Date:	4/30/2022
Your Name:	Boram Lee
Manuscript Title:	[Laparoscopic Anatomical versus Non-anatomical Liver Resection for Hepatocellular Carcinoma in the Posterosuperior Segments: A propensity score matched analysis
Manuscript Number (if known):	HBSN-21-578

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☑ None ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑	Click the tab key to add additional rows.
2	Grants or		
2	contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☑ None □ □ □ □ □ □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	⊠ None [
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	[⊠] None	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement: Icertify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	4/30/2022
Your Name:	Jai Young Cho
Manuscript Title:	Laparoscopic Anatomical versus Non-anatomical Liver Resection for Hepatocellular Carcinoma in the Posterosuperior Segments: A propensity score matched analysis
Manuscript Number (if known):	HBSN-21-578

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial plannir	ng of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	⊠ None □ □ □ □	Click the tab key to add additional rows.
		Time frame: past 36 mon	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	 None This work was supported by grant no 02-2021- 046 from Seoul National University Bundang Hospital Research Fund. 	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	☑ None □ □ □ □	
4	Consulting fees	☑ None □ □ □ □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None □ □ □ □	
8	Patents planned, issued or pending	⊠ None □ □ □ □ □ □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society,	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	⊠ None □ □ □ □	
	Please place an "X" next to the following statement to indicate your agreement: JYC receives support from grant no 02-2021-046 from Seoul National University Bundang Hospital Research Fund. [X] I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	4/30/2022
Your Name:	Ho-Seong Han
Manuscript Title:	Laparoscopic Anatomical versus Non-anatomical Liver Resection for Hepatocellular Carcinoma in the Posterosuperior Segments: A propensity score matched analysis
Manuscript Number (if known):	HBSN-21-578

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial plannir	ng of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	⊠ None □ □ □ □	Click the tab key to add additional rows.
		Time frame: past 36 mon	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	☑ None □ □ □ □	
4	Consulting fees	☑ None □ □ □ □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None □ □ □ □	
8	Patents planned, issued or pending	⊠ None □ □ □ □ □ □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society,	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement: Icertify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	4/30/2022
Your Name:	Yoo-Seok Yoon
Manuscript Title:	[Laparoscopic Anatomical versus Non-anatomical Liver Resection for Hepatocellular Carcinoma in the Posterosuperior Segments: A propensity score matched analysis
Manuscript Number (if known):	

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planni	ng of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☑ None ☑ □ □ □ □ □	Click the tab key to add additional rows.
		Time frame: past 36 mon	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None [

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	☑ None □ □ □ □	
4	Consulting fees	☑ None □ □ □ □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None □ □ □ □	
8	Patents planned, issued or pending	⊠ None □ □ □ □ □ □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society,	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement: Icertify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	4/30/2022
Your Name:	Hae Won Lee
Manuscript Title:	[Laparoscopic Anatomical versus Non-anatomical Liver Resection for Hepatocellular Carcinoma in the Posterosuperior Segments: A propensity score matched analysis
Manuscript Number (if known):	

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planni	ng of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☑ None ☑ □ □ □ □ □	Click the tab key to add additional rows.
		Time frame: past 36 mon	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None [

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	☑ None □ □ □ □	
4	Consulting fees	☑ None □ □ □ □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None □ □ □ □	
8	Patents planned, issued or pending	⊠ None □ □ □ □ □ □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society,	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement: Icertify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	4/30/2022
Your Name:	Jun Suh Lee
Manuscript Title:	Laparoscopic Anatomical versus Non-anatomical Liver Resection for Hepatocellular Carcinoma in the Posterosuperior Segments: A propensity score matched analysis
Manuscript Number (if known):	HBSN-21-578

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planni	ng of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☑ None ☑ □ □ □ □ □	Click the tab key to add additional rows.
		Time frame: past 36 mon	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None [

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	☑ None □ □ □ □	
4	Consulting fees	☑ None □ □ □ □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None □ □ □ □	
8	Patents planned, issued or pending	⊠ None □ □ □ □ □ □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society,	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement: Icertify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	4/30/2022	
Your Name:	Moonhwan Kim	
Manuscript Title:	Laparoscopic Anatomical versus Non-anatomical Liver Resection for Hepatocellular Carcinoma in the Posterosuperior Segments: A propensity score matched analysis	
Manuscript Number (if known):	HBSN-21-578	

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Image: None Image: I	Click the tab key to add additional rows.	
	Time frame: past 36 months		nths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	☑ None	
4	Consulting fees	☑ None □ □ □ □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None □ □ □ □	
8	Patents planned, issued or pending	⊠ None □ □ □ □ □ □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society,	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Please place an "X" next to the following statement to indicate your agreement: Image: Construction of the statement of the stat			

Date:	4/30/2022	
Your Name:	Yeongsoo Jo	
Manuscript Title:	Laparoscopic Anatomical versus Non-anatomical Liver Resection for Hepatocellular Carcinoma in the Posterosuperior Segments: A propensity score matched analysis	
Manuscript Number (if known):	HBSN-21-578	

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Image: None Image: I	Click the tab key to add additional rows.
	Time frame: past 36 months		nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	☑ None □ □ □ □	
4	Consulting fees	☑ None □ □ □ □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None □ □ □ □	
8	Patents planned, issued or pending	⊠ None □ □ □ □ □ □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society,	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Please place an "X" next to the following statement to indicate your agreement: Image: Construction of the statement of the stat			