ICMJE Form for Disclosure of Potential Conflicts of Interest

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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4. Intellectual Property.

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

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Section 1. Identifying Information
1. Given Name (First Name) Ze-Guo
2. Surname (Last Name) Zhuo
3. Date 13-December-2020
4. Are you the corresponding author? Yes  No
Corresponding Author’s Name Yi-Dan Lin
5. Manuscript Title From McKeown to Ivor Lewis, the learning curve of the thoracic lymphadenectomy in the first 100 cases of robotic esophagectomy: a retrospective study
6. Manuscript Identifying Number (if you know it) JTD-20-2862

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Section 6. Disclosure Statement

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Dr. Zhuo 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)  
   Gang
2. Surname (Last Name)  
   Li
3. Date  
   13-December-2020
4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author's Name  
Yi-Dan Lin

5. Manuscript Title  
   From Mckeown to Ivor Lewis, the learning curve of the thoracic lymphadenectomy in the first 100 cases of robotic esophagectomy: a retrospective study

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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Dr. Li has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Tie-Niu

2. Surname (Last Name)  
Song

3. Date  
13-December-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author's Name  
Yi-Dan Lin

5. Manuscript Title  
From Mckeown to Ivor Lewis, the learning curve of the thoracic lymphadenectomy in the first 100 cases of robotic esophagectomy: a retrospective study

6. Manuscript Identifying Number (if you know it)  
JTD-20-2862

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Dr. Song has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Gu-Ha
2. Surname (Last Name)  Alai
3. Date  13-December-2020
4. Are you the corresponding author?  Yes  No  ✔
Corresponding Author's Name  Yi-Dan Lin
5. Manuscript Title
From McKeown to Ivor Lewis, the learning curve of the thoracic lymphadenectomy in the first 100 cases of robotic esophagectomy: a retrospective study
6. Manuscript Identifying Number (if you know it)  JTD-20-2862

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Dr. Alai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Xu

2. Surname (Last Name)  
Shen

3. Date  
13-December-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No

Corresponding Author's Name  
Yi-Dan Lin

5. Manuscript Title  
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Dr. Shen has nothing to disclose.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not
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)  
   Yun

2. Surname (Last Name)  
   Wang

3. Date  
   13-December-2020

4. Are you the corresponding author?  
   ✔ Yes  ☐ No

5. Manuscript Title  
   From Mckeown to Ivor Lewis, the learning curve of the thoracic lymphadenectomy in the first 100 cases of robotic esophagectomy: a retrospective study

6. Manuscript Identifying Number (if you know it)  
   JTD-20-2862

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.)?

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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   ✔ No

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Dr. Wang has nothing to disclose.

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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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   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.
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Section 1. Identifying Information

1. Given Name (First Name)  Yi-Dan
2. Surname (Last Name)  Lin
3. Date  13-December-2020
4. Are you the corresponding author?  Yes  No

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