ICMJE Form for Disclosure of Potential Conflicts of Interest

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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   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)  
   **William**

2. Surname (Last Name)  
   **Jebril**

3. Date  
   **26-May-2020**

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

   Corresponding Author's Name  
   **Magnus Nilsson**

5. Manuscript Title  
   **Esophagectomy with open, hybrid or total minimally invasive surgical technique; a comprehensive review based on a systematic literature search**

6. Manuscript Identifying Number (if you know it)  
   **AOE-2020-MTEC-03**

**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

**Section 3. Relevant financial activities outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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
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**Section 6. Disclosure Statement**

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

Dr. Jebril has nothing to disclose.

**Evaluation and Feedback**

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<tr>
<td>Fredrik</td>
<td>Klevebro</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

**Corresponding Author’s Name**

Magnus Nilsson

5. Manuscript Title

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AOE-2020-MTEC-03

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Dr. Klevebro has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Ioannis
2. Surname (Last Name)  Rouvelas
3. Date  26-May-2020
4. Are you the corresponding author?  ✔ No
5. Manuscript Title  Esophagectomy with open, hybrid or total minimally invasive surgical technique; a comprehensive review based on a systematic literature search
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Dr. Rouvelas has nothing to disclose.

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<tr>
<td>Magnus</td>
<td>Nilsson</td>
<td>26-May-2020</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

5. Manuscript Title
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