

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ranjan	2. Surname (Last Name) Pathak	3. Date 09-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel J Boffa
5. Manuscript Title Chemoradiation as a Non-surgical Treatment Option for Early-Stage Esophageal Cancers: A Retrospective Cohort Study		
6. Manuscript Identifying Number (if you know it) JTD-20-1187		

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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Dr. Pathak has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Maureen

2. Surname (Last Name)

Canavan

3. Date

09-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Daniel J Boffa

5. Manuscript Title

Chemoradiation as a Non-surgical Treatment Option for Early-Stage Esophageal Cancers: A Retrospective Cohort Study

6. Manuscript Identifying Number (if you know it)

JTD-20-1187

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Dr. Canavan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Samantha

2. Surname (Last Name)
Walters

3. Date
09-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Daniel J Boffa

5. Manuscript Title
Chemoradiation as a Non-surgical Treatment Option for Early-Stage Esophageal Cancers: A Retrospective Cohort Study

6. Manuscript Identifying Number (if you know it)
JTD-20-1187

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Section 1. Identifying Information

1. Given Name (First Name)

Michelle

2. Surname (Last Name)

Salazar

3. Date

09-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Daniel J Boffa

5. Manuscript Title

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Daniel

2. Surname (Last Name)

Boffa

3. Date

09-May-2020

4. Are you the corresponding author?

Yes No

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