

ICMJE DISCLOSURE FORM

Date: 3/19/24

Your Name: Xiaohan Chen

Manuscript Title: An esophagectomy surgical Apgar score-based nomogram: a phase II clinical trial—a risk-based postoperative triage system

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.

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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)
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.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
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	
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: 3/19/24

Your Name: Yong Xi

Manuscript Title: An esophagectomy surgical Apgar score-based nomogram: a phase II clinical trial—a risk-based postoperative triage system

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 3/19/24

Your Name: Chengbin Lin

Manuscript Title: An esophagectomy surgical Apgar score-based nomogram: a phase II clinical trial—a risk-based postoperative triage system

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 3/19/24

Your Name: Hongyan Yu

Manuscript Title: An esophagectomy surgical Apgar score-based nomogram: a phase II clinical trial—a risk-based postoperative triage system

Manuscript number (if known): _____

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None

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ICMJE DISCLOSURE FORM

Date: 3/18/24

Your Name: Jae Kim

Manuscript Title: **An esophagectomy surgical Apgar score-based nomogram: a phase II clinical trial—a risk-based postoperative triage system**

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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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	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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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: 3/16/24

Your Name: Jon Wee

Manuscript Title: An esophagectomy surgical Apgar score-based nomogram: a phase II clinical trial—a risk-based postoperative triage system

Manuscript number (if known):

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Intuitive	
3	Royalties or licenses	___ None	
4	Consulting fees	Meditronic	

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

The author receives grants or contracts from Intuitive and receives consulting fees from Meditronic.

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 3/19/24

Your Name: Xianneng He

Manuscript Title: An esophagectomy surgical Apgar score-based nomogram: a phase II clinical trial—a risk-based postoperative triage system

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 3/19/24

Your Name: Jiajun Gao

Manuscript Title: An esophagectomy surgical Apgar score-based nomogram: a phase II clinical trial—a risk-based postoperative triage system

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 3/19/24

Your Name: Weiyu Shen

Manuscript Title: An esophagectomy surgical Apgar score-based nomogram: a phase II clinical trial—a risk-based postoperative triage system

Manuscript number (if known): _____

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