

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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)
Tomonori

2. Surname (Last Name)
Yano

3. Date
09-November-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Endoscopic management for patients with esophageal stricture in the oncological practice

6. Manuscript Identifying Number (if you know it)
AOE-20-91

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

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Olympus	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FUJIFILM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HOYA PENTAX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SHIMADZU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RAKUTEN Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meiji Saika Pharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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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Dr. Yano reports grants and personal fees from Olympus, grants from FUJIFILM, grants from HOYA PENTAX, grants from SHIMADZU, grants from RAKUTEN Medical, personal fees from Meiji Saika Pharma, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hironori	2. Surname (Last Name) Sunakawa	3. Date 10-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tomonori Yano
5. Manuscript Title Endoscopic management for patients with esophageal stricture in the oncological practice		
6. Manuscript Identifying Number (if you know it) AOE-20-91		

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Sunakawa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Keiichiro	2. Surname (Last Name) Nakajo	3. Date 09-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tomonori Yano
5. Manuscript Title Endoscopic management for patients with esophageal stricture in the oncological practice		
6. Manuscript Identifying Number (if you know it) AOE-20-91		

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Section 1. Identifying Information

1. Given Name (First Name)

Tomohiro

2. Surname (Last Name)

Kadota

3. Date

09-November-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Tomonori Yano

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

AOE-20-91

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tomonori Yano
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