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.

1. **Identifying information.**

2. **The work under consideration for publication.**
   
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   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)  Antony
2. Surname (Last Name)  Delliturri
3. Date  10-September-2020
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
   A Narrative Review of Update in POEM and Endoscopic Esophageal Surgery

6. Manuscript Identifying Number (if you know it)
   ATM-2020-ES-13(ATM-20-5057)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Delliturri has nothing to disclose.

Evaluation and Feedback

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Ory                       | Wiesel                 | 10-September-2020 |

4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name

Antony Delliturri

5. Manuscript Title

A Narrative Review of Update in POEM and Endoscopic Esophageal Surgery

6. Manuscript Identifying Number (if you know it)

ATM-2020-ES-13(ATM-20-5057)

### 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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Dr. Wiesel 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)  
   Jason  

2. Surname (Last Name)  
   Shaw  

3. Date  
   10-September-2020

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Antony Delliturri

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Shaw has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Igor
2. Surname (Last Name) Brichkov
3. Date 10-September-2020
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Antony Delliturri
5. Manuscript Title A Narrative Review of Update in POEM and Endoscopic Esophageal Surgery
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Dr. Brichkov has nothing to disclose.

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