

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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		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).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Please place an “X” next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE 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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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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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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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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Date: 2022/2/21

Your Name: Liang Dai

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

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Your Name: Xufeng Guo

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Date: _____ 2022/2/21 _____

Your Name: _____ Yan Zheng _____

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

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Date: 2022/2/21

Your Name: Maohui Chen

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

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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): _____

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		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).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

Date: 2022/2/21

Your Name: Chun 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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