

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Shigeru

2. Surname (Last Name)
Tsunoda

3. Date
19-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Robotic gastric mobilization in robotic minimally invasive esophagectomy

6. Manuscript Identifying Number (if you know it)
JTD-2020-29

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Dr. Tsunoda has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kazutaka

2. Surname (Last Name)
Obama

3. Date
19-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Shigeru Tsunoda

5. Manuscript Title
Robotic gastric mobilization in robotic minimally invasive esophagectomy

6. Manuscript Identifying Number (if you know it)
JTD-2020-29

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Dr. Obama has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Tatsuto	2. Surname (Last Name) Nishigori	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shigeru Tsunoda
5. Manuscript Title Robotic gastric mobilization in robotic minimally invasive esophagectomy		
6. Manuscript Identifying Number (if you know it) JTD-2020-29		

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1. Given Name (First Name) Shigeo	2. Surname (Last Name) Hisamori	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shigeru Tsunoda
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Yoshiharu

2. Surname (Last Name)

Sakai

3. Date

19-March-2020

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Yes No

Corresponding Author's Name

Shigeru Tsunoda

5. Manuscript Title

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