

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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Other: Anything not covered under the previous three boxes

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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)

Aroub

2. Surname (Last Name)

Alkaaki

3. Date

30-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lorenzo Ferri

5. Manuscript Title

Airway Resection for cT4b Esophageal Cancer:

A Single Institution Experience

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Alkaaki has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Maude	2. Surname (Last Name) Trepanier	3. Date 07-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lorenzo Ferri
5. Manuscript Title Airway Resection for cT4b Esophageal Cancer: A Single Institution Experience		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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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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Dr. Trepanier has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jonathan	2. Surname (Last Name) Cools-Lartigue	3. Date 31-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lorenzo Ferri
5. Manuscript Title Airway Resection for cT4b Esophageal Cancer: A Single Institution Experience		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Cools-Lartigue has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jonathan

2. Surname (Last Name)
Spicer

3. Date
31-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lorenzo Ferri

5. Manuscript Title
Airway Resection for cT4b Esophageal Cancer: A Single Institution Experience

6. Manuscript Identifying Number (if you know it)

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Carmen

2. Surname (Last Name)

Mueller

3. Date

30-July-2020

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Corresponding Author's Name

Lorenzo Ferri

5. Manuscript Title

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Dr. Mueller has nothing to disclose.

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3. Date
28-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Airway Resection for cT4b Esophageal Carcinoma: A Single Institution Experience

6. Manuscript Identifying Number (if you know it)

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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

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Dr. Ferri has nothing to disclose.

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