Date:_____2023/2/16_____

Yo	ur Name:Yi Zhan	g		
Ma	nuscript Title:Effectiver	ness and safety of camreliz	umab-containing neoadjuvant therapy in patients with	
loc	ally advanced esophageal s	quamous cell carcinoma: A	prospective multicenter observational cohort study	
Ma	nuscript number (if known)):NA		
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		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
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2	Grants or contracts from	XNone		
	any entity (if not indicated in item #1 above).			
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3	Royalties or licenses	XNone		
1	Consulting fees	X None		
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5	Payment or honoraria for	XNone		

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

Payment or honoraria for

Da	te:2023/2/16		
Yo	ur Name:Guoyi S	hen	
			zumab-containing neoadjuvant therapy in patients with
loc	ally advanced esophageal s	quamous cell carcinoma: /	A prospective multicenter observational cohort study
Ma	nuscript number (if known)	:NA_	
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L	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: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
1	Consulting fees	XNone	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert	XNone	
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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
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9	Participation on a Data	V None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
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12	materials, drugs, medical	XNone	
	writing, gifts or other		
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13	Other financial or non- financial interests	XNone	
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Payment or honoraria for

Da	te:2023/2/16		
Yo	ur Name:Rongy	u Xu	
Ma	nuscript Title:Effectiven	ess and safety of camrelia	zumab-containing neoadjuvant therapy in patients with
loc	ally advanced esophageal so	quamous cell carcinoma:	A prospective multicenter observational cohort study
Ma	anuscript number (if known)	:NA_	
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6	Payment for expert	XNone	
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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	XNone	
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Da	te:2023/2/16		
Yo	ur Name:Guoz	hong Huang	
Ma	nuscript Title:Effectiven	ess and safety of camrelia	zumab-containing neoadjuvant therapy in patients with
loc	ally advanced esophageal so	quamous cell carcinoma: /	A prospective multicenter observational cohort study
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<u> </u>	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
ļ.	Consulting fees	X None	
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	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
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9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non- financial interests	X None	
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Payment or honoraria for

Da	te:2023/2/16		
Ma	nuscript Title:Effectiven	ess and safety of camrelia	zumab-containing neoadjuvant therapy in patients with
			A prospective multicenter observational cohort study
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3	Royalties or licenses	X None	
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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
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12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests	XNone	ellowing box:

Payment or honoraria for

Da	te:2023/2/16		
Yo	ur Name:H	ongbing Duan	
Ma	nuscript Title:Effectiven	ess and safety of camrelia	zumab-containing neoadjuvant therapy in patients with
loc	ally advanced esophageal so	quamous cell carcinoma: A	A prospective multicenter observational cohort study
Ma	nuscript number (if known)	:NA_	
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		Name all entities with	Specifications/Comments
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	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
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9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non- financial interests	X None	
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	ease summarize the above co	onflict of interest in the fo	llowing box:

Payment or honoraria for

Da	te:2023/2/16		
	ur Name:She		
Ma	nuscript Title:Effectiver	ess and safety of camrelia	zumab-containing neoadjuvant therapy in patients with
loc	ally advanced esophageal s	quamous cell carcinoma: /	A prospective multicenter observational cohort study
rel parto rel The ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply inuscript only. e author's relationships/act	manuscript. "Related" mee affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh ivities/interests should be ension, you should declare	e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive
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		Name all entities with	Specifications/Comments
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		relationship or indicate	institution)
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		Time frame: Since the initia	al planning of the work
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	medical writing, article		
	processing charges, etc.) No time limit for this item.		
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-	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
}	Royalties or licenses	X None	
ŀ	Consulting fees	XNone	

	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
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11	Stock or stock options	XNone	
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Payment or honoraria for

Da	te:2023/2/16							
Yo	ur Name:Qingf	eng Zheng						
Ma	Manuscript Title:Effectiveness and safety of camrelizumab-containing neoadjuvant therapy in patients with							
loc	locally advanced esophageal squamous cell carcinoma: A prospective multicenter observational cohort study							
Ma	nuscript number (if known)	:NA						
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L	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						
1	Consulting fees	XNone						

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

Payment or honoraria for

Dat	te:2023/2/16			
You	ur Name:Liba	o Yang		
	· ——	•	umab-containing neoadjuvant therapy in patients with	
			prospective multicenter observational cohort study	
Ma	nuscript number (if known)	:NA_		
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6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	XNone	
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Da	te:2023/2/16		
Yo	ur Name:Rongx	ing Liu	
Ma	nuscript Title:Effectiver	ess and safety of camrelia	zumab-containing neoadjuvant therapy in patients with
loc	ally advanced esophageal s	quamous cell carcinoma: /	A prospective multicenter observational cohort study
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13	Other financial or non- financial interests	X None	
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	ease summarize the above co	onflict of interest in the fo	llowing box:

Payment or honoraria for

Da	te:2023/2/16		
Yo	ur Name:Lia	ngyun Ma	
Ma	nuscript Title:Effectiver	ess and safety of camrelia	zumab-containing neoadjuvant therapy in patients with
			A prospective multicenter observational cohort study
rel to rel The ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply inuscript only. e author's relationships/act	manuscript. "Related" mee affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh ivities/interests should be ension, you should declare	dips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive
	item #1 below, report all su e time frame for disclosure i	•	ed 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)	I also a feet a second
		Time frame: Since the initia	al planning of the work
•	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: pas	t 36 months
<u> </u>	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
}	Royalties or licenses	XNone	
Ļ	Consulting fees	X None	

	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
	8 - 17 1 1 1		
11	Stock or stock options	XNone	
11		XNone	
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11 12	Stock or stock options		
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	XNone	Illowing box:
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12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests	XNone	ellowing box:

Payment or honoraria for

Da	te:2023/2/16		
Yo	ur Name:Shad	ogeng Chen	
Ma	nuscript Title:Effectiven	ess and safety of camrelia	zumab-containing neoadjuvant therapy in patients with
loc	ally advanced esophageal so	quamous cell carcinoma: A	A prospective multicenter observational cohort study
Ma	nuscript number (if known)	:NA_	
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. hips/activities/interests as they relate to the current
to me	the epidemiology of hyperto edication, even if that medic item #1 below, report all su	ension, you should declare ation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items
the	e time frame for disclosure i	s the past 36 months.	
		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 initia	al planning of the work
	All suggest for the consent	Ι	ar planning of the work
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	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
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	No time mine for this item.		
		Time frame: pas	t 36 months
-	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
}	Royalties or licenses	XNone	
	Consulting fees	XNone	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
	5		
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non- financial interests	X None	
	iniariciai iriterests		
	ease summarize the above co	onflict of interest in the fo	llowing box:

Payment or honoraria for

Dat	te:2023/2/16		
Υοι	ır Name:Yui	nfeng Yi	
Ma	nuscript Title:Effectiven	ess and safety of camreliz	zumab-containing neoadjuvant therapy in patients with
loc	ally advanced esophageal so	quamous cell carcinoma: A	A prospective multicenter observational cohort study
Ma	nuscript number (if known)	:NA_	
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to t me In i	the epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in oport for the work reporte	e defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,
-	time frame for disclosure is	•	
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	al planning of the work
-	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	
	Crants or contracts from	Time frame: pas	t 36 months
-	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
}	Royalties or licenses	XNone	
l	Consulting fees	XNone	

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

Payment or honoraria for

Da	te:2023/2/16						
Yo	ur Name:Zhe	eming Zhang					
Ma	Manuscript Title:Effectiveness and safety of camrelizumab-containing neoadjuvant therapy in patients with						
loc	ally advanced esophageal so	quamous cell carcinoma: A	prospective multicenter observational cohort study				
Ma	nuscript number (if known)	:NA					
relipanto relima	ated to the content of your ries whose interests may be transparency and does not e ationship/activity/interest, e following questions apply muscript only. e author's relationships/activithe epidemiology of hypertedication, even if that medication.	manuscript. "Related" means affected by the content of the content of the cessarily indicate a bias. It is preferable that you do not to the author's relationship in the cesson, you should declare ation is not mentioned in the cesson.	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertain all relationships with manufacturers of antihypertensive				
	e time frame for disclosure is	•	d in this manuscript without time limit. For all other item	ıs,			
		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				
L	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				
<u>)</u>	Grants or contracts from any entity (if not indicated in item #1 above).	XNone					
3	Royalties or licenses	XNone					
ļ	Consulting fees	XNone					

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

Payment or honoraria for

Da	te:2023/2/16		
	ur Name:Ke		
Ma	anuscript Title:Effectiven	ess and safety of camreli	zumab-containing neoadjuvant therapy in patients with
loc	ally advanced esophageal so	quamous cell carcinoma:	A prospective multicenter observational cohort study
Ma	anuscript number (if known)	:NA_	
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to me	the epidemiology of hypertoedication, even if that medic	ension, you should declar ation is not mentioned in opport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertains to all relationships with manufacturers of antihypertensive the manuscript. The din this manuscript without time limit. For all other items,
tne	e time irame for disclosure i	s the past 36 months.	
		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	al planning of the work
1	All support for the present		al planning of the work
L	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: pas	st 36 months
<u>)</u>	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
1	Consulting fees	XNone	

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

Payment or honoraria for

X_None

Date:_____2023/6/29_____

Yo	ur Name:The	omas J. Birdas	
Ma	anuscript Title:Effectiven	ess and safety of camreliz	umab-containing neoadjuvant therapy in patients with
loc	cally advanced esophageal so	quamous cell carcinoma: A	prospective multicenter observational cohort study
Ma	anuscript number (if known)	:NA	
rel pa to rel Th ma Th to me	ated to the content of your rties whose interests may be transparency and does not a ationship/activity/interest, e following questions apply anuscript only. e author's relationships/activite epidemiology of hyperted edication, even if that medication item #1 below, report all support and support all support and support support and support support and support	manuscript. "Related" means affected by the content of the author's relationship in the content of the content	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
the	e time frame for disclosure is	s 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)
		Time frame: Since the initia	l planning of the work
	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
<u>)</u>	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
1	Consulting fees	XNone	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
	5		
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non- financial interests	X None	
	iniariciai iriterests		
	ease summarize the above co	onflict of interest in the fo	llowing box:

Payment or honoraria for

Da	te:2023/6/29						
Yo	ur Name:Ka	zuo Koyanagi					
Ma	Manuscript Title:Effectiveness and safety of camrelizumab-containing neoadjuvant therapy in patients with						
loc	ally advanced esophageal so	quamous cell carcinoma: A	prospective multicenter observational cohort study				
Ma	anuscript number (if known)	:NA					
relipanto relima	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply muscript only. e author's relationships/act the epidemiology of hypertedication, even if that medical	manuscript. "Related" means affected by the content of the author's relationship ivities/interests should be the content of th	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive				
	e time frame for disclosure i	•	a in this manascript without time innit. For all other recin	٠,			
		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				
L	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				
<u>)</u>	Grants or contracts from any entity (if not indicated in item #1 above).	XNone					
3	Royalties or licenses	XNone					
ļ	Consulting fees	XNone					

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

Payment or honoraria for

X_None

Date:_____2023/6/29_____

Yo	ur Name:Cha	arles B. Simone	
Ma	anuscript Title:Effectiven	ess and safety of camreliz	umab-containing neoadjuvant therapy in patients with
loc	ally advanced esophageal so	quamous cell carcinoma: A	prospective multicenter observational cohort study
Ma	anuscript number (if known)	:NA	
rel pa to rel Th ma Th to me	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply muscript only. e author's relationships/activite epidemiology of hyperted edication, even if that medication item #1 below, report all supersequences.	manuscript. "Related" means affected by the content of the author's relationship in the content of the content	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
the	e time frame for disclosure is	s the past 36 months.	
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	planning of the work
	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	
ı	Consulting fees	XNone	

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