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 four parts.

1. **Identifying information.**
   Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. **Relevant financial activities outside the submitted work.**
   This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lars
2. Surname (Last Name) Svendsen
3. Effective Date (07-August-2008) 28-March-2013
4. Are you the corresponding author? ✔ Yes  ☐ No
5. Manuscript Title
Anastomotic leakage after esophagectomy: Experiences from two high-volume centers
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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

Complete each row by checking “No” or providing the requested information. If you have more than one relationship click the “Add” button to add a row. Excess rows can be removed by clicking the “X” button.

<table>
<thead>
<tr>
<th>The Work Under Consideration for Publication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
</tr>
<tr>
<td>1. Grant</td>
</tr>
<tr>
<td>2. Consulting fee or honorarium</td>
</tr>
<tr>
<td>3. Support for travel to meetings for the study or other purposes</td>
</tr>
<tr>
<td>4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</td>
</tr>
<tr>
<td>5. Payment for writing or reviewing the manuscript</td>
</tr>
<tr>
<td>6. Provision of writing assistance, medicines, equipment, or administrative support</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Type</th>
<th>No</th>
<th>Money Paid to You</th>
<th>Money to Your Institution*</th>
<th>Name of Entity</th>
<th>Comments**</th>
</tr>
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<tbody>
<tr>
<td>7. Other</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to submission.

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<th>Type of Relationship (in alphabetical order)</th>
<th>No</th>
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<th>Money to Your Institution*</th>
<th>Entity</th>
<th>Comments</th>
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<tr>
<td>1. Board membership</td>
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<td></td>
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<tr>
<td>2. Consultancy</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
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<td></td>
</tr>
<tr>
<td>3. Employment</td>
<td>✔</td>
<td>☐</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4. Expert testimony</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Grants/grants pending</td>
<td>☐</td>
<td>✔</td>
<td>☐</td>
<td>KB ansøgning; TRYG fond ansøgning</td>
<td>Intet meddelt</td>
</tr>
<tr>
<td>6. Payment for lectures including service on speakers bureaus</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Payment for manuscript preparation</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
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<tbody>
<tr>
<td>8. Patents (planned, pending or issued)</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
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<td></td>
</tr>
<tr>
<td>9. Royalties</td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
<td>Rigshospitalet har royalties for database salg (endoskopi)</td>
<td>intet salg endnu</td>
</tr>
<tr>
<td>10. Payment for development of educational presentations</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Stock/stock options</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Travel/accommodations/meeting expenses unrelated to activities listed**</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
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</tr>
</tbody>
</table>

* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

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### Section 4. Other relationships

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?

☑ No other relationships/conditions/circumstances that present a potential conflict of interest
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4. **Intellectual Property.**
   
   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**
   
   Use this section to report 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.

**Definitions.**

- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
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- **Other:** Anything not covered under the previous three boxes
- **Pending:** The patent has been filed but not issued
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- **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
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Morten Bo Søndergaard</td>
<td>Svendsen</td>
<td>02-September-2013</td>
</tr>
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</table>

4. Are you the corresponding author?  
☑ No

<table>
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<tr>
<th>5. Manuscript Title</th>
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<tr>
<td>differences in the pattern of anastomotic leakage after esophagectomy in two high-volume centres</td>
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<table>
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<tr>
<th>6. Manuscript Identifying Number (if you know it)</th>
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| Correlation with的文章 number

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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

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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

Svendsen
Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Morten Bo Søndergaard Svendsen 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)  
   Steen Christian

2. Surname (Last Name)  
   Kofoed

3. Date  
   05-September-2013

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

   Corresponding Author's Name  
   Lars Bo Svendsen

5. Manuscript Title  
   Differences in the pattern of anastomotic insufficiency after esophagectomy in two high volume centres

6. Manuscript Identifying Number (if you know it)  
   UFL-03-13-0208.R3

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   - Yes  
   - No  
   ✔

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Are there any relevant conflicts of interest?  
   - Yes  
   - No  
   ✔

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes  
   - No  
   ✔
Section 5. Relationships not covered above

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Dr. Kofoed has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Hans

2. **Surname (Last Name)**
   - Pilegaard

3. **Date**
   - 08-September-2013

4. **Are you the corresponding author?**
   - No

5. **Manuscript Title**
   - Differences in the pattern of anastomotic leakage after esophagectomy in two high-volume centres

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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- No
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Section 5. Relationships not covered above

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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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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**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Bodil</td>
<td>Brandt</td>
<td>01-October-2013</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  

- ✔ Yes  
- No

5. Manuscript Title  
Anastomotic leakage after esophagectomy. Experiences from two high-volume centers.

6. Manuscript Identifying Number (if you know it)  
UFL-03-13-0208

**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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Are there any relevant conflicts of interest?  

- Yes  
- ✔ No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- Yes  
- ✔ No
ICMJE Form for Disclosure of Potential Conflicts 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. Brandt has nothing to disclose.

Evaluation and Feedback

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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) Jakob
2. Surname (Last Name) Holm
3. Date 20-September-2013
4. Are you the corresponding author? Yes No
   Corresponding Author’s Name Lars Bo Svendsen
5. Manuscript Title
   Anastomotic leakage after esophagectomy: Experiences from two high-volume centers
6. Manuscript Identifying Number (if you know it)
   UFL-03-13-0208.R3

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest? Yes 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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Dr. Holm has nothing to disclose.

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1. **Identifying information.**

Enter your full name. If you are NOT the corresponding author please check the box “no” and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. **The work under consideration for publication.**

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4. **Other relationships.**

Use this section to report 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.
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Marianne

2. Surname (Last Name)  
   Vinbaek

3. Effective Date (07-August-2008)  
   19-September-2013

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Lars Bo Svendsen

5. Manuscript Title  
   Anastomotic Leakage after Esophagectomy

6. Manuscript Identifying Number (if you know it)  
   UFL-03-13-0208.R3

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Complete each row by checking “No” or providing the requested information. If you have more than one relationship click the “Add” button to add a row. Excess rows can be removed by clicking the “X” button.

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<thead>
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<th>Type</th>
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<th>Money to Your Institution*</th>
<th>Name of Entity</th>
<th>Comments**</th>
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<td>☐</td>
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<td>3. Support for travel to meetings for the study or other purposes</td>
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<tr>
<td>4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</td>
<td>✔</td>
<td>☐</td>
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<td>5. Payment for writing or reviewing the manuscript</td>
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The Work Under Consideration for Publication

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</tr>
</thead>
</table>
| 7. Other | ✔ | ☐ | ☐ | | | ADD

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to submission.

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<td>1. Board membership</td>
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<td>2. Consultancy</td>
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<td>3. Employment</td>
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<td>4. Expert testimony</td>
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<td>5. Grants/grants pending</td>
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<tr>
<td>6. Payment for lectures including service on speakers bureaus</td>
</tr>
<tr>
<td>7. Payment for manuscript preparation</td>
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<th>Money to Your Institution*</th>
<th>Entity</th>
<th>Comments</th>
</tr>
</thead>
</table>
8. Patents (planned, pending or issued)      | ✔  | ☐                 | ☐                          |        |          |
9. Royalties                                 | ✔  | ☐                 | ☐                          |        |          |
10. Payment for development of educational presentations | ✔  | ☐                 | ☐                          |        |          |
11. Stock/stock options                      | ✔  | ☐                 | ☐                          |        |          |
12. Travel/accommodations/meeting expenses unrelated to activities listed** | ✔  | ☐                 | ☐                          |        |          |
13. Other (err on the side of full disclosure) | ✔  | ☐                 | ☐                          |        |          |

* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

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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Hide All Table Rows Checked 'No' SAVE
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Section 1. Identifying Information

1. Given Name (First Name)  Louise
2. Surname (Last Name)  Preisler
3. Date  13-September-2013

4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name  Lars Bo Svendsen

5. Manuscript Title  Differences in the pattern of anastomitic insufficiency after esophagectomy in two high volume centers

6. Manuscript Identifying Number (if you know it)  UFL-03-13-0208.r3

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Dr. Preisler has nothing to disclose.

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