

## ICMJE DISCLOSURE FORM

**Date:** Feb. 2, 2024

**Your Name:** Xusheng Ding

**Manuscript Title:** Evaluation of a new surgical procedure for simultaneous resection of synchronous thoracic middle-lower segment esophageal and distal gastric cancers

**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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|   |  | 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) |
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| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |

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| 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:** Feb. 2, 2024

**Your Name:** Bin Li

**Manuscript Title:** Evaluation of a new surgical procedure for simultaneous resection of synchronous thoracic middle-lower segment esophageal and distal gastric cancers

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## ICMJE DISCLOSURE FORM

**Date:** Feb. 2, 2024

**Your Name:** Hui Shen

**Manuscript Title:** Evaluation of a new surgical procedure for simultaneous resection of synchronous thoracic middle-lower segment esophageal and distal gastric cancers

**Manuscript number (if known):**

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## ICMJE DISCLOSURE FORM

**Date:** Feb. 2, 2024

**Your Name:** Zezhou Wang

**Manuscript Title:** Evaluation of a new surgical procedure for simultaneous resection of synchronous thoracic middle-lower segment esophageal and distal gastric cancers

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## ICMJE DISCLOSURE FORM

**Date:** Feb. 2, 2024

**Your Name:** Longlong Shao

**Manuscript Title:** Evaluation of a new surgical procedure for simultaneous resection of synchronous thoracic middle-lower segment esophageal and distal gastric cancers

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## ICMJE DISCLOSURE FORM

**Date:** Feb. 2, 2024

**Your Name:** Jiaqing Xiang

**Manuscript Title:** Evaluation of a new surgical procedure for simultaneous resection of synchronous thoracic middle-lower segment esophageal and distal gastric cancers

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