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.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Guangyu
2. Surname (Last Name) Yang
3. Date 09-September-2020

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

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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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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Dr. Yang has nothing to disclose.

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## Identifying Information

1. Given Name (First Name)  
   Lei

2. Surname (Last Name)  
   Xian

3. Date  
   09-September-2020

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   Corresponding Author’s Name  
   Guangyu Yang

5. Manuscript Title  
   Surgical treatment for acquired tracheoesophageal fistula complicated with tracheal stenosis using endoscopic liner cutter staplers: a case report

6. Manuscript Identifying Number (if you know it)  
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Zhao

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Zhao</td>
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<tr>
<td>3. Date</td>
<td>09-September-2020</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>No</td>
</tr>
<tr>
<td>Corresponding Author's Name</td>
<td>Guangyu Yang</td>
</tr>
</tbody>
</table>

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name) Chusheng
2. Surname (Last Name) Huang
3. Date 09-September-2020
4. Are you the corresponding author? Yes No ✔

Corresponding Author's Name Guangyu Yang

5. Manuscript Title Surgical treatment for acquired tracheoesophageal fistula complicated with tracheal stenosis using endoscopic liner cutter staplers: a case report
6. Manuscript Identifying Number (if you know it) CCTS-2020-TF-03(CCTS-20-152)

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Dr. Huang has nothing to disclose.

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   Xiangsen

2. Surname (Last Name)  
   Liang

3. Date  
   09-September-2020

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   No

Corresponding Author's Name  
   Guangyu Yang

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Dr. Liang has nothing to disclose.

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- **Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Yu

2. Surname (Last Name)  
   Sun

3. Date  
   09-September-2020

4. Are you the corresponding author?  
   ✔ No

Corresponding Author's Name
   Guangyu Yang

5. Manuscript Title
   Surgical treatment for acquired tracheoesophageal fistula complicated with tracheal stenosis using endoscopic liner cutter staplers: a case report

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

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?  
   ✔ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- [ ] Yes, the following relationships/conditions/circumstances are present (explain below):
- [x] No other relationships/conditions/circumstances that present a potential conflict of interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Sun has nothing to disclose.

### Evaluation and Feedback

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Shengzhuang

2. Surname (Last Name)  
   Yang

3. Date  
   09-September-2020

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author's Name  
   Guangyu Yang

5. Manuscript Title  
   Surgical treatment for acquired tracheoesophageal fistula complicated with tracheal stenosis using endoscopic liner cutter staplers: a case report

6. Manuscript Identifying Number (if you know it)  
   CCTS-2020-TF-03(CCTS-20-152)

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?  
   ☑ No

**Section 3. Relevant financial activities outside the submitted work.**

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Are there any relevant conflicts of interest?  
   ☑ No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Yang 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)  
Wenzhou

2. Surname (Last Name)  
Liu

3. Date  
09-September-2020

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

5. Manuscript Title  
Surgical treatment for acquired tracheoesophageal fistula complicated with tracheal stenosis using endoscopic liner cutter staplers: a case report

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
☐ Yes  ✔ No

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

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Dr. Liu has nothing to disclose.

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- **Royalties**: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Xiaohan
2. Surname (Last Name)  Bi
3. Date  09-September-2020
4. Are you the corresponding author?  Yes ❑ No
Corresponding Author’s Name  Guangyu Yang

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

Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes ❑ No
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Bi has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Feihai

2. Surname (Last Name)  
   Liang

3. Date  
   09-September-2020

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Surgical treatment for acquired tracheoesophageal fistula complicated with tracheal stenosis using endoscopic liner cutter staplers: a case report

6. Manuscript Identifying Number (if you know it)  
   CCTS-2020-TF-03(CCTS-20-152)

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Are there any relevant conflicts of interest?  
✔ No

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Liang 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) | Menghuan |
| 2. Surname (Last Name)     | Wang     |
| 3. Date                    | 09-September-2020 |

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Surgical treatment for acquired tracheoesophageal fistula complicated with tracheal stenosis using endoscopic liner cutter staplers: a case report

6. Manuscript Identifying Number (if you know it)  
   CCTS-2020-TF-03(CCTS-20-152)

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Are there any relevant conflicts of interest?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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.

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2. The work under consideration for publication.
   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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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
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Royalties: Funds are coming in to you or your institution due to your patent
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1. Given Name (First Name)  Yourong
2. Surname (Last Name)  Chen
3. Date  09-September-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
   Surgical treatment for acquired tracheoesophageal fistula complicated with tracheal stenosis using endoscopic liner cutter staplers: a case report
6. Manuscript Identifying Number (if you know it)
   CCTS-2020-TF-03(CCTS-20-152)

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Section 1. Identifying Information

1. Given Name (First Name)  
   Yifei

2. Surname (Last Name)  
   Lu

3. Date  
   09-September-2020

4. Are you the corresponding author?  
   Yes  
   No

Corresponding Author’s Name  
Guangyu Yang

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
Yes  
No

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