ICMJE DISCLOSURE FORM

Date:	_2/25/23						
Your Name:_	David Friedel_						
Manuscript Title: Unmet Needs in Barret's Esophagus Diagnosis and Treatment							
Manuscript n	number (if known):	TGH-23-12					

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.

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	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	None			
	processing charges, etc.)				
No time limit for this ite	No time limit for this item.				
		Time frame: past	36 months		
2	Grants or contracts from	None			
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3	Royalties or licenses	None			
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	testimony					
7	Support for attending meetings and/or travel	None				
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	pending					
9	Participation on a Data Safety Monitoring Board or	None				
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10	Leadership or fiduciary role	None				
10	in other board, society,					
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	None				
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12	Receipt of equipment, materials, drugs, medical	None				
	writing, gifts or other					
	services					
13	Other financial or non-	None				
	financial interests					
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:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.