

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2021/4/1 \_\_\_\_\_

Your Name: \_\_\_\_\_ Wen-Quan Yu \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Development and validation of a nomogram to predict anastomotic leakage after esophagectomy for esophageal carcinoma \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_ JTD-21-209-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.

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
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8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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Your Name: \_\_\_\_\_ Hui-Jiang Gao \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Development and validation of a nomogram to predict anastomotic leakage after esophagectomy for esophageal arcinoma \_\_\_\_\_

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Your Name: \_\_\_\_\_ Guo-Dong Shi \_\_\_\_\_

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