

## ICMJE DISCLOSURE FORM

Date: 2023/7/15  
 Your Name: Peisong Yuan  
 Manuscript Title: Thoracoacromial artery perforator flap repair of acquired intrathoracic nonmalignant tracheoesophageal fistulas through a midsternal incision approach: a case report  
 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.

The author's relationships/activities/interests should be defined broadly. 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
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>	<input checked="" type="checkbox"/> None	
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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 checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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:

None

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:** July 18<sup>th</sup>, 2023

**Your Name:** Benoit Jacques Bibas

**Manuscript Title:** Thoracoacromial artery perforator flap repair of acquired intrathoracic nonmalignant tracheoesophageal fistulas through a midsternal incision approach: A case report

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13	Other financial or non-financial interests	___ None	

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

None
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**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: 15/July/2023

Your Name: Takuya Nagashima

Manuscript Title: Thoracoacromial artery perforator flap repair of acquired intrathoracic nonmalignant tracheoesophageal fistulas through a midsternal incision approach: A case report

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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	
5	Payment or honoraria for	<u>None</u>	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	___ None	
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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:**

I have no conflicts of interest directly relevant to the content of this article.

**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: 12/7/2023  
 Your Name: Dr. CHEN, Hei Yu Matthew  
 Manuscript Title: Thoracoacromial artery perforator flap repair of acquired intrathoracic nonmalignant tracheoesophageal fistulas through a midsternal incision approach: A case report  
 Manuscript number (if known): \_\_\_\_\_

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

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>  X  </u> None	
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None
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## ICMJE DISCLOSURE FORM

Date: 15/07/2023

Your Name: Camilla Poggi

Manuscript Title: Thoracoacromial artery perforator flap repair of acquired intrathoracic nonmalignant tracheoesophageal fistulas through a midsternal incision approach: A case report.

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.

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4	Consulting fees	None	

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6	Payment for expert testimony	___ None	
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**form.**

## ICMJE DISCLOSURE FORM

Date: 2023/7/15  
 Your Name: Fei Chen  
 Manuscript Title: Thoracoacromial artery perforator flap repair of acquired intrathoracic nonmalignant tracheoesophageal fistulas through a midsternal incision approach: a case report  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2023/7/15  
 Your Name: Yang Hu  
 Manuscript Title: Thoracoacromial artery perforator flap repair of acquired intrathoracic nonmalignant tracheoesophageal fistulas through a midsternal incision approach: a case report  
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