

## ICMJE DISCLOSURE FORM

**Date:** 8/26/2021

**Your Name:** Olivier Chevallier

**Manuscript Title:** Image-Guided Percutaneous Locoregional Therapies for Hepatocellular Carcinoma

**Manuscript Number (if known):** n/a

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" data-bbox="386 478 1516 579"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" data-bbox="386 697 1516 798"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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**Date:** 8/26/2021

**Your Name:** Ken Zhao

**Manuscript Title:** Image-Guided Percutaneous Locoregional Therapies for Hepatocellular Carcinoma

**Manuscript Number (if known):** n/a

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**Date:** 8/26/2021

**Your Name:** Brett Marinelli

**Manuscript Title:** Image-Guided Percutaneous Locoregional Therapies for Hepatocellular Carcinoma

**Manuscript Number (if known):** n/a

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**Date:** 8/26/2021

**Your Name:** Hooman Yarmohammadi

**Manuscript Title:** Image-Guided Percutaneous Locoregional Therapies for Hepatocellular Carcinoma

**Manuscript Number (if known):** n/a

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