ICMJE DISCLOSURE FORM #1

Date: 06/17/2021
Your Name: Yoyo Wang
Manuscript Title: A Population-Based Evaluation of Short-term and Intermediate-term Readmission after Esophagectomy
Manuscript number (if known): JTD-21-637

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** |                                                                                   |                                                                                  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __X__ None                                                                   |
|   | **No time limit for this item.**                                                               |                                                                                  |
| **Time frame: past 36 months**                                                               |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | __X__ None                                                                   |
| 3 | Royalties or licenses                                                                         | __X__ None                                                                   |
| 4 | Consulting fees                                                                               | __X__ None                                                                   |
|   | Description                                                                 | Answer  |
|---|------------------------------------------------------------------------------|---------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | _X_None |
|   | manuscript writing or educational events                                     |         |
| 6 | Payment for expert testimony                                                 | _X_None |
| 7 | Support for attending meetings and/or travel                                  | _X_None |
| 8 | Patents planned, issued or pending                                            | _X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | _X_None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy  | _X_None |
|   | group, paid or unpaid                                                         |         |
| 11| Stock or stock options                                                        | _X_None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      | _X_None |
|   | services                                                                      |         |
| 13| Other financial or non-financial interests                                    | _X_None |

Please summarize the above conflict of interest in the following box:

I have no conflicts of interest for this manuscript.

Please place an “X” next to the following statement to indicate your agreement:

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM #2

Date: 06/17/2021
Your Name: Chi-Fu Jeffrey Yang
Manuscript Title: A Population-Based Evaluation of Short-term and Intermediate-term Readmission after Esophagectomy
Manuscript number (if known): JTD-21-637

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| **Time frame: Since the initial planning of the work** |                                                                                     |                                                                                   |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None                                                                          |
|   | **No time limit for this item.**                                                              |                                                                                   |
| **Time frame: past 36 months** |                                                                                     |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X_ None                                                                          |
| 3 | Royalties or licenses                                                                          | _X_ None                                                                          |
| 4 | Consulting fees                                                                                | _X_ None                                                                          |
### Table of Conflicts of Interest

|   | Description                                                                 | X_None |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |        |
| 6 | Payment for expert testimony                                                |        |
| 7 | Support for attending meetings and/or travel                                |        |
| 8 | Patents planned, issued or pending                                          |        |
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|11 | Stock or stock options                                                      |        |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services |        |
|13 | Other financial or non-financial interests                                  |        |

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**Please place an “X” next to the following statement to indicate your agreement:**

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM #3

Date: 6/7/2021  
Your Name: He, Hao  
Manuscript Title: A Population-Based Evaluation of Short-term and Intermediate-term Readmission after Esophagectomy  
Manuscript number (if known): JTD-21-637

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|---|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
|1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)**No time limit for this item.** | _X_ None |

Time frame: Since the initial planning of the work

|   | | |
|---|---|---|
|2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |

Time frame: past 36 months

|   | | |
|---|---|---|
|3 | Royalties or licenses | _X_ None |

|   | | |
|---|---|---|
|4 | Consulting fees | _X_ None |
|   | __X__ None |
|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |
| 6 | Payment for expert testimony |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services |
| 13 | Other financial or non-financial interests |

Please summarize the above conflict of interest in the following box:

I have no conflict of interest for this manuscript.

Please place an “X” next to the following statement to indicate your agreement:

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
Date: 06/03/2021  
Your Name: Josephine Buchan  
Manuscript Title: A Population-Based Evaluation of Short-term and Intermediate-term Readmission after Esophagectomy  
Manuscript number (if known): JTD-21-637

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|   | **Time frame: Since the initial planning of the work**                                          |                                                                                     |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | __X__ None                                                                         |

|   | **Time frame: past 36 months**                                                                 |                                                                                     |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | __X__ None                                                                         |
| 3 | Royalties or licenses                                                                          | __X__ None                                                                         |
| 4 | Consulting fees                                                                                | __X__ None                                                                         |
Please summarize the above conflict of interest in the following box:

Please place an “X” next to the following statement to indicate your agreement:

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   |                                                                                     |   |
|---|------------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript     |   |
|   | writing or educational events                                                       |   |
| 6 | Payment for expert testimony                                                        |   |
| 7 | Support for attending meetings and/or travel                                        |   |
| 8 | Patents planned, issued or pending                                                  |   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                   |   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group,  |   |
|   | paid or unpaid                                                                      |   |
| 11| Stock or stock options                                                               |   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services     |   |
| 13| Other financial or non-financial interests                                           |   |

Please place an “X” next to the following statement to indicate your agreement:

_ X _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM #6

Date: June 7, 2021
Your Name: Douglas Liou
Manuscript Title: A Population-Based Evaluation of Short-term and Intermediate-term Readmission after Esophagectomy
Manuscript number (if known): JTD-21-637

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   | **Time frame: Since the initial planning of the work**                                              |                                                                                  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __X__ None                                                                       |
|   | **No time limit for this item.**                                                                     |                                                                                  |
|   | **Time frame: past 36 months**                                                                      |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                           | __ X __ None                                                                     |
| 3 | Royalties or licenses                                                                                | __ X __ None                                                                     |
| 4 | Consulting fees                                                                                    | __ X __ None                                                                     |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                               | X | None |
| 7 | Support for attending meetings and/or travel                              | X | None |
| 8 | Patents planned, issued or pending                                         | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                     | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                 | X | None |

Please summarize the above conflict of interest in the following box:

I have no conflicts of interest.

Please place an "X" next to the following statement to indicate your agreement:

_ X _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM #7

Date: 6/7/21
Your Name: Natalie Lui
Manuscript Title: A Population-Based Evaluation of Short-term and Intermediate-term Readmission after Esophagectomy
Manuscript number (if known): JTD-21-637

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** |                                                                                     |                                                                                     |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **__X__** None                                                                       |
|   |                                                                                     |                                                                                     |
|   |                                                                                     |                                                                                     |
|   |                                                                                     |                                                                                     |
|   | **No time limit for this item.**                                                      |                                                                                     |
| **Time frame: past 36 months**                                                        |                                                                                     |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).             | **__X__** None                                                                       |
|   |                                                                                     |                                                                                     |
| 3 | Royalties or licenses                                                                | **__X__** None                                                                       |
|   |                                                                                     |                                                                                     |
| 4 | Consulting fees                                                                      | **__X__** None                                                                       |
|   |                                                                                     |                                                                                     |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,        | X  | None |
|   | manuscript writing or educational events                                    |    |      |
| 6 | Payment for expert testimony                                                | X  | None |
| 7 | Support for attending meetings and/or travel                                | X  | None |
| 8 | Patents planned, issued or pending                                          | X  | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X  | None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy| X  | None |
|   | group, paid or unpaid                                                        |    |      |
|11 | Stock or stock options                                                       | X  | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other     | X  | None |
|   | services                                                                     |    |      |
|13 | Other financial or non-financial interests                                   | X  | None |

Please summarize the above conflict of interest in the following box:



Please place an “X” next to the following statement to indicate your agreement:

_X_ __ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM #8

Date: 6/8/21
Your Name: Mark Berry
Manuscript Title: A Population-Based Evaluation of Short-term and Intermediate-term Readmission after Esophagectomy
Manuscript number (if known): JTD-21-637

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| **Time frame: Since the initial planning of the work** |
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | _X_ None |
| **Time frame: past 36 months** |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| **3** | Royalties or licenses | _X_ None |
| **4** | Consulting fees | _X_ None |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                               | X | None |
| 7 | Support for attending meetings and/or travel                                | X | None |
| 8 | Patents planned, issued or pending                                         | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                      | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                 | X | None |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

_ X _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM #9

Date: 6/8/21
Your Name: Joseph Shrager, MD
Manuscript Title: A Population-Based Evaluation of Short-term and Intermediate-term Readmission after Esophagectomy
Manuscript number (if known): JTD-21-637

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |  X  | None |
---|---|---|---|
6 | Payment for expert testimony |  X  | None |
---|---|---|---|
7 | Support for attending meetings and/or travel |  X  | None |
---|---|---|---|
8 | Patents planned, issued or pending |  X  | None |
---|---|---|---|
9 | Participation on a Data Safety Monitoring Board or Advisory Board |  X  | None |
---|---|---|---|
10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid |  X  | None |
---|---|---|---|
11 | Stock or stock options |  X  | None |
---|---|---|---|
12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services |  X  | None |
---|---|---|---|
13 | Other financial or non-financial interests |  X  | None |
---|---|---|---|

Please summarize the above conflict of interest in the following box:





Please place an “X” next to the following statement to indicate your agreement:

_ X  _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM #10

Date: June 17, 2021  
Your Name: Leah Backhus  
Manuscript Title: A Population-Based Evaluation of Short-term and Intermediate-term Readmission after Esophagectomy  
Manuscript number (if known): JTD-21-637

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| Time frame: Since the initial planning of the work |                                                                                   |                                                                                  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __X__ None                                                                        |
|   | **No time limit for this item.**                                                                 |                                                                                  |
| Time frame: past 36 months |                                                                                   |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                  | __ X __ None                                                                      |
| 3 | Royalties or licenses                                                                      | __ X __ None                                                                      |
| 4 | Consulting fees                                                                           | __ X __ None                                                                      |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                               | X | None |
| 7 | Support for attending meetings and/or travel                                | X | None |
| 8 | Patents planned, issued or pending                                         | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                      | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                  | X | None |

Please summarize the above conflict of interest in the following box:

I have no conflicts of interest.

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