				
Nanuscript number (if known):				
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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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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
-	educational events	V N	
6	Payment for expert	XNone	
	testimony		
7	Company for attanding	V. None	
,	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
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 group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests		
	manda micres		
Dla	ease summarize the above c	onflict of interest in the fo	llowing hox:
	Lase Janninanize the above to		
	None		

Date:_23.11.2023
Your Name:_Janusz Włodarczyk
Manuscript Title: Postoperative superior anastomotic leakage classification and
treatment strategy for postoperative esophagogastric junction cancer
Manuscript number (if known):

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-		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or linenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
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		
11	group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

None				

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every queform.	pestion and have not altered the wording of any of the questions of	n t
	T Weodewart	

Date:23-11-23
Your Name:mohsen ibrahim
Manuscript Title: Postoperative superior anastomotic leakage classification and treatment strategy
for postoperative esophagogastric junction cancer
Manuscript number (if known):

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

,	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	None	
	testimony		
	Support for attending	None	
	meetings and/or travel		
	Patents planned, issued or	None	
	pending		
	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
)	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	None	
- (Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
3	Other financial or non-	None	
	financial interests		
le	ease summarize the above o	onflict of interest in the fo	llowing box:
مام	ease place an "X" next to the	following statement to in	ndicate your agreement:
	ase place all A liext to the	. Tonowing statement to ii	idicate your agreement.
	Landite that I		
	_ i certity that I have answe	erea every question and h	ave not altered the wording of any of the questions on

form.

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Date:	2023/11/25
Your Name:	Chenyu Liu
Manuscript Title:	_ Postoperative superior anastomotic leakage classification and treatment strategy
for postoperative es	ophagogastric junction cancer
Manuscript number	(if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Date:	_2023/11/28
Your Name:	Sen Li
Manuscript Title:	Postoperative superior anastomotic leakage classification and treatment strategy
for postoperative eso	phagogastric junction cancer
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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	No time limit for this item.	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony		
	testimony		
7	Support for attending	XNone	
-	meetings and/or travel		
	, 		
8	Patents planned, issued or	XNone	
	pending		
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 group, paid or unpaid		
11	Stock or stock options	XNone	
4.2		V N	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non-	X None	
	financial interests		
	ease summarize the above c	onflict of interest in the fo	llowing box:
	None		

Date:	_2023/11/28
Your Name:	Xijie Zhang
Manuscript Title:	Postoperative superior anastomotic leakage classification and treatment strategy
for postoperative esc	phagogastric junction cancer
Manuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony		
	testimony		
7	Support for attending	XNone	
-	meetings and/or travel		
	, 		
8	Patents planned, issued or	XNone	
	pending		
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 group, paid or unpaid		
11	Stock or stock options	XNone	
4.2		V N	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non-	X None	
	financial interests		
	ease summarize the above c	onflict of interest in the fo	llowing box:
	None		

Date:	_2023/11/28
Your Name:	Guangsen Han
Manuscript Title:	Postoperative superior anastomotic leakage classification and treatment strategy
for postoperative eso	phagogastric junction cancer
Manuscript number (if known):
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	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony		
	testimony		
7	Support for attending	XNone	
-	meetings and/or travel		
	, 		
8	Patents planned, issued or	XNone	
	pending		
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 group, paid or unpaid		
11	Stock or stock options	XNone	
4.2		V N	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non-	X None	
	financial interests		
	ease summarize the above c	onflict of interest in the fo	llowing box:
	None		

Date:	_2023/11/29
Your Name:	Yuzhou Zhao
Manuscript Title:	_ Postoperative superior anastomotic leakage classification and treatment strategy
for postoperative es	ophagogastric junction cancer
Manuscript number	(if known):

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony		
	testimony		
7	Support for attending	XNone	
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	, 		
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
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	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
4.2		V N	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non-	X None	
	financial interests		
	ease summarize the above c	onflict of interest in the fo	llowing box:
	None		