

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.

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2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

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

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Dr. Jebril has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Fredrik

2. Surname (Last Name)

Klevebro

3. Date

26-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Magnus Nilsson

5. Manuscript Title

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Dr. Klevebro has nothing to disclose.

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1. Given Name (First Name)

Ioannis

2. Surname (Last Name)

Rouvelas

3. Date

26-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Magnus Nilsson

5. Manuscript Title

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Magnus

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Nilsson

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26-May-2020

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