ICMJE DISCLOSURE FORM

Date: ______________ 2022/2/21 __________________________________________________________
Your Name: __________ Bin Zheng ______________________________________________________
Manuscript Title: __________ The clinical characteristics and treatment of post-esophagectomy airway fistula: A Multicenter Retrospective Study __________
Manuscript number (if known): ______________________________________________________________________________________________

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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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) |
|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br>No time limit for this item. | funding<br>Climbing project of science and technology department of Fujian Province. (2018Y9058)<br>funding<br>Fujian Provincial Joint Research Project of Health Care and Education. (WKJ2016-2-09) |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).<br>__X__None | |
| 3 | Royalties or licenses<br>__X__None | |
|   | Description                                                                                                                                  | 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:**

The author reports the study was supported by Climbing project of science and technology department of Fujian Province. (No. 2018Y9058) and Fujian Provincial Joint Research Project of Health Care and Education. (No. WKJ2016-2-09).

**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: _______________ 2022/2/21

Your Name: ___________ Taidui Zeng

Manuscript Title: _____ The clinical characteristics and treatment of post-esophagectomy airway fistula: A Multicenter Retrospective Study ______

Manuscript number (if known): __________________________________________________________

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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                                                                         |
|   | Description                                                                 | Selection |
|---|-----------------------------------------------------------------------------|-----------|
| 4 | Consulting fees                                                            | None      |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None      |
| 6 | Payment for expert testimony                                                | None      |
| 7 | Support for attending meetings and/or travel                                | None      |
| 8 | Patents planned, issued or pending                                          | None      |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | None      |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None      |
|11 | Stock or stock options                                                      | None      |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None      |
|13 | Other financial or non-financial interests                                  | None      |

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ICMJE DISCLOSURE FORM

Date:______________2022/2/21
Your Name:___________Hong Yang
Manuscript Title:____ The clinical characteristics and treatment of post-esophagectomy airway fistula: A Multicenter Retrospective Study ______
Manuscript number (if known):__________________________________________________________________

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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 |
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| 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 |
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| 13 | Other financial or non-financial interests | __X__ None |

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ICMJE DISCLOSURE FORM

Date: ___________ 2022/2/21
Your Name: ___________ Xuefeng Leng
Manuscript Title: ___________ The clinical characteristics and treatment of post-esophagectomy airway fistula: A Multicenter Retrospective Study
Manuscript number (if known): ________________________________________________________________

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  **No time limit for this item.**

  **Time frame:** Since the initial planning of the work

  - funding
    - Climbing project of science and technology department of Fujian Province. (2018Y9058)
  
  - funding
    - Fujian Provincial Joint Research Project of Health Care and Education. (WKJ2016-2-09)

| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__None |

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| 6 | Payment for expert testimony | _X_ None |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
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ICMJE DISCLOSURE FORM

Date: ___________________2022/2/21__________________________________________________________
Your Name: _____________ Yong Yuan________________________________________________________________
Manuscript Title: ____ The clinical characteristics and treatment of post-esophagectomy airway fistula: A Multicenter Retrospective Study ____
Manuscript number (if known): __________________________________________________________________________

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|   | No time limit for this item.                                                                    | Funding:                                                                 |
|   |                                                                                                 | Climbing project of science and technology department of Fujian Province. (2018Y9058) |
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| 3 | Royalties or licenses                                                                          | __X__ None                                                                     |
|   | Consulting fees | __X__None |
|---|-----------------|------------|
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| 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 |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__None |
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Date: ________2022/2/21__________________________

Your Name: __________ Liang Dai__________________________

Manuscript Title: __The clinical characteristics and treatment of post-esophagectomy airway fistula: A Multicenter Retrospective Study_____

Manuscript number (if known): ________________________________

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|   | **No time limit for this item.**                                                              | funding                                                                 | Fujian Provincial Joint Research Project of Health Care and Education. (WKJ2016-2-09) |
|   |                                                                                               |                                                                                     |                                                                                     |
|   |                                                                                               |                                                                                     |                                                                                     |
|   |                                                                                               |                                                                                     |                                                                                     |
| **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 |
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ICMJE DISCLOSURE FORM

Date: ____________________ 2022/2/21 __________________________

Your Name: ___________ Xufeng Guo ________________________

Manuscript Title: ____ The clinical characteristics and treatment of post-esophagectomy airway fistula: A Multicenter Retrospective Study ______
Manuscript number (if known): __________________________________

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|   | No time limit for this item.                                                                   | funding                                                                                                                         | Fujian Provincial Joint Research Project of Health Care and Education. (WKJ2016-2-09)                                           |
|   |                                                                                                 |                                                                                                                                   |                                                                                                                         |
|   |                                                                                                 |                                                                                                                                   |                                                                                                                         |
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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                                                                                                                     |                                                                                                                         |
|   | Description                                                                 | Verdict |
|---|-----------------------------------------------------------------------------|---------|
| 4 | Consulting fees                                                             | None    |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | None    |
|   | manuscript writing or educational events                                    |         |
| 6 | Payment for expert testimony                                                | None    |
| 7 | Support for attending meetings and/or travel                                | None    |
| 8 | Patents planned, issued or pending                                          | None    |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | None    |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy | None    |
|   | group, paid or unpaid                                                        |         |
|11 | Stock or stock options                                                      | None    |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other     | None    |
|   | services                                                                     |         |
|13 | Other financial or non-financial interests                                  | None    |

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ICMJE DISCLOSURE FORM

Date: ______________2022/2/21______________________________________________________________

Your Name: _______Yan Zheng______________________________________________________________

Manuscript Title: ____The clinical characteristics and treatment of post-esophagectomy airway fistula: A Multicenter Retrospective Study______

Manuscript number (if known): ______________________________________________________________________

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|   |                                                                                               | funding Fujian Provincial Joint Research Project of Health Care and Education. (WKJ2016-2-09) |
|   |                                                                                               |                                                                                   |
|   |                                                                                               |                                                                                   |
|   |                                                                                               |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | __X__None                                                                         |
|   |                                                                                               |                                                                                   |
| 3 | Royalties or licenses                                                                          | __X__None                                                                         |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 |   |
|---|-----------------------------------------------------------------------------|---|
| 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 |

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ICMJE DISCLOSURE FORM

Date: ________________ 2022/2/21

Your Name: Maohui Chen

Manuscript Title: The clinical characteristics and treatment of post-esophagectomy airway fistula: A Multicenter Retrospective Study

Manuscript number (if known): ______________________________________________________________________

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| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | **X** None<br>__X__None<br>__X__None |
| 3    | Royalties or licenses | **X** None<br>__X__None<br>__X__None |
|   | Description                                                                                                                                                                                                 | X | None |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------|
| 4 | Consulting fees                                                                                                                                                                                             |    |      |
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| 7 | Support for attending meetings and/or travel                                                                                                                                                                |    |      |
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|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 summarize the above conflict of interest in the following box:

The author reports the study was supported by Climbing project of science and technology department of Fujian Province. (No. 2018Y9058) and Fujian Provincial Joint Research Project of Health Care and Education. (No. WKJ2016-2-09).

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

Date: ___________________________ 2022/2/21 

Your Name: ___________________________ Kai Zheng

Manuscript Title: ___________________________ The clinical characteristics and treatment of post-esophagectomy airway fistula: A Multicenter Retrospective Study

Manuscript number (if known): ___________________________

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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| Item | 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) |
|------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **funding** Climbing project of science and technology department of Fujian Province. (2018Y9058) |
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|------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 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 |

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ICMJE DISCLOSURE FORM

Date: ___________ 2022/2/21 ________________________________

Your Name: ___________ Shuliang Zhang ________________________________

Manuscript Title: ___ The clinical characteristics and treatment of post-esophagectomy airway fistula: A Multicenter Retrospective Study ______

Manuscript number (if known): ________________________________

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|   |                                                                                                 | funding Fujian Provincial Joint Research Project of Health Care and Education. (WKJ2016-2-09) |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                         | _X_ None                                                                         |
| 3 | Royalties or licenses                                                                            | _X_ None                                                                         |
|   | Description                                                                 | X   |
|---|----------------------------------------------------------------------------|-----|
| 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 |
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| 11| Stock or stock options                                                      | _X_ None |
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| 13| Other financial or non-financial interests                                   | _X_ None |

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ICMJE DISCLOSURE FORM

Date: ________________2022/2/21 ________________________________

Your Name: ___________ Guanglei Huang ________________________________

Manuscript Title: ___ The clinical characteristics and treatment of post-esophagectomy airway fistula: A Multicenter Retrospective Study ______

Manuscript number (if known): ____________________________________________________________________________________

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| **Time frame: Since the initial planning of the work** |                                                                                       |                                                                                       |
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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                                                                 |                                                                                       |
### Conflict of Interest Table

|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 4 | Consulting fees                                                             | 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   |
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|   | group, paid or unpaid                                                        |          |
|11 | Stock or stock options                                                       | X None   |
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|   | services                                                                     |          |
|13 | Other financial or non-financial interests                                   | X None   |

### Summary of Conflict of Interest

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### Certification

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ICMJE DISCLOSURE FORM

Date: _______________ 2022/2/21

Your Name: ___________ Wei Zheng

Manuscript Title: ______ The clinical characteristics and treatment of post-esophagectomy airway fistula: A Multicenter Retrospective Study

Manuscript number (if known): _______________________________________________________________________

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ICMJE DISCLOSURE FORM

Date: _____ 01/10/2022
Your Name: ______ Kassem Harris

Manuscript Title: ______ The clinical characteristics and treatment of post-esophagectomy airway fistula: A Multicenter Retrospective Study
Manuscript number (if known): ______

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ___None | |
| 3 | Royalties or licenses | ___None | |


|   |   |   |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
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| 8 | Patents planned, issued or pending | None |
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Date: ______________ 2022/2/21

Your Name: ______________ Chun Chen

Manuscript Title: _______ The clinical characteristics and treatment of post-esophagectomy airway fistula: A Multicenter Retrospective Study _______

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| 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 |
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