## ICMJE DISCLOSURE FORM

Date: 06/21/2022 Your Name: Marianna V. Papageorge MD Manuscript Title: Intraoperative Fluorescence Imaging in Esophagectomy and its Application to the Robotic Platform: A Narrative Review Manuscript number (if known): JTD-22-456

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
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
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

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

No conflicts of interest

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: 06/21/2022 Your Name: Uma M. Sachdeva, MD PhD Manuscript Title: Intraoperative Fluorescence Imaging in Esophagectomy and its Application to the Robotic Platform: A Narrative Review Manuscript number (if known): JTD-22-456

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Date: 06/21/2022 Your Name: Lana Y. Schumacher Manuscript Title: Intraoperative Fluorescence Imaging in Esophagectomy and its Application to the Robotic Platform: A Narrative Review Manuscript number (if known): JTD-22-456

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		Time frame: past	36 months
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3	Royalties or licenses	None	
4	Consulting fees	None	

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