

## ICMJE DISCLOSURE FORM

Date: 2022-05-19

Your Name: Chunguang Li

Manuscript Title: Stratified Treatment of Localized Cervical Esophageal squamous cell carcinoma induced by Neoadjuvant Immunotherapy Plus Chemotherapy (SCENIC)

Manuscript number (if known): JTD-22-402

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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4	Consulting fees	<u>None</u>	

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

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

None

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Date: 2022-05-19

Your Name: Bin Li

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Date: 2022-05-19

Your Name: Yang Yang

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Your Name: Jun Liu

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Date: 2022-05-19

Your Name: Ming Zhang

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Your Name: Huojun Zhang

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Your Name: Lijie Tan

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Your Name: Xiaoyong Shen

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Your Name: Zhigang Li

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