Date:	May 25,	2023_	
Your Name:_	Ra	n Guo_	
Manuscript T	itle:Safet	y of no r	nasogastric decompression after esophagectomy: a propensity score-matched study
Manuscript n	umber (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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		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
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone			
13	Other financial or non- financial interests	XNone			
	Please summarize the above conflict of interest in the following box: None.				

Date:May 25, 2023
Your Name: Longlong Shao
Manuscript Title:Safety of no nasogastric decompression after esophagectomy: a propensity score-matched study
Manuscript number (if known):

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13	Other financial or non- financial interests	XNone			
	Please summarize the above conflict of interest in the following box: None.				

Date:	May 25, 2023
Your Name:_	Bin Li
Manuscript T	itle:Safety of no nasogastric decompression after esophagectomy: a propensity score-matched study
Manuscript n	umber (if known):
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone			
13	Other financial or non- financial interests	XNone			
	Please summarize the above conflict of interest in the following box: None.				

Date:Mε	y 25, 2023
Your Name:	Yihua Sun
•	:Safety of no nasogastric decompression after esophagectomy: a propensity score-matched study ber (if known):
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13	Other financial or non- financial interests	XNone			
	Please summarize the above conflict of interest in the following box: None.				

Date	e:May 25, 2023				
Your Name: Hong Hu					
Man	Manuscript Title:Safety of no nasogastric decompression after esophagectomy: a propensity score-matched study				
Man	uscript number (if known):				
relat part	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment		
	ansparency and does not no tionship/activity/interest, it	•	f you are in doubt about whether to list a		
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>		
to th		nsion, you should declare a	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive manuscript.		
	em #1 below, report all supp time frame for disclosure is	·	in this manuscript without time limit. For all other items,		
		Name all entities with	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as needed)			
		Time frame: Since the initial	planning of the work		
1	All support for the present	X None	planning of the work		
-	manuscript (e.g., funding,	XNone			
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: past	36 months		
2	Grants or contracts from	X None			
	any entity (if not indicated				

in item #1 above).

Royalties or licenses

Consulting fees

X __None

_None

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone		
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone		
13	Other financial or non- financial interests	XNone		
	Please summarize the above conflict of interest in the following box: None.			

Date:May 25 Your Name:	5, 2023 Yawei Zhang
•	ety of no nasogastric decompression after esophagectomy: a propensity score-matched study (if known):

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6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone		
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9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone		
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone		
13	Other financial or non- financial interests	XNone		
	Please summarize the above conflict of interest in the following box: None.			

Date	e:May 25, 2023				
Your Name: Jiaqing Xiang					
	Manuscript Title:Safety of no nasogastric decompression after esophagectomy: a propensity score-matched study				
	uscript number (if known):		, , , , , , , , , , , , , , , , , , , ,		
relat part	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a		
	tionship/activity/interest, it	-			
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		Name all antitios with	Specifications/Comments		
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		relationship or indicate	institution)		
		none (add rows as	institution,		
		needed)			
		Time frame: Since the initial	planning of the work		
1	All support for the present	X None			
-	manuscript (e.g., funding,	X			
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time of the control o	26 manualis		
2	Charles on continues to fine	Time frame: past	56 months		
2	Grants or contracts from any entity (if not indicated	XNone			

in item #1 above).

Royalties or licenses

Consulting fees

X __None

_None

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8	Patents planned, issued or pending	XNone		
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Date:	_May 25, 2023
Your Name:_	Longsheng Miao
Manuscript 1	Title:Safety of no nasogastric decompression after esophagectomy: a propensity score-matched study
Manuscript i	number (if known):

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