ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.
2. The work under consideration for publication.

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4. Intellectual Property.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**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
**Section 1. Identifying Information**

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date             |
|---------------------------|------------------------|---------------------|
| De-Hao                   | Tu                     | 18-December-2020    |

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

Corresponding Author’s Name  
Xiangning Fu

5. Manuscript Title  
After-hours esophagectomy may pose additional risk to patients with esophageal cancer

6. Manuscript Identifying Number (if you know it)  
JTD-20-3141

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**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 ☑

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Section 6. Disclosure Statement

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Dr. Tu has nothing to disclose.

Evaluation and Feedback

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### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|-----------------------------|------------------------|---------|
| Rirong                      | Qu                     | 18-December-2020 |

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

5. Manuscript Title
   After-hours esophagectomy may pose additional risk to patients with esophageal cancer

6. Manuscript Identifying Number (if you know it)
   JTD-20-3141

### 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  
   ✔ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- Yes  
- No  
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1. Given Name (First Name)  
   Qi
2. Surname (Last Name)  
   Wang
3. Date  
   18-December-2020
4. Are you the corresponding author?  
   ✔ Yes  
   No
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1. Given Name (First Name)  
   Xiangning

2. Surname (Last Name)  
   Fu

3. Date  
   18-December-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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