

ICMJE DISCLOSURE FORM

Date: 2022.8.24

Your Name: Feng Su

Manuscript Title: Effect of en bloc esophagectomy and meso-esophagectomy on esophageal cancer patients: a systematic review and meta-analysis

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.

The author's relationships/activities/interests should be defined broadly. 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			
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.	_____ None	
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	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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11	Stock or stock options	None	
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13	Other financial or non-financial interests	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.

Feng Su



ICMJE DISCLOSURE FORM

Date: 2022.8.24

Your Name: Heng Jiao

Manuscript Title: Effect of en bloc esophagectomy and meso-esophagectomy on esophageal cancer patients: a systematic review and meta-analysis

Manuscript number (if known): _____

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Heng Jiao



ICMJE DISCLOSURE FORM

Date: 2022.8.24

Your Name: Jun Yin

Manuscript Title: Effect of en bloc esophagectomy and meso-esophagectomy on esophageal cancer patients: a systematic review and meta-analysis

Manuscript number (if known): _____

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Jun Yin



ICMJE DISCLOSURE FORM

Date: 2022.8.24

Your Name: Yong Fang

Manuscript Title: Effect of en bloc esophagectomy and meso-esophagectomy on esophageal cancer patients: a systematic review and meta-analysis

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Yong Fang



ICMJE DISCLOSURE FORM

Date: 2022.8.24

Your Name: Lijie Tan

Manuscript Title: Effect of en bloc esophagectomy and meso-esophagectomy on esophageal cancer patients: a systematic review and meta-analysis

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Lijie Tan



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Date: 2022.8.24

Your Name: Yaxing Shen

Manuscript Title: Effect of en bloc esophagectomy and meso-esophagectomy on esophageal cancer patients: a systematic review and meta-analysis

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Yaxing Shen

