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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   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)  Pamela
2. Surname (Last Name)  Milito
3. Date  12-August-2019
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Luigi Bonavina
5. Manuscript Title
   Management of total esophageal obstruction after stenting for sleeve gastrectomy leak
6. Manuscript Identifying Number (if you know it)
   CCTS-2019-12

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Dr. Milito 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)  
   Stefano

2. Surname (Last Name)  
   Siboni

3. Date  
   12-August-2019

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Luigi Bonavina

5. Manuscript Title  
   Management of total esophageal obstruction after stenting for sleeve gastrectomy leak

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   CCTS-2019-12

Section 2. The Work Under Consideration for Publication

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Dr. Siboni has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Daniele

2. Surname (Last Name)  
   Bernardi

3. Date  
   12-August-2019

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Luigi Bonavina

5. Manuscript Title  
   Management of total esophageal obstruction after stenting for sleeve gastrectomy leak

6. Manuscript Identifying Number (if you know it)  
   CCTS-2019-12

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Dr. Bernardi has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Emanuele

2. Surname (Last Name)  
   Asti

3. Date  
   12-August-2019

4. Are you the corresponding author?  
   Yes   No

   Corresponding Author’s Name  
   Luigi Bonavina

5. Manuscript Title  
   Management of total esophageal obstruction after stenting for sleeve gastrectomy leak

6. Manuscript Identifying Number (if you know it)  
   CCTS-2019-12

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Section 1. Identifying Information

1. Given Name (First Name)  Luigi  
2. Surname (Last Name)  Bonavina  
3. Date  12-August-2019  
4. Are you the corresponding author?  Yes  No  
5. Manuscript Title  Management of total esophageal obstruction after stenting for sleeve gastrectomy leak  
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Bonavina
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