ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Sander

2. Surname (Last Name)  
   Ubels

3. Date  
   28-May-2020

4. Are you the corresponding author?  
   No

Corresponding Author's Name  
John V. Reynolds

5. Manuscript Title  
   Anastomotic Leakage after Esophagectomy for Esophageal Cancer: Risk Factors and Operative Treatment

6. Manuscript Identifying Number (if you know it)  
   AOE-2020-GEJA-08

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Dr. Ubels has nothing to disclose.

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### Identifying Information

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<tr>
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<th>Moniek</th>
</tr>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Verstegen</td>
</tr>
<tr>
<td>3. Date</td>
<td>28-May-2020</td>
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<td>4. Are you the corresponding author?</td>
<td>☑ No</td>
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<td>5. Manuscript Title</td>
<td>Anastomotic Leakage after Esophagectomy for Esophageal Cancer: Risk Factors and Operative Treatment</td>
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1. Given Name (First Name)  
   Camiel

2. Surname (Last Name)  
   Rosman

3. Date  
   28-May-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Reynolds

3. Date  
   24-June-2020

4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No

5. Manuscript Title  
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