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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<tr>
<td>1. Given Name (First Name)</td>
<td>2. Surname (Last Name)</td>
<td>3. Date</td>
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<tr>
<td>Mickael</td>
<td>Chevallay</td>
<td>18-April-2020</td>
</tr>
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</table>

4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
   - Laparoscopic for advanced gastric cancer—minimally invasive for maximal results?

6. Manuscript Identifying Number (if you know it)
   - TGH-20-82-LJF

### 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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ✔ No
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Section 6. Disclosure Statement

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Dr. Chevallay has nothing to disclose.

Evaluation and Feedback

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<tr>
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<td>Wassmer</td>
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4. Are you the corresponding author? □ Yes  ☑ No  Corresponding Author’s Name
Mickael Chevallay

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1. Given Name (First Name)  
   Marco  

2. Surname (Last Name)  
   Bonino  

3. Date  
   18-April-2020  

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  

   Corresponding Author’s Name  
   Mickael Chevallay  

5. Manuscript Title  
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1. Given Name (First Name)  
   Stefan

2. Surname (Last Name)  
   Mönig

3. Date  
   18-April-2020

4. Are you the corresponding author?  
   Yes  
   No

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   Mickael Chevallay

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