

ICMJE DISCLOSURE FORM

Date: 1/20/2024

Your Name: Justin Drake

Manuscript Title: Totally minimally invasive laparoscopic robot-assisted Ivor Lewis Esophagectomy: Improved technique and outcomes over 200 cases

Manuscript Number (if known): JGO-23-923-CL

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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.

	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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; color: gray;">Click the tab key to add additional rows.</div>						
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 1/23/2024

Your Name: Andrew Sinnamon, MD

Manuscript Title: Totally minimally invasive laparoscopic robot-assisted Ivor Lewis Esophagectomy: Improved technique and outcomes over 200 cases

Manuscript Number (if known): JGO-23-923-CL

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ICMJE DISCLOSURE FORM

Date: 1/20/2024

Your Name: Samir Haroon Saeed

Manuscript Title: Totally minimally invasive laparoscopic robot-assisted Ivor Lewis Esophagectomy: Improved technique and outcomes over 200 cases

Manuscript Number (if known): JGO-23-923-CL

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ICMJE DISCLOSURE FORM

Date: 1/22/2024

Your Name: Rutika Mehta

Manuscript Title: Totally minimally invasive laparoscopic robot-assisted Ivor Lewis Esophagectomy: Improved technique and outcomes over 200 cases

Manuscript Number (if known): JGO-23-923-CL

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		Eli Lilly	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Arcus Biosciences, Merck, BMS, Astellas, Novartis, Seagen, Natera, Guardant Health, Boston Gene	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Debbie's Dream Foundation	

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ICMJE DISCLOSURE FORM

Date: 1/19/2024

Your Name: Russell F Palm

Manuscript Title: Totally minimally invasive laparoscopic robot-assisted Ivor Lewis Esophagectomy: Improved technique and outcomes over 200 cases

Manuscript Number (if known): JGO-23-923-CL

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Date: 1/22/2024

Your Name: Jobelle Baldonado

Manuscript Title: Totally minimally invasive laparoscopic robot-assisted Ivor Lewis Esophagectomy: Improved technique and outcomes over 200 cases

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Time frame: past 36 months								
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;">Achilles</td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	Achilles								
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 1/22/2024

Your Name: Jacques P. Fontaine

Manuscript Title: Totally minimally invasive laparoscopic robot-assisted Ivor Lewis Esophagectomy: Improved technique and outcomes over 200 cases

Manuscript Number (if known): JGO-23-923-CL

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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.

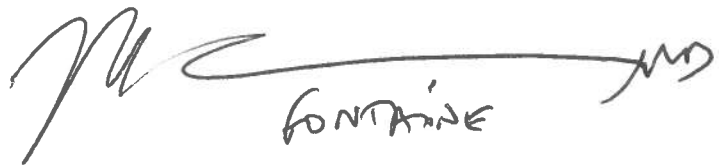
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FONTAINE

ICMJE DISCLOSURE FORM

Date: 1/19/2024

Your Name: Jose M pimiento

Manuscript Title: Totally minimally invasive laparoscopic robot-assisted Ivor Lewis Esophagectomy: Improved technique and outcomes over 200 cases

Manuscript Number (if known): JGO-23-923-CL

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