Date: <u>Oct 04th , 2021</u>	
Your Name:_ <u>Tao Hu</u>	
Manuscript Title: <u>Effects of long-term exposure to sevoflurane on the proliferation, migration, in</u>	nvasion,
and cisplatin sensitivity of esophageal cancer	
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 <u>current</u> <u>manuscript only</u>.

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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	_X_None	
	manuscript (e.g., funding,		
	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).		
3	Royalties or licenses	_X_ None	
4	Consulting fees	_X_ None	

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

None.

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

Date:_ Oct 04 th , 2021
Your Name:_ Chao Zhou
Manuscript Title:_ Effects of long-term exposure to sevoflurane on the proliferation, migration, invasion,
and cisplatin sensitivity of esophageal cancer_
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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	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).		
3	Royalties or licenses	_X_ None	
4	Consulting fees	_X_ None	
	-		

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

None.

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

Date:_ Oct 04 th , 2021
Your Name:_ Jinjin Jiang
Manuscript Title:_ Effects of long-term exposure to sevoflurane on the proliferation, migration, invasion,
and cisplatin sensitivity of esophageal cancer_
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)
		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.	_X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

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

None.

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

Date:_ Oct 04 th , 2021
Your Name:_ Meili Xu
Manuscript Title:_ Effects of long-term exposure to sevoflurane on the proliferation, migration, invasion,
and cisplatin sensitivity of esophageal cancer_
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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		Time frame: Since the initial	planning of the work
1	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.		
		Time frame: past	36 months
2	Grants or contracts from	_X_ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X_ None	
4	Consulting fees	_X_ None	

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

None.

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

Date:_ Oct 04 th , 2021
Your Name:_ Huaqin Liu
Manuscript Title:_ Effects of long-term exposure to sevoflurane on the proliferation, migration, invasion,
and cisplatin sensitivity of esophageal cancer_
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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1	All support for the present	X_ None	
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	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).		
3	Royalties or licenses	_X_ None	
4	Consulting fees	_X_ None	

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

None.

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

Date:_ Oct 04 th , 2021
Your Name:_Chunyan Zhang
Manuscript Title:_ Effects of long-term exposure to sevoflurane on the proliferation, migration, invasion,
and cisplatin sensitivity of esophageal cancer_
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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	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).		
3	Royalties or licenses	_X_ None	
4	Consulting fees	_X_ None	

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

None.

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

Date:_ Oct 04 th , 2021
Your Name:_Xiaozhi Liu
Manuscript Title:_ Effects of long-term exposure to sevoflurane on the proliferation, migration, invasion,
and cisplatin sensitivity of esophageal cancer_
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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

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

None.

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

Date:_ Oct 04 th , 2021
Your Name:_Jianfeng Fu
Manuscript Title:_ Effects of long-term exposure to sevoflurane on the proliferation, migration, invasion,
and cisplatin sensitivity of esophageal cancer_
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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1	All support for the present	_X_None	
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2	Grants or contracts from	_X_ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X_ None	
4	Consulting fees	_X_ None	

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

None.

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

Date:_ Oct 04 th , 2021
Your Name:_Xiaolin Xiao
Manuscript Title:_ Effects of long-term exposure to sevoflurane on the proliferation, migration, invasion,
and cisplatin sensitivity of esophageal cancer_
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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	Time frame: Since the initial planning of the work				
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	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).				
3	Royalties or licenses	_X_ None			
4	Consulting fees	_X_ None			

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

None.

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