ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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.

1. Identifying information.

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**Licensed**: The patent has been licensed to an entity, whether earning royalties or not

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identiﬁcation Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
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<tbody>
<tr>
<td>Chigozirim</td>
<td>Ekeke</td>
<td>19-July-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No

<table>
<thead>
<tr>
<th>Corresponding Author's Name</th>
</tr>
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<tbody>
<tr>
<td>Ryan Levy</td>
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5. Manuscript Title
Minimally Invasive Esophagectomy For a Large Malignant Schwannoma of the Esophagus: A Case Report and Review of the Literature

6. Manuscript Identifying Number (if you know it)
AOE 20-14

## 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

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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
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Dr. Ekeke has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)
   Nicholas

2. Surname (Last Name)
   Baker

3. Date
   28-July-2020

4. Are you the corresponding author?  
   [ ] Yes  [x] No
   Corresponding Author’s Name
   Ryan Levy

5. Manuscript Title
   Minimally Invasive Esophagectomy For a Large Malignant Schwannoma of the Esophagus: A Case Report and Review of the Literature

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Dr. Baker has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   James

2. Surname (Last Name)  
   Luketich

3. Date  
   29-April-2020

4. Are you the corresponding author?  
   Yes [ ] No [X]

   Corresponding Author’s Name  
   Ryan Levy

5. Manuscript Title  
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   Yes [X] No [ ]

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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</tr>
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</tr>
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<td>✔</td>
<td>☐</td>
<td>speaker</td>
</tr>
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<td>☐</td>
<td>☐</td>
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Dr. Luketich reports grants from University of Texas SWMC, grants from Anpac Tech of USA, non-financial support from Covidien, other from Intuitive Surgical Inc, Proctor and Gamble, and Cigna Corp, outside the submitted work.

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1. Given Name (First Name)  
   Ryan

2. Surname (Last Name)  
   Levy

3. Date  
   27-July-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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