

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Sahar	2. Surname (Last Name) Saddoughi	3. Date 25-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name K. Robert Shen
5. Manuscript Title Patients younger than 45 years of age have superior 5-year survival in advanced esophageal cancer		
6. Manuscript Identifying Number (if you know it) SHC-19-36		

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Dr. Saddoughi has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) James	2. Surname (Last Name) Taswell	3. Date 25-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name K. Robert Shen
5. Manuscript Title Patients younger than 45 years of age have superior 5-year survival in advanced esophageal cancer		
6. Manuscript Identifying Number (if you know it) SHC-19-36		

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Dr. Taswell has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Grant

2. Surname (Last Name)  
Spears

3. Date  
25-June-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
K. Robert Shen

5. Manuscript Title  
Patients younger than 45 years of age have superior 5-year survival in advanced esophageal cancer

6. Manuscript Identifying Number (if you know it)  
SHC-19-36

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Dr. Spears has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) William	2. Surname (Last Name) Harmsen	3. Date 25-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name K. Robert Shen
5. Manuscript Title Patients younger than 45 years of age have superior 5-year survival in advanced esophageal cancer		
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Dr. Harmsen has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Shanda	2. Surname (Last Name) Blackmon	3. Date 25-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name K. Robert Shen
5. Manuscript Title Patients younger than 45 years of age have superior 5-year survival in advanced esophageal cancer		
6. Manuscript Identifying Number (if you know it) SHC-19-36		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Blackmon has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Stephen	2. Surname (Last Name) Cassivi	3. Date 25-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name K. Robert Shen
5. Manuscript Title Patients younger than 45 years of age have superior 5-year survival in advanced esophageal cancer		
6. Manuscript Identifying Number (if you know it) SHC-19-36		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Cassivi has nothing to disclose.

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Francis

2. Surname (Last Name)  
Nichols III

3. Date  
25-June-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
K. Robert Shen

5. Manuscript Title  
Patients younger than 45 years of age have superior 5-year survival in advanced esophageal cancer

6. Manuscript Identifying Number (if you know it)  
SHC-19-36

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Nichols III has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Dennis

2. Surname (Last Name)  
Wigle

3. Date  
25-June-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
K. Robert Shen

5. Manuscript Title  
Patients younger than 45 years of age have superior 5-year survival in advanced esophageal cancer

6. Manuscript Identifying Number (if you know it)  
SHC-19-36

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### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Wigle has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

K. Robert

2. Surname (Last Name)

Shen

3. Date

25-June-2019

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Patients younger than 45 years of age have superior 5-year survival in advanced esophageal cancer

6. Manuscript Identifying Number (if you know it)

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