

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)

Aaron

2. Surname (Last Name)

Delman

3. Date

07-December-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Socioeconomic Disparities in the Treatment of Esophageal Cancer

6. Manuscript Identifying Number (if you know it)

JTD-2020-TTM-04(JTD-20-3095)

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 Yes No

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Dr. Delman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Allison

2. Surname (Last Name)

Ammann

3. Date

07-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Aaron Delman, MD

5. Manuscript Title

Socioeconomic Disparities in the Treatment of Esophageal Cancer

6. Manuscript Identifying Number (if you know it)

JTD-2020-TTM-04(JTD-20-3095)

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Dr. Ammann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Kevin

2. Surname (Last Name)

Turner

3. Date

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Robert Van Haren

5. Manuscript Title

Narrative Review of Socioeconomic Disparities in the Treatment of Esophageal Cancer

6. Manuscript Identifying Number (if you know it)

JTD-2020-TTM-04(JTD-20-3095)

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Section 1. Identifying Information

1. Given Name (First Name)

Dennis

2. Surname (Last Name)

Vaysburg

3. Date

07-December-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Socioeconomic Disparities in the Treatment of Esophageal Cancer

6. Manuscript Identifying Number (if you know it)

JTD-2020-TTM-04(JTD-20-3095)

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Section 1. Identifying Information

1. Given Name (First Name) Robert	2. Surname (Last Name) Van Haren	3. Date 07-December-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Socioeconomic Disparities in the Treatment of Esophageal Cancer		
6. Manuscript Identifying Number (if you know it) JTD-2020-TTM-04(JTD-20-3095)		

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Intuitive Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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Dr. Van Haren reports personal fees from Intuitive Surgery, during the conduct of the study; .

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