

ICMJE DISCLOSURE FORM

Date: 2024/2/20

Your Name: Hua Tang

Manuscript Title: A preliminary study of modified inflatable mediastinoscopic and single-incision plus one-port laparoscopic esophagectomy

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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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)
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Time frame: past 36 months			
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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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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: 2024/2/20

Your Name: Zhihao Song

Manuscript Title: A preliminary study of modified inflatable mediastinoscopic and single-incision plus one-port laparoscopic esophagectomy

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2024/2/20

Your Name: Rongqiang Wei

Manuscript Title: A preliminary study of modified inflatable mediastinoscopic and single-incision plus one-port laparoscopic esophagectomy

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2024/2/20

Your Name: Kai Yan

Manuscript Title: A preliminary study of modified inflatable mediastinoscopic and single-incision plus one-port laparoscopic esophagectomy

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2024/2/20

Your Name: Zihao Chen

Manuscript Title: A preliminary study of modified inflatable mediastinoscopic and single-incision plus one-port laparoscopic esophagectomy

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2024/2/20

Your Name: Kenan Huang

Manuscript Title: A preliminary study of modified inflatable mediastinoscopic and single-incision plus one-port laparoscopic esophagectomy

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2024/2/20

Your Name: Ning Xin

Manuscript Title: A preliminary study of modified inflatable mediastinoscopic and single-incision plus one-port laparoscopic esophagectomy

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ICMJE DISCLOSURE FORM

Date: 2024/2/6
 Your Name: Noriyuki Hirahara
 Manuscript Title: A preliminary study of modified inflatable mediastinoscopic and single-incision plus one-port laparoscopic esophagectomy
 Manuscript number (if known): _____

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Date: 2024/2/20

Your Name: Inderpal S. Sarkaria

Manuscript Title: A preliminary study of modified inflatable mediastinoscopic and single-incision plus one-port laparoscopic esophagectomy

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Date: 2024/2/20

Your Name: Xinyue Li

Manuscript Title: A preliminary study of modified inflatable mediastinoscopic and single-incision plus one-port laparoscopic esophagectomy

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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: 2024/2/20

Your Name: Zhifei Xu

Manuscript Title: A preliminary study of modified inflatable mediastinoscopic and single-incision plus one-port laparoscopic esophagectomy

Manuscript number (if known): _____

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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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