

ICMJE DISCLOSURE FORM

Date: January 10th, 2022

Your Name: Kayla Fay

Manuscript Title: Residing In A Food Desert Is Associated With An Increased Risk Of Readmission Following Esophagectomy For Cancer

Manuscript number (if known): _____

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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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)
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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

X **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: January 11th, 2022

Your Name: Matthew Maeder, MD

Manuscript Title: Residing In A Food Desert Is Associated With An Increased Risk Of Readmission Following Esophagectomy For Cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: January 11th, 2022

Your Name: Jennifer Emond, PhD

Manuscript Title: Residing In A Food Desert Is Associated With An Increased Risk Of Readmission Following Esophagectomy For Cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: January 11th, 2022

Your Name: Rian Hasson, MD

Manuscript Title: Residing In A Food Desert Is Associated With An Increased Risk Of Readmission Following Esophagectomy For Cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: January 11th, 2022

Your Name: Timothy Millington, MD

Manuscript Title: Residing In A Food Desert Is Associated With An Increased Risk Of Readmission Following Esophagectomy For Cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: January 11th, 2022

Your Name: David Finley, MD

Manuscript Title: Residing In A Food Desert Is Associated With An Increased Risk Of Readmission Following Esophagectomy For Cancer

Manuscript number (if known): _____

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6	Payment for expert testimony	<input type="checkbox"/>	Payments were to me
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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 summarize the above conflict of interest in the following box:

Expert testimony for defense in medical malpractice lawsuit.

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: May 12, 2022

Your Name: Joseph Phillips, MD

Manuscript Title: Residing In A Food Desert Is Associated With An Increased Risk Of Readmission Following Esophagectomy For Cancer

Manuscript number (if known): _____

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JD Phillips is supported by The Dartmouth-Hitchcock Cancer Research Fellows Program and by the NCI Cancer Center Support Grant 5P30CA023108 to the Dartmouth-Hitchcock Norris Cotton Cancer Center as well as The Dartmouth Clinical and Translational Science Institute, under award number UL1TR001086 from the National Center for Advancing Translational Sciences (NCATS) of the National Institutes of Health (NIH).

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