ICMJE DISCLOSURE FORM

Date: 04/01/2022
Your Name: James Halle-Smith
Manuscript Title: Influence of body composition measures on chyle leak after oesophagectomy
Manuscript number (if known): JTD-21-1580-R1

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

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		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			
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Time frame: past 36 months			
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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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Date: 04/01/2022
Your Name: Manjunath Siddaiah-Subramanya
Manuscript Title: Influence of body composition measures on chyle leak after oesophagectomy
Manuscript number (if known): JTD-21-1580-R1

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Date: 04/01/2022
Your Name: Abdulrahman Ghoneim
Manuscript Title: Influence of body composition measures on chyle leak after oesophagectomy
Manuscript number (if known): JTD-21-1580-R1

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ICMJE DISCLOSURE FORM

Date: 04/01/2022
Your Name: Ahmed Almonib
Manuscript Title: Influence of body composition measures on chyle leak after oesophagectomy
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Date: 04/01/2022
Your Name: Benjamin Tan
Manuscript Title: Influence of body composition measures on chyle leak after oesophagectomy
Manuscript number (if known): JTD-21-1580-R1

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