ICMJE DISCLOSURE FORM

Date:12.07.2023 Your Name: SEZER ASLAN Manuscript Title: UNIPORTAL VIDEO-ASSISTED THORACOSCOPIC SURGERY IVOR LEWIS ESOPHAGECTOMY: SURGICAL TECHNIQUE Manuscript number (if known): VATS-22-53

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.

		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					
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	No time limit for this item.					
		Time frame: past	36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None				
3	Royalties or licenses	None				
4	Consulting fees	None				
5		None				

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

I HAVE NO CONFLICTS OF INTEREST TO DECLARE.

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.

Sezer Aslan, MD.

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Date:1	12.07.2023	
Your Name:_	HASAN FEVZI BATIREL	
Manuscript Title:_ UNIPORTAL VATS IVOR LEWIS		
ESOPHAGECT	ОМҮ	
Manuscript n	umber (if known): VATS-22-53-R1	

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		Time frame: past	36 months		
2	Grants or contracts from	XNone			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	X_None			
4	Consulting fees	XNone			

5	Payment or honoraria for	MEDTRONIC	
	lectures, presentations,	JOHNSON AND JOHNSON	
	speakers bureaus,	ASTRA ZENECA	
	manuscript writing or		
6	educational events	X None	
0	Payment for expert testimony		
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10		FETE Corretory Conoral	
10	Leadership or fiduciary role in other board, society,	ESTS, Secretary General	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	V. Nana	
13	financial interests	XNone	

Please summarize the above conflict of interest in the following box:

HB is a consultant with Johnson and Johnson, Medtronic and Astra Zeneca and receives fees and honoraria, and he is also the Secretary General of European Society of Thoracic Surgeons (ESTS).

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.

HASAN BATIREL, MD, PhD

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